CareSource

Provider Clinical / Claim Appeal form

Include supporting documentation • Incomplete submission will be returned for additional information • Applicable timely filing limits apply

Member Name Ayad, Aziz

Member ID Number 10439059400

Date of Service 12/10/2019 - 12/17/2019

Code / Service not covered

Place of Service OSCEOLA REGIONAL MEDICAL CENTER

Provider Name OSCEOLA REGIONAL MEDICAL CENTER

Please indicate the following provider information:

Provider NPI Number 1689621450

Provider Telephone Number (904 688 3729

CareSource Provider ID

Claim Number 2003803AXK00

Requestor Name CATHY MANNS

Select the most appropriate appeal type:	Required Documentation:
☐ **Claims Appeal** — An adverse decision regarding payment for a submitted claim or a denied claim for services rendered to a CareSource member.	• **Appeal Form** • **Supporting Documentation** • **Original Remittance Advice** The provider / Facility rendering services has 365 days from the date of service to file a claim appeal
☐ **Clinical Appeal** — A request to review a determination not to certify an admission, extension or stay, or other health care service conducted by a peer review who was not involved in any previous adverse determination / non-certification decision pertaining to the same episode or care	• **Appeal Form** • **Records supporting medical necessity** • **Original Remittance Advice** The provider / facility rendering services has 180 days from the date of service to file a clinical appeal
☐ **Corrected Claim** — Any correction of the date of service, procedure / diagnosis code, incorrect unit count, location code and / or modifier to a previously processed claim. ▪ Resubmit the entire claim with updated information as a **Corrected Claim**. If you disagree with the amount paid on a claim line, you will need to submit an appeal	**Please send Corrected Claims to:** STOP CareSource ATTN. Claims Dept. P.O. Box 8730 Dayton, OH 45401-8730

Reason for appeal request:

Claims Appeals Department	Clinical Appeals Department	Fax to: Provider Claims Appeal Coordinator
P.O. Box 2008 Dayton, OH 45401-2008	P.O. Box 1947 Dayton, OH 45401-1947	Fax Number: 937-531-2398

OH-P-1165

PARALLON

March 05, 2020

First Level Appeal
Via Certified Mail

CareSource Medicaid
Attn: Appeals
PO BOX 2008
DAYTON, OH 45401-
2008

Re:	Patient:	**AYAD AZIZ**
	Subscriber / Policy:	**10439059400**
	Claim:	**2003803AXK00**
	Acct No.:	**101730890**
	Patient DOB:	**09/17/1950**
	Facility:	**OSCEOLA REGIONAL MEDICAL CENTER**
	Date(s) of Service:	**12/10/2019 - 12/17/2019**
	Total Charges:	**$309,151.81**
	Appeal Amount:	**$19,723.49**

Dear Appeals Director:

We are in receipt of the denial of above member's claim based upon your internal coding guidelines. The Facility disagrees that this claim was incorrectly coded.

Accordingly, the Facility submits its **Reconsideration Request** for a coding review of the above member's denied service of **the claim stating PDX S72.22XA is invalid.** We are requesting reconsideration of the denial per the attached documentation. **Coding is correct per ICD10 official coding guidelines.**

Specifically, **the medical record** supports the use of **PDX S72.22XA. The patient was a 69-year-old M that presented to the ED via EMS with c/o weakness, left hip pain, and left leg pain s/p ground-level fall. His PMH was significant for HLD, HTN, DM and CVA (April 2019) with residual left-sided weakness. VS: VP 174/89, P 76, R 18, T 98.0, O2 sat 98% on 2L NC, and pain intensity 10/10. Abnormal labs included potassium 3.2, chloride 110, magnesium 1.5, Hgb 12.2, and Hct 36.8. Knee XR negative for fracture and/or dislocation. Pelvis XR notable for displaced left proximal femoral fracture. EMS administered Fentanyl en route but the patient was still in extreme pain, so he was given IV Morphine in the ED. The patient was admitted with a subtrochanteric femur fracture and ortho was consulted. On 12/10/19, he underwent an ORIF of the fracture**

04/23/2020 12:00:00 AM 201142001P001000260

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without any documented complications. The patient was monitored closely postop and participated in PT/OT. By 12/17/19, he was deemed stable for discharge to a SNF. The PDX is correct, as well as all coding and DRG 480.

Section II. Selection of Principal Diagnosis

The circumstances of inpatient admission always govern the selection of principal diagnosis The principal diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as "that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care "

The UHDDS definitions are used by hospitals to report inpatient data elements in a standardized manner. These data elements and their definitions can be found in the July 31, 1985, Federal Register (Vol 50, No. 147), pp 31038–40

Since that time the application of the UHDDS definitions has been expanded to include all non-outpatient settings (acute care, short term, long term care and psychiatric hospitals, home health agencies, rehab facilities, nursing homes, etc) The UHDDS definitions also apply to hospice services (all levels of care)

In determining principal diagnosis, coding conventions in the ICD-10-CM, the Tabular List and Alphabetic Index take precedence over these official coding guidelines.
(See Section I.A., Conventions for the ICD-10-CM)

ICD-10-CM Official Guidelines for Coding and Reporting
FY 2018

Additionally, we request a review of the medical records for approval of the services provided. As the attached medical record demonstrates, the member has **S72.22XA** and the treating physician deemed it necessary for the member to undergo treatment for this service, as medically necessary for continued care of the member. The Facility provides care at the direction of the attending physician and, in turn, requests reimbursement for services rendered to your member.

We expect a prompt payment of this claim. Should benefits remain denied, please provide a detailed explanation of why the charges do not qualify for the coding utilized by the Facility's billing department including any explanation of how payment was calculated, the criteria used for any denial, and any coding edits that were utilized.

If you have any questions, please contact **Cheryl Smith at (904) 688-2139.** Thank you for your immediate attention to this appeal.

Sincerely,

Carolyn Wagner, RN

Carolyn Wagner, RN
Clinical Appeals Specialist

1.C.GIC.040117

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ERISA – Adverse Determination

In the event of an adverse benefit determination, whether in whole or in part, of a claim governed by ERISA, please provide a copy of the Summary Plan Description, along with copies of any and all service contracts with administrators, third-party administrators, fiduciaries, and all parties in interest as defined by ERISA, that have any involvement whatsoever with the review and/or audit and/or pricing with regard to decisions involving the payment and/or denial, in whole or in part, of benefits for health care services and claims. In addition, please provide notification in a manner to be understood by the claimant: (1) the specific reason(s) for the determination, (2) reference to the specific plan provisions on which the determination is based, (3) a description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such information / material is necessary, (4) a description of the plan's review procedures and time limits applicable to such procedures including a statement of the right to bring a civil action under section 502(a) of the Act following an adverse benefit determination on review. In the case of an adverse benefit determination by a group health plan or a plan providing disability benefits, you are hereby requested to provide free of charge, a copy of, or statement that, the internal rule, guideline, protocol, or other similar criterion that was relied upon in making the adverse determination and if the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, you are hereby requested to provide free of charge, an explanation of the scientific or clinical judgment for the determination, applying the terms of the plan to the claimant's medical circumstances, **together with the name(s), of the physician(s) or health care professional(s), credentials, training, and experience in the field of medicine involved in the medical judgment in this matter.** In the case of an adverse benefit determination by a group health plan concerning a claim involving urgent care, a description of the expedited review process applicable to such claims. ***See 29 CFR 2560.503-1***

ENCLOSURES:			
Entire Medical Record		UB-04	
Remittance advice		Assignment of Benefits	
ADDITIONAL ENCLOSURES:			

1 C.GIC.040117

PATIENT NO: 101730890 OSCEOLA REG MED CTR BILLING DATE PAGE 1 01323
MED REC NO: 880775 700 WEST OAK STREET 03/10/20
GUARANTOR NO:
PATIENT: KISSIMMEE FL 347414996 ADMITTED DISCHARGED
AYAD AZIZ 12/10/19 12/17/19

PAY TO ADDRESS: OSCEOLA REG MED CTR
P.O. BOX 406687
ATLANTA
GA 303846687

BILL TO:
AYAD AZIZ INPATIENT FC=12
8884 FAIR RD REPLACEMENT OF PRIOR CLAIM
STONGSVILLE OH
44149

DATE OF SERVICE	ATT PHYS	FC	ROOM	AC	SERV CODE	REV CODE	DEPT	ROOM AND CARE DAYS		CHARGE	ROOM CHARGES	NONBILL CHARGES
12/10/19	8695	12	A2091	TR	TRA	208	0650	3	X	3537.25	10611.75	.00
12/13/19	8695	12	A2091	P	PCU	111	0650	1	X	1941.25	1941.25	.00
12/14/19	8695	12	A4191	PC	TRA	206	0630	3	X	2621.00	7863.00	.00

TOTAL ROOM AND CARE 20416.00
TOTAL NON BILLABLE ROOM AND CARE .00
TOTAL BILLED ROOM AND CARE 20416.00

DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
250-PHARMACY								
121019	10B279+	0712		694982		2	EPHEDRINE 50MG/1ML AMP	595.50
121019	10B280	0712		695086		1	ESMOLOL 100MG/10ML VL	369.00
121019	10B280	0712		695620		1	GLYCOPYRR 1MG/5ML VL	133.50
121019	10B219	0712		698841		1	ROCURONIUM 10MG/ML VL	70.00
121019	10B219	0712		696589		1	LIDOCAINE 2% 5ML VL	35.25
							SUBTOTAL:	1203.25
259-SAD DRUGS/OTHER								
121019	10B153	0712		695517	68084076211	1	GABAPENTIN 300MG CAP	36.25
121119	11B389	0712		677213		1	POLYETH GLYCOL PKT 17G	36.50
121119	11B525	0712		692350	904673061	2	ACETAMINOPHEN 500MG TA	2.00
121119	11B376+	0712		692823	6373943401	2	ASPIRIN 81MG CHEW TAB	4.50

A FOR PROFIT TAX PAYING HOSPITAL LICENSED BY THE STATE
OF FLORIDA 61-1257509

GUARANTOR NO:
PATIENT: KISSIMMEE FL 347414996 ADMITTED DISCHARGED
AYAD AZIZ 12/10/19 12/17/19

DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121119	11B390	0712		696661	60687033311	2	LISINOPRIL 20 MG TAB	53.50
121119	11B494	0712		682493	62584026511	1	METOPROLOL 25MG TAB	3.25
121119	11B376+	0712		692857	68084009911	4	ATORVASTATIN 40MG TAB	206.00
121119	11B376	0712		695517	68084076211	1	GABAPENTIN 300MG CAP	36.25
121119	11B444+	0712		699585	68084080811	2	TRAMADOL 50MG TAB	59.00
121119	11B389	0712		699238	68382013210	1	TAMSULOSIN 0.4MG CAP	28.25
121119	11B494+	0712		696982	70010075401	4	METHOCARBAMOL 500MG TA	169.00
121219	12B670	0712		677213		1	POLYETH GLYCOL PKT 17G	36.50
121219	12B670	0712		692823	6373943401	1	ASPIRIN 81MG CHEW TAB	2.25
121219	13B804	0712		692857	68084009911	2	ATORVASTATIN 40MG TAB	103.00
121219	12B670	0712		699238	68084029911	1	TAMSULOSIN 0.4MG CAP	28.25
121219	12B587+	0712		699585	68084080811	2	TRAMADOL 50MG TAB	59.00
121219	12B600	0712		696982	70010075401	2	METHOCARBAMOL 500MG TA	84.50
121319	13B818	0712		677213		1	POLYETH GLYCOL PKT 17G	36.50
121319	13B873	0712		692797	904052361	4	ASCORBIC ACID 500MG TA	9.00
121319	13B818+	0712		692350	904673061	4	ACETAMINOPHEN 500MG TA	4.00
121319	13B873+	0712		695289	904759161	2	FE SULF 325MG TAB	5.00
121319	13B818	0712		692823	6373943401	1	ASPIRIN 81MG CHEW TAB	2.25
121319	13B873	0712		704241	50268086311	5	VITAMIN D 400IU TAB	11.25
121319	13B818	0712		696657	60687032511	1	LISINOPRIL 10 MG TAB	26.50

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PATIENT NO: 101730890 OSCEOLA REG MED CTR BILLING DATE PAGE 3 01323
MED REC NO: 880775 700 WEST OAK STREET 03/10/20
GUARANTOR NO:
PATIENT: KISSIMMEE FL 347414996 ADMITTED DISCHARGED
AYAD AZIZ 12/10/19 12/17/19

DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121319	13B817	0712		682493	62584026511	1	METOPROLOL 25MG TAB	3.25
121319	13B948	0712		692857	68084009911	2	ATORVASTATIN 40MG TAB	103.00
121319	13B818	0712		699238	68084029911	1	TAMSULOSIN 0.4MG CAP	28.25
121319	13B874+	0712		696982	70010075401	4	METHOCARBAMOL 500MG TA	169.00
121419	14B046	0712		677213		1	POLYETH GLYCOL PKT 17G	36.50
121419	14B046	0712		692797	904052361	4	ASCORBIC ACID 500MG TA	9.00
121419	14B009	0712		693377	904630161	1	CARVEDILOL 6.25MG TAB	36.50
121419	14B009	0712		692350	904673061	2	ACETAMINOPHEN 500MG TA	2.00
121419	14B046+	0712		695289	904759161	2	FE SULF 325MG TAB	5.00
121419	14B046	0712		692823	6373943401	1	ASPIRIN 81MG CHEW TAB	2.25
121419	14B103	0712		692857	68084009911	2	ATORVASTATIN 40MG TAB	103.00
121419	14B046	0712		699238	68084029911	1	TAMSULOSIN 0.4MG CAP	28.25
121419	14B079	0712		695514	68084078311	2	GABAPENTIN 100MG CAP	35.00
121419	14B049	0712		699585	68084080811	1	TRAMADOL 50MG TAB	29.50
121419	14B009+	0712		696982	70010075401	4	METHOCARBAMOL 500MG TA	169.00
121419	14B108	0712		696982	70010075401	2-	METHOCARBAMOL 500MG TA	84.50-
121419	14B103	0712		696982	70010075401	2	METHOCARBAMOL 500MG TA	84.50
121419	14B046	0712		704241	77333094825	5	VITAMIN D 400IU TAB	11.25
121519	15B159	0712		692797	904052361	4	ASCORBIC ACID 500MG TA	9.00
121519	15B159	0712		693377	904630161	1	CARVEDILOL 6.25MG TAB	36.50

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DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121519	15B245	0712		692350	904673061	2	ACETAMINOPHEN 500MG TA	2.00
121519	15B159+	0712		695289	904759161	2	FE SULF 325MG TAB	5.00
121519	15B159	0712		692823	6373943401	1	ASPIRIN 81MG CHEW TAB	2.25
121519	15B245	0712		692857	68084009911	2	ATORVASTATIN 40MG TAB	103.00
121519	15B159	0712		696662	68084019611	1	LISINOPRIL 5 MG TAB	26.50
121519	15B159	0712		699238	68084029911	1	TAMSULOSIN 0.4MG CAP	28.25
121519	15B191	0712		699585	68084080811	1	TRAMADOL 50MG TAB	29.50
121519	15B245	0712		696982	70010075401	2	METHOCARBAMOL 500MG TA	84.50
121519	15B159	0712		704241	77333094825	5	VITAMIN D 400IU TAB	11.25
121619	16B315	0712		692797	904052361	4	ASCORBIC ACID 500MG TA	9.00
121619	16B315	0712		693377	904630161	1	CARVEDILOL 6.25MG TAB	36.50
121619	16B455	0712		692350	904673061	2	ACETAMINOPHEN 500MG TA	2.00
121619	16B315	0712		695289	904759161	1	FE SULF 325MG TAB	2.50
121619	16B315	0712		692823	6373943401	1	ASPIRIN 81MG CHEW TAB	2.25
121619	16B315	0712		704241	50268086311	5	VITAMIN D 400IU TAB	11.25
121619	16B455	0712		692857	68084009911	2	ATORVASTATIN 40MG TAB	103.00
121619	16B315	0712		696662	68084019611	1	LISINOPRIL 5 MG TAB	26.50
121619	16B315	0712		699238	68084029911	1	TAMSULOSIN 0.4MG CAP	28.25
121619	16B315	0712		699585	68084080811	1	TRAMADOL 50MG TAB	29.50
121619	16B455	0712		696982	70010075401	2	METHOCARBAMOL 500MG TA	84.50

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AYAD AZIZ 12/10/19 12/17/19

DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121719	17B529	0712		692797	904052361	4	ASCORBIC ACID 500MG TA	9.00
121719	17B529	0712		695289	904759161	1	FE SULF 325MG TAB	2.50
121719	17B529	0712		692823	6373943401	1	ASPIRIN 81MG CHEW TAB	2.25
121719	17B529	0712		704241	50268086311	5	VITAMIN D 400IU TAB	11.25
121719	17B528	0712		699585	68084080811	1	TRAMADOL 50MG TAB	29.50
121719	17B596	0712		696982	70010075401	2-	METHOCARBAMOL 500MG TA	84.50-
121719	17B592	0712		696982	70010075401	2	METHOCARBAMOL 500MG TA	84.50
							SUBTOTAL:	2540.75
270-MED-SURG SUPPLIES								
121119	11B388	0754		714772		1	OXYGEN DAILY	396.00
121119	11B492	0718		978930		1	SPIROMETER INCNT 5K- M	19.12
121219	12B667	0754		714772		1	OXYGEN DAILY	396.00
121319	13B816	0754		714772		1	OXYGEN DAILY	396.00
121719	17B588	0754		714772		1	OXYGEN DAILY	396.00
							SUBTOTAL:	1603.12
272-STERILE SUPPLIES								
121019	10STRC	0718		978962		1	KIT IV STRT	7.17
121019	10STRC	0718		972964		1	CATH IV 20GA 1IN PINK	16.19
121019	27B469	0718		832454		1	STAPLER SKIN WIDE PRW3	190.12
121019	27B469	0718		918335		10	SUTURE PDS +0 CT1 27 M	211.80
121019	27B469	0718		934394		1	DRESSING HDRCLD 10X9CM	203.70
121019	27B469	0718		942045		1	SET ADM IV 2ND MX 36IN	6.63

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DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121019	27B469	0718		982166		6	SUTURE MNCRL +2-0 CP1	108.84
121219	12B717	0718		941485		1	KIT ADM 15 GTT 126IN N	41.83
121219	13B915	0718		932157		7	DRESSING 8X4IN ABS SLF	351.33
121219	13B915	0718		941485		1	KIT ADM 15 GTT 126IN N	41.83
121719	17B643	0718		948371		2	DRESSING PETRO NADH9X5	10.22
121719	17B643	0718		935570		3	DRESSING PETRO GZE 8X3	15.63
121719	17B643	0718		932157		5	DRESSING 8X4IN ABS SLF	250.95
							SUBTOTAL:	1456.24
274-PROSTHETIC DEV								
121019	27B469	0718		924500	L1830	1	IMOBILIZER KNEE MED	77.24
							SUBTOTAL:	77.24
278-SUPPLY/IMPLANTS								
121019	27B469	0717		837668	C1713	2	SCREW CORT 4.5X34	156.04
121019	27B469	0717		837669	C1713	5	SCREW CORT 4.5X36	390.10
121019	27B469	0717		898896	C1713	1	SCREW BN L32MM OD3.5MM	91.55
121019	27B469	0717		899542	C1713	1	SCREW LOCKING 5.0MMX75	732.42
121019	27B469	0717		901499	C1713	1	SCREW CONICAL PT 7.3 C	817.34
121019	27B469	0717		908589	C1713	3	SCREW CORTEX SELF-TAP	274.65
121019	27B469	0717		881010	C1713	1	PLATE MEDIAL PILON 9H	1174.98
121019	27B469	0717		889388	C1713	1	PLATE FEMUR PROX LCP 1	5099.08
							SUBTOTAL:	8736.16
301-LAB/CHEMISTRY								
121019	10B274	0736		684764	84484	1	TROPONIN QUANT	1197.00

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DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121019	10B274	0736		684084	80048	1	BMP TOTAL CALCIUM	1243.00
121019	10B274	0736		684574	84100	1	PHOSPHORUS BLD	435.25
121019	10B274	0736		684457	83735	1	MAGNESIUM BLD	474.00
121019	10B144	0736		684162	80053	1	COMP METABOLIC PANEL	1553.75
121019	10B144	0736		684764	84484	1	TROPONIN QUANT	1197.00
121019	10B144	0736		684588	84132	1	POTASSIUM BLD	357.25
121019	10B144	0736		684049	82040	1	ALBUMIN SERUM QN	408.50
121019	10B144	0736		684117	82310	1	CALCIUM TOTAL	696.00
121019	10B144	0736		684457	83735	1	MAGNESIUM BLD	474.00
121019	13B815+	0736		684699	84295	2	SODIUM BLD	868.00
121019	13B815+	0736		684588	84132	2	POTASSIUM BLD	714.50
121019	13B815+	0736		684116	82330	2	CALCIUM IONIZED	517.00
121019	13B815+	0736		684326	82947	2	GLUCOSE BLD QN	1305.00
121019	13B815+	0736		684099	82803	2	BLOOD GAS OTHER ANY TW	3091.50
121119	11B489	0736		684170	82550	1	CREAT KINASE (CK) TOTA	949.00
121119	11B489	0736		684150	82553	1	CK MB	1053.00
121119	11B489	0736		684764	84484	1	TROPONIN QUANT	1197.00
121119	11B489	0736		684457	83735	1	MAGNESIUM BLD	474.00
121119	11B380	0736		684084	80048	1	BMP TOTAL CALCIUM	1243.00
121119	11B380	0736		684764	84484	1	TROPONIN QUANT	1197.00

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DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121119	11B380	0736		684574	84100	1	PHOSPHORUS BLD	435.25
121119	11B380	0736		684457	83735	1	MAGNESIUM BLD	474.00
121119	11B438	0736		684170	82550	1	CREAT KINASE (CK) TOTA	949.00
121119	11B438	0736		684150	82553	1	CK MB	1053.00
121119	11B438	0736		684764	84484	1	TROPONIN QUANT	1197.00
121219	12B591	0736		684084	80048	1	BMP TOTAL CALCIUM	1243.00
121319	13B808	0736		684084	80048	1	BMP TOTAL CALCIUM	1243.00
121419	14B001	0736		684084	80048	1	BMP TOTAL CALCIUM	1243.00
121419	14B001	0736		684574	84100	1	PHOSPHORUS BLD	435.25
121419	14B001	0736		684457	83735	1	MAGNESIUM BLD	474.00
121619	16B306	0736		684084	80048	1	BMP TOTAL CALCIUM	1243.00
121619	16B306	0736		684591	84134	1	PREALBUMIN	408.50
							SUBTOTAL:	31042.75
302-LAB/IMMUNOLOGY								
121019	10B273+	0758		686522	86920	2	CROSSMATCH IMM SPIN	196.50
121019	10B150	0758		686489	86900	1	ABO TYPE	83.50
121019	10B150	0758		686577	86901	1	RH TYPE	67.25
121019	10B150	0758		686503	86850	1	ANTIBODY SCREEN EA	102.50
121019	12B597+	0758		686522	86920	2	CROSSMATCH IMM SPIN	196.50
121019	13B802	0758		686522	86920	1	CROSSMATCH IMM SPIN	98.25
121619	16B306	0736		684169	86140	1	C-REACTIVE PROTEIN	514.25

A FOR PROFIT TAX PAYING HOSPITAL LICENSED BY THE STATE
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DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
							SUBTOTAL:	1258.75
305-LAB/HEMATOLOGY								
121019	10B144	0736		684388	85027	1	CBC	619.50
121019	13B81S+	0736		684381	85014	2	HEMATOCRIT	389.50
121119	11B489	0736		684611	85610	1	PROTIME	650.25
121119	11B489	0736		684616	85730	1	PTT	813.00
121119	11B380	0736		684388	85027	1	CBC	619.50
121219	12B714	0736		684388	85027	1	CBC	619.50
121219	12B591	0736		684388	85027	1	CBC	619.50
121219	12B591	0736		684616	85730	1	PTT	813.00
121219	12B664	0736		684616	85730	1	PTT	813.00
121319	13B808	0736		684388	85027	1	CBC	619.50
121419	14B001	0736		684388	85027	1	CBC	619.50
121619	16B306	0736		684388	85027	1	CBC	619.50
							SUBTOTAL:	7815.25
307-LAB/UROLOGY								
121619	17B512	0736		684772	81003	1	UA W O MICRO AUTO	384.50
							SUBTOTAL:	384.50
320-DX XRAY								
121019	10B148	0728		680307	72170	1	XR PELVIS 1/2 VIEWS	2178.75
121019	10B148	0728		680387	73560RT	1	XR KNEE 1 OR 2 V RT	1963.75
121019	06CU90	0728		680521	76001	1	DNU XR FLUOROSCOPY > 6	5109.00
							SUBTOTAL:	9251.50

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DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
324-DX X-RAY/CHEST								
121019	10B156	0728		714793	71045	1	CHEST XRAY 1 V	1755.25
121019	10B317	0728		714793	71045	1	CHEST XRAY 1 V	1755.25
121119	11B447	0728		714793	71045	1	CHEST XRAY 1 V	1755.25
121519	15B192	0728		714793	71045	1	CHEST XRAY 1 V	1755.25
							SUBTOTAL:	7021.00
351-CT SCAN/HEAD								
121119	12B721	0726		680039	70450	1	CT HEAD/BRAIN W/O CONT	13769.50
121319	13B919	0726		680042	70460	1	CT HEAD/BRAIN W/CONT	13769.50
							SUBTOTAL:	27539.00
360-OR SERVICES								
121019	27B469	0701		679083		1	OR LEVEL 3 FIRST 60 MI	31559.50
121019	27B469	0701		679084		6	OR LEVEL 3 ADDL 30 MIN	59394.00
							SUBTOTAL:	90953.50
370-ANESTHESIA								
121019	27B469	0722		675500		1	ANESTHESIA FIRST 60 MI	9210.75
121019	27B469	0722		675501		6	ANESTHESIA ADDL 30 MIN	18495.00
							SUBTOTAL:	27705.75
390-BLOOD STORAGE PROC								
121019	10B273+	0758		686564	P9016	2	PRBC LR	450.50
121019	12B597+	0758		686564	P9016	2	PRBC LR	450.50
121019	13B802	0758		686564	P9016	1	PRBC LR	225.25
							SUBTOTAL:	1126.25
391-BLOOD ADMIN								
121119	11B380	0758		712401	36430	1	BLOOD TRANSFUSION	1140.50

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DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121219	12B597	0758		712401	36430	1	BLOOD TRANSFUSION	1140.50
							SUBTOTAL:	2281.00
402-ULTRASOUND								
121519	15B192	0729		680792	76870	1	US SCROTUM AND CNTS	3451.50
							SUBTOTAL:	3451.50
420-PHYSICAL THERP								
121119	11B490	0762		676342	97110GP	1	THER EXERCISES 15 MIN	669.50
121319	13B913	0762		676342	97110GP	1	THER EXERCISES 15 MIN	669.50
121419	14B077	0762		676342	97110GP	1	THER EXERCISES 15 MIN	669.50
121619	16B426	0762		676342	97110GP	1	THER EXERCISES 15 MIN	669.50
121719	17B641	0762		676346	97112GP	1	NEUROMUSC REEDUCT 15M	710.00
121719	17B641	0762		676342	97110GP	1	THER EXERCISES 15 MIN	669.50
							SUBTOTAL:	4057.50
421-PHYS THERP/VISIT								
121119	11B490	0762		676360	97530GP	2	THER ACTIV DIR 15 MIN	933.50
121319	13B913	0762		676360	97530GP	2	THER ACTIV DIR 15 MIN	933.50
121419	14B077	0762		676360	97530GP	3	THER ACTIV DIR 15 MIN	1400.25
121619	16B426	0762		676360	97530GP	2	THER ACTIV DIR 15 MIN	933.50
121719	17B641	0762		676360	97530GP	4	THER ACTIV DIR 15 MIN	1867.00
							SUBTOTAL:	6067.75
424-PHYS THERP/EVAL								
121119	11B490	0762		713534	97163GP	1	EVAL PT HIGH COMPLEX	1084.75
							SUBTOTAL:	1084.75
430-OCCUPATIONAL THERAPY								
121219	12B716	0766		676431	97110GO	1	THER EXERCISES 15 MIN	669.50

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DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121619	16B426	0766		676568	97530GO	3	THER ACTIV DIR 15 MIN	1400.25
							SUBTOTAL:	2069.75
434-OCCUP THERP/EVAL								
121219	12B716	0766		713540	97167GO	1	EVAL OT HIGH COMPLEX	1158.75
							SUBTOTAL:	1158.75
440-SPEECH PATHOL								
121519	15B219	0759		678419	92610GN	1	EVAL ORAL/PHARYNG SWL	1284.50
121619	16B426+	0759		676535	92526GN	3	TX SWAL/ORAL FUNCTION	2905.50
121619	16B426	0759		676488	92507GN	1	TX SPEECH INDIVIDUAL S	968.50
							SUBTOTAL:	5158.50
444-SPEECH/HEARING EVAL								
121519	15B219	0759		707454	92523GN	1	SP/EVAL SND W/ LANG EV	565.75
							SUBTOTAL:	565.75
450-EMERG ROOM								
121019	12B583+	0780		691171	96375	3	IVP EA ADD SEQ NEW DRU	478.50
121019	12B583	0780		675004	99285	1	LVL 5 EMER DEPT	8401.00
121019	12B583	0780		691149	96374	1	IVP SINGLE/INITIAL DRU	1725.75
							SUBTOTAL:	10605.25
483-ECHOCARDIOLOGY								
121119	11B487	0750		691237	93306	1	ECHO2D COMP W CF DOP	9541.75
							SUBTOTAL:	9541.75
636-DRUGS REQUIRING DET CODE								
121019	10B219+	0712		692215	J3010	3	FENTANYL CIT 0.1 MG IN	21.75
121019	10B313	0712		702890	J1885	1	KETOROLAC 15 MG INJ	93.00
121019	10B313	0712		702696	J1170	1	HYDROMORPH 1 MG INJ	9.50
121019	10B280	0712		705337	J2710	1	NEOST METH UP TO 0.5 M	312.50

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121019	10B280	0712		691473	P9045	1	ALBUMIN INF 5% 250ML	312.25
121019	10B279	0712		702970	J2370	1	PHENYLEPHN 1 ML INJ	89.25
121019	10B219	0712		711869	J2704	20	PROPOFOL 200 MG INJ	18.75
121019	10B279	0712		691378	J2405	4	ONDANSETRON 4 MG VL	668.25
121019	10B279	0712		691379	J1100	4	DEXAMETH NA PHOS 4 MG	80.25
121019	10B154	0712		692207	J2270	1	MORPHINE SULF 2MG INJ	12.75
121019	10B146	0712		692215	J3010	1	FENTANYL CIT 0.1 MG IN	7.25
121019	10B146+	0712		702673	J2270	1	MORPHINE SULF 4MG INJ	27.00
121019	10B153	0716		705499	J7030	1	NS 1000 ML	15.50
121019	10B146	0712		705476	J2800	1	METHOCARBAMOL 1G/10ML	127.50
121019	10B146	0712		691378	J2405	4	ONDANSETRON 4 MG VL	668.25
121119	11B376+	0712		692207	J2270	1	MORPHINE SULF 2MG INJ	25.50
121119	11B444	0712		703455	J3475	8	MAG SULFATE 4G INJ	18.00
121119	11B524	0712		702794	J1644	25	HEPARIN 25000 U BAG	104.75
121119	11B376	0716		705499	J7030	1	NS 1000 ML	15.50
121119	11B444	0712		691378	J2405	4	ONDANSETRON 4 MG VL	668.25
121119	11B376+	0712		702890	J1885	2	KETOROLAC 15 MG INJ	186.00
121119	11B524	0712		691621	J1644	5	HEPARIN 5000 U INJ	25.50
121119	11B389	0712		691590	J1650	3	ENOXAPARIN 30 MG INJ	129.75
121119	11B389	0712		705476	J2800	1	METHOCARBAMOL 1G/10ML	127.50

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DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121219	12B593	0712		702721	J1200	1	DIPHENHYDRAMNE 50 MG I	41.75
121319	13B874+	0712		691621	J1644	10	HEPARIN 5000 U INJ	51.00
121419	14B009+	0712		691621	J1644	10	HEPARIN 5000 U INJ	51.00
121519	15B221	0712		703425	J3420	1	CYANOCOBALAMIN 1000 MC	24.75
							SUBTOTAL:	3933.00
637-SELF-ADMINISTERED DRUGS								
121119	11B445	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121119	11B445	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121119	11B494	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121119	11B494	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121119	11B525	0712		715146	J1815	1	INSULIN 20 U INJ	2.57
121119	11B525	0712		715146X	J1815	3	INSULIN 20 U INJ	7.71
121119	11B389	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121119	11B389	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121219	12B669	0712		715146	J1815	1	INSULIN 20 U INJ	2.57
121219	12B669	0712		715146X	J1815	3	INSULIN 20 U INJ	7.71
121219	12B719	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121219	12B719	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121219	12B671	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121219	12B671	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121219	13B804	0712		715146	J1815	1	INSULIN 20 U INJ	2.57
121219	13B804	0712		715146X	J1815	3	INSULIN 20 U INJ	7.71
121319	13B818	0712		715146	J1815	1	INSULIN 20 U INJ	2.57
121319	13B818	0712		715146X	J1815	3	INSULIN 20 U INJ	7.71
121319	13B874	0712		715146	J1815	1	INSULIN 20 U INJ	2.57
121319	13B874	0712		715146X	J1815	3	INSULIN 20 U INJ	7.71
121319	13B918	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121319	13B918	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121319	13B948	0712		715146	J1815	1	INSULIN 20 U INJ	2.57
121319	13B948	0712		715146X	J1815	3	INSULIN 20 U INJ	7.71
121419	14B080	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121419	14B080	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121419	14B103	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121419	14B103	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121419	14B009	0712		715146	J1815	2	INSULIN 20 U INJ	5.14

DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121419	14B009	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121419	14B048	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121419	14B048	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121519	15B159	0712		715146	J1815	1	INSULIN 20 U INJ	2.57
121519	15B159	0712		715146X	J1815	3	INSULIN 20 U INJ	7.71
121519	15B222	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121519	15B222	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121519	15B191	0712		715146	J1815	1	INSULIN 20 U INJ	2.57
121519	15B191	0712		715146X	J1815	3	INSULIN 20 U INJ	7.71
121619	16B455	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121619	16B455	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121619	16B458	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121619	16B458	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121619	16B380	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121619	16B380	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
121619	16B315	0712		715146	J1815	1	INSULIN 20 U INJ	2.57
121619	16B315	0712		715146X	J1815	3	INSULIN 20 U INJ	7.71
121719	17B529	0712		715146	J1815	1	INSULIN 20 U INJ	2.57
121719	17B529	0712		715146X	J1815	3	INSULIN 20 U INJ	7.71
121719	17B592	0712		715146	J1815	2	INSULIN 20 U INJ	5.14
121719	17B592	0712		715146X	J1815	2	INSULIN 20 U INJ	5.14
							SUBTOTAL:	257.00
710-RECOVERY ROOM								
121019	27B469	0704		679068		1	PACU FIRST 60 MIN	5797.25
121019	27B469	0704		679069		1	PACU ADDL 30 MIN	3522.75
							SUBTOTAL:	9320.00
730-EKG/ECG								
121019	10B214	0744		677102	93005	1	EKG TRACING ONLY	1177.00
121019	11B440	0744		677102	93005	1	EKG TRACING ONLY	1177.00
121119	11B440	0744		677102	93005	1	EKG TRACING ONLY	1177.00
121119	12B666	0744		677102	93005	1	EKG TRACING ONLY	1177.00
							SUBTOTAL:	4708.00

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DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
921-PERIPHERAL VASCULAR LAB								
121519	15B192	0729		683336	93975	1	DUP AB/PEL/SC COMP	7772.75
121719	17B594	0729		683334	93971LT	1	DUP VEIN UNI LT	2251.00
							SUBTOTAL:	10023.75
							TOTAL ANCILLARY CHARGES	293999.01

DATE OF PAYMENT	BATCH REFER	PAY TYPE	PROC	INS PLAN	BILL THRU DT	DESCRIPTION / COMMENT	AMOUNT
12/17/19	16NBIL	4	999999		12/17/19	NON-BILL ADJ =PMG	154.20
12/17/19	17FBIL	5	999999	698-75	12/17/19	CONTRACTUAL ADJ CC	289,428.32
12/17/19	10LREV	5	999999	698-75	12/17/19	CONTRACTUAL ADJ CC	289,428.32-
12/17/19	10FBIL	5	999999	698-75	12/17/19	CONTRACTUAL ADJ CC	294,537.32
						TOTAL PAYMENTS	294,691.52
						TOTAL CHARGES	314415.01
						PAYMENTS	.00
						ADJUSTMENTS	294691.52
						BALANCE	19723.49

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DEPARTMENTAL CHARGE SUMMARY

DEPT	DESCRIPTION	AMOUNT
0630	INTERMEDIATE CARE UNIT	7,863.00
0650	ICU	12,553.00
0701	OPERATING ROOM	90,953.50
0704	PACU	9,320.00
0712	PHARMACY	7,903.00
0716	IV SOLUTIONS	31.00
0717	IMPLANTS	8,736.16
0718	SUPPLIES	1,552.60
0722	ANESTHESIA	27,705.75
0726	CT SCAN	27,539.00
0728	DIAGNOSTIC RADIOLOGY	16,272.50
0729	ULTRASOUND	13,475.25
0736	LABORATORY	39,756.75
0744	EKG	4,708.00
0750	CARDIOVASC ULTRASND/ECHO	9,541.75
0754	RESPIRATORY	1,584.00
0758	BLOOD BANK	4,151.75
0759	SPEECH THERAPY	5,724.25
0762	PHYSICAL THERAPY	11,210.00
0766	OCCUPATIONAL THERAPY	3,228.50
0780	EMERGENCY ROOM	10,605.25

REVENUE CHARGE SUMMARY

REV CD	DESCRIPTION	BILLABLE	NON-BILLABLE	TOTAL
0111	MED-SUR-GYN/PVT	12,553.00	.00	1,941.25
0206	POST ICU	20,416.00	.00	7,863.00
0208	ICU/TRAMA	10,611.75	.00	10,611.75
0250	PHARMACY	1,203.25	.00	1,203.25
0259	SAD DRUGS/OTHER	2,540.75	.00	2,540.75
0270	MED-SURG SUPPLIES	1,603.12	.00	1,603.12
0272	STERILE SUPPLIES	1,456.24	.00	1,456.24
0274	PROSTHETIC DEV	77.24	.00	77.24

0278	SUPPLY/IMPLANTS	8,736.16	.00	8,736.16
0301	LAB/CHEMISTRY	31,042.75	.00	31,042.75
0302	LAB/IMMUNOLOGY	1,258.75	.00	1,258.75
0305	LAB/HEMATOLOGY	7,815.25	.00	7,815.25
0307	LAB/UROLOGY	384.50	.00	384.50
0320	DX XRAY	9,251.50	.00	9,251.50
0324	DX X-RAY/CHEST	7,021.00	.00	7,021.00
0351	CT SCAN/HEAD	27,539.00	.00	27,539.00
0360	OR SERVICES	90,953.50	.00	90,953.50
0370	ANESTHESIA	27,705.75	.00	27,705.75
0390	BLOOD STORAGE PROC	1,126.25	.00	1,126.25
0391	BLOOD ADMIN	2,281.00	.00	2,281.00
0402	ULTRASOUND	3,451.50	.00	3,451.50
0420	PHYSICAL THERP	4,057.50	.00	4,057.50
0421	PHYS THERP/VISIT	6,067.75	.00	6,067.75
0424	PHYS THERP/EVAL	1,084.75	.00	1,084.75
0430	OCCUPATIONAL THERAPY	2,069.75	.00	2,069.75
0434	OCCUP THERP/EVAL	1,158.75	.00	1,158.75
0440	SPEECH PATHOL	5,158.50	.00	5,158.50
0444	SPEECH/HEARING EVAL	565.75	.00	565.75
0450	EMERG ROOM	10,605.25	.00	10,605.25
0483	ECHOCARDIOLOGY	9,541.75	.00	9,541.75
0636	DRUGS REQUIRING DET CODE	3,933.00	.00	3,933.00
0637	SELF-ADMINISTERED DRUGS	102.80	154.20	257.00
0710	RECOVERY ROOM	9,320.00	.00	9,320.00
0730	EKG/ECG	4,708.00	.00	4,708.00
0921	PERIPHERAL VASCULAR LAB	10,023.75	.00	10,023.75

TOTAL CHARGES: 314,415.01
TOTAL PAYMENTS: .00
TOTAL ADJUST: 294,691.52

OSCEOLA REGIONAL MEDICAL CENTER

ACCOUNT NO: 101730890 **ADMIT DATE / TIME:** 12/10/2019 / 0405 **UNIT NUMBER:** N000880775
ROOM: **SERVICE:** Z ERS
BED: **LOCATION:** N.ER **STATUS:** ER
PRIORITY: EM **ADMIT SOURCE:** PR

PATIENT INFORMATION

AYAD,AZIZ
Maiden/Other:
DOB: 9/17/1950 **Age:** 69 **Sex:** **Race:** W
Marital Status: M **Religion:** CHR
STONGSVILLE OH 44149 **Home Phone:** **SSN:** 278-98-2756

PERSON TO NOTIFY

ABDELMALAK EMTESAL
8884 FAIR RD
STONGSVILLE OH 44149
Relationship: SP
Home Phone: (440)222-3170
Work Phone: (999)999-9999

ACCIDENT / ILLNESS / CONDITION

Date	Time	Type
20191210	0230	05

GUARANTOR

AYAD AZIZ
8884 FAIR RD
STONGSVILLE OH 44149
Phone: (440)221-3343 DAU **SSN:** 278-98-2756
Relationship: SA **DOB:** 19500917

GUARANTOR EMPLOYER

DISABILITY
XX 00000
Phone: (999)999-9999

INSURANCE NAME / ADDRESS	POLICY / GROUP# / INSURED	REL / DOB
1. MEDICARE HMO MISC PO BOX 8730 DAYTON OH 45401-8738		01 19500917 PH#: (800)488-0134

IPLAN MNEMONIC: **DATE:** 20111101 **BY:**

2.
PH#:
IPLAN MNEMONIC: **DATE:** **BY:**

3.
PH#:
IPLAN MNEMONIC: **DATE:** **BY:**

ADMIT PHYS: JULIEN **ATTENDING PHYS:** JULIEN,TIMOTHY
REASON FOR VISIT: FALL HIP INJURY **FINANCIAL CLASS:** 12

TOSCHOOL RE[illegible] MEDICAL CTR *
Admission/Discharge Transfer
ORDER [illegible]210-0038
DB[illegible] F[illegible] REG 3

NAME: AYAD,AZIZ N00080775
PHYS: Julien,Timothy MD TYPE: PRE ER
DOB: 09/17/50 AGE/SEX: 69 M
ADM NO N00101730890
ROOM: - LOC: N.ER

PUSH DOWN TO REMOVE BAND.

EXTENDER

Ad[illegible]ion

STAT SER DATE: 12/10/19
TIME: 0536

ORDER SOURCE: E - E

E17

pa[illegible] be here equal to or greater than two midnights:

Pa[illegible] admit to Inpatient
Assign[illegible] ORDER Block,Ernest F MD
Mo[illegible] left hip fx

LASER BAND ADMITTED

Inpati[illegible] present:

[illegible]d rationale for inpatient status for expected stay < two midnights.

[illegible]ify that the patient status is appropriate and is based on my best clinical [illegible]ment and the patient's condition as documented in the medical record.

(Continued)

Made in USA

LBS ADMITS

OSCEOLA REGIONAL MEDICAL CTR *
Admission Discharge Transfer
ORDER No.1210-0039
OSPASP53 - PAS ER REG 3

NAME: AYAD,AZIZ
PHYS: Julien,Timothy MD
DOB: 09/17/50 AGE/SEX: 69 M
ADM NO: N00101730890
ROOM: - LOC: N.ER

N000880775
TYPE: PRE ER

Level of Care (LEVEL)
==========

STAT

SER DATE: 12/10/19
TIME: 0536

ORDER SOURCE: E - E

Type of Room/Bed: SURT

I certify that the Preadmission Assessment is complete and signed:

Multiple Gestation?
Estimated Gestational Age (weeks): (days):

Less than 39 week EGA admit reason:

Gestational age (weeks): (days):
Birth weight known (y/n):
Birth weight (grams):
Birth weight (kg):
Birth weight unknown reason:

OB ICD-10 CODES

(Continued)

OSCEOLA REGIONAL MEDICAL CTR *
Admission Discharge Transfer
ORDER No.1210-0039
OSPASP53 - PAS ER REG 3

NAME: AYAD,AZIZ
PHYS: Julien,Timothy MD
DOB: 09/17/50 AGE/SEX: 69 M
ADM NO: N00101730890
ROOM: - LOC: N.ER

N000880775
TYPE: PRE ER

Change patient legal hold status:

Legal hold present:

Is this an ER Patient? Y

ORDERED BY: Bawany,Sheila MD R3
OTHER PROV:

ENTERED BY: PHY.BAWSH 12/10/19 0836 ORMCED1CS0

OSCEOLA REG MED CTR	OSCEOLA REG MED CTR	3a PAT CNTL # 101730890	
700 WEST OAK STREET	PO BOX 406687	b. MED REC # 000000880775	0111
KISSIMMEE FL 347414996	ATLANTA GA30384	5 FED. TAX NO	6 STATEMENT COVERS PERIOD FROM 121019 THROUGH 121719
4075183640		61-1257509	

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 8884 FAIR RD
b AYAD, AZIZ	b STONGSVILLE c OH d 44149 e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
09171950	M	121019	05	1	1	16	03	04	09	D1									FL	

31 OCCURRENCE CODE	DATE			33 OCCURRENCE CODE	DATE			35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 05	121019	A1	091750	A2	121019									01323
b														00001

38		39 CODE	VALUE CODES AMOUNT			41 CODE	VALUE CODES AMOUNT
	CARESOURCEZ PO BOX 8730 DAYTON, OH 454018738	a 02	000	80	700	A3	31426081
		b					
		c					
		d					

	42 REV CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0111	MEDSURGYN/PVT	1941.25	121319	1	194125		
2	0206	POST ICU	2621.00	121419	3	786300		
3	0208	ICU/TRAMA	3537.25	121019	3	1061175		
4	0250	PHARMACY			6	120325		
5	0259	SAD DRUGS/OTHER			177	264355		
6	0270	MEDSURG SUPPLIES			5	160312		
7	0272	STERILE SUPPLIES			40	145624		
8	0274	PROSTHETIC DEV			1	7724		
9	0278	SUPPLY/IMPLANTS			15	873616		
10	0301	LAB/CHEMISTRY			38	3104275		
11	0302	LAB/IMMUNOLOGY			9	125875		
12	0305	LAB/HEMATOLOGY			13	781525		
13	0307	LAB/UROLOGY			1	38450		
14	0320	DX XRAY			3	925150		
15	0324	DX XRAY/CHEST			4	702100		
16	0351	CT SCAN/HEAD			2	2753900		
17	0360	OR SERVICES			7	9095350		
18	0370	ANESTHESIA			7	2770575		
19	0390	BLOOD STORAGE PROC			5	112625		
20	0391	BLOOD ADMIN			2	228100		
21	0402	ULTRASOUND			1	345150		
22	0420	PHYSICAL THERP			6	405750		
23		PAGE 001 OF 002	CREATION DATE	031020	TOTALS			

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	CARESOURCEZ		Y	Y	000		1689621450	
B							57 OTHER PRV ID	100110
C								

	58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	AYAD,AZIZ	18	10439059400	MEDICARE HMO	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A	008863775		
B			
C			

66 DX																		68
	S7222XAY	1214	Y	169354		S7290XAY	Z7984		1959	Y	R402410Y	E1151	Y	E785	Y			
	0110	Y	M8580	Y	N5089	Y	Z8673		Z98890		N433	Y						

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI					73
S7222XA				0480	W1830XAY	Y92009	1	Y9301	Y	

74 PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
0QS704Z	121019			

76 ATTENDING	NPI 1861471112	QUAL	
LAST BLOCK		FIRST ERNEST	
77 OPERATING	NPI 1609841931	QUAL	
LAST MEZZANOTTE		FIRST THOMAS	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC	
PT DISCOUNTS AVAILA	a	B3282N00000X
	b	B1W
	c	B2M
	d	

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

UB-04 CMS-1450 APPROVED OMB NO 0938-0997 Printed on Recycled Paper NUBC LIC3810506

01323 Relay 03/11/2020

04/23/2020 12:00:00 AM 201142001P001000260

OSCEOLA REG MED CTR	OSCEOLA REG MED CTR	3a PAT CNTL # 101730890	
700 WEST OAK STREET	PO BOX 406687	b. MED REC # 000000880775	0111
KISSIMMEE FL 347414996	ATLANTA GA30384	5 FED TAX NO	6 STATEMENT COVERS PERIOD FROM 121019 THROUGH 121719
4075183640		61-1257509	

8 PATIENT NAME: a	9 PATIENT ADDRESS: a 8884 FAIR RD
b AYAD, AZIZ	b STONGSVILLE c OH d 44149

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
09171950	M	121019	05	1	1	16	03	04	09	D1									FL	

31 CODE	OCCURRENCE DATE			33 CODE	OCCURRENCE DATE		35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
a 05	121019	A1	091750	A2	121019								01323
b													00001

38 CARESOURCEZ
PO BOX 8730

DAYTON, OH 454018738

	39 CODE	VALUE CODES AMOUNT			41 CODE	VALUE CODES AMOUNT
a	02	000	80	700	A3	31426081
b						
c						
d						

	42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0421	PHYS THERP/VISIT			13	606775		
2	0424	PHYS THERP/EVAL			1	108475		
3	0430	OCCUPATIONAL THERAPY			4	206975		
4	0434	OCCUP THERP/EVAL			1	115875		
5	0440	SPEECH PATHOL			5	515850		
6	0444	SPEECH/HEARING EVAL			1	56575		
7	0450	EMERG ROOM			5	1060525		
8	0483	ECHOCARDIOLOGY			1	954175		
9	0636	DRUGS REQUIRING DET CODE			117	393300		
10	0710	RECOVERY ROOM			2	932000		
11	0730	EKG/ECG			4	470800		
12	0921	PERIPHERAL VASCULAR LAB			2	1002375		
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	0001	PAGE 002 OF 002	CREATION DATE	031020	TOTALS	31426081		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI	1689621450
A	CARESOURCEZ		Y	Y	000		57 OTHER PRV ID	100110
B								
C								

	58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	AYAD, AZIZ	18	10439059400	MEDICARE HMO	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A	008863775		
B			
C			

66 DX: S7222XAY I214 Y I69354 S7290XAY Z7984 I959 Y R402410Y E1151 Y E785 Y 68
0110 Y M8580 Y N5089 Y Z8673 Z98890 N433 Y

69 ADMIT DX: S7222XA 70 PATIENT REASON DX: 71 PPS CODE: 0480 72 ECI: W1830XAY Y92009 1 Y9301 Y 73

74 PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
0QS704Z	121019			
		d. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1861471112	QUAL	
LAST BLOCK		FIRST ERNEST	
77 OPERATING	NPI 1609841931	QUAL	
LAST MEZZANOTTE		FIRST THOMAS	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS PT DISCOUNTS AVAILA

81 CC	
a	B3282N00000X
b	B1W
c	B2M
d	

UB-04 CMS-1450 APPROVED OMB NO 0938-0997 Printed on Recycled Paper NUBC LIC381050506

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

01323 Relay 03/11/2020

SPECIAL NOTICE FROM THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES AND UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES AND OSCEOLA REGIONAL MEDICAL CENTER OF LIMITED LIABILITY PURSUANT TO SECTION 1012.965, FLORIDA STATUTES

(This notice is required by law. If you have any questions or concerns. Please let us know before signing.)

I acknowledge that I have been given this separate written conspicuous notice by the University of Central Florida Board of Trustees, a public body corporate of the State of Florida ("UCF BOT") and the University of South Florida Board of Trustees, a public body corporate of the State of Florida ("USF BOT") and Osceola Regional Medical Center that some or all of the care and treatment I receive will or may be provided by UCF BOT health care professionals, including faculty physicians, healthcare fellows and residents, and students in training, who are employees and agents of UCF BOT, and/or by USF BOT healthcare professionals who are employees and agents of USF BOT, and liability, if any, that may arise from that care is limited as provided by law. I acknowledge that such UCF BOT and USF BOT health care professionals who are employees and agents of UCF BOT and/or USF BOT are under the control of UCF BOT and/or USF BOT, not the Hospital. UCF BOT and USF BOT health care professionals are not the employees or agents of the Hospital. I understand that the liability of the state or its agencies or subdivisions is limited as provided by Florida law (section 768.28(5), Florida Statutes). I hereby certify that I am the patient or a person who is authorized to acknowledge for the patient.

AZIZ AYAD

Patient or Authorized Representative Signature:
Electronically signed on 12/10/2019, 5:45 AM

Witness Signature:

Electronically witnessed by Lisa Hall 12/10/2019 05:45:02 am

Relationship: Patient

☐ Patient is Unable to Sign

Conditions of Admission and Consent for Outpatient Care

In this document, **"Patient"** means the person receiving treatment. **"Patient Representative"** means any person acting on behalf of the Patient and signing as the Patient's representative. Use of the word "I," "you," "your" or "me" may in context include both the Patient and the Patient Representative. With respect to financial obligations "I" or "me" may also, depending on the context, mean financial guarantor "Guarantor".

"Provider" means the hospital and may include healthcare professionals on the hospital's staff and/or hospital-based physicians, which include but are not limited to: Emergency Department Physicians, Pathologists, Radiologists, Anesthesiologists, Hospitalists, certain other licensed independent practitioners and any authorized agents, contractors, affiliates, successors or assignees acting on their behalf.

1. **Legal Relationship between Hospital and Physicians and Advanced Practice Professionals.** I understand and acknowledge that the physicians and advanced practice professionals providing services to me in the hospital are independent contractors and not agents or employees of the hospital. **"Advanced Practice Professionals"** include, but are not limited to, my treating physicians/ surgeons, radiologists, pathologists, cardiologists, emergency physicians, anesthesiologists, contract physicians, hospital-based physicians, physician assistants, registered nurses, advanced practice registered nurses, certified nurse midwives, certified registered nurse anesthetists, clinical psychologists, clinical nurse specialists, doctors of nursing practice, radiology assistants, and anesthesiology assistants. Independent physicians and Advanced Practice Professionals are responsible for their own actions and the hospital shall not be liable for the acts or omissions of any such independent physicians and/or Advanced Practice Professionals.
2. **Consent to Treatment.** I consent to the procedures that may be performed during this hospitalization or during an outpatient episode of care, including, but not limited to, emergency treatment or services, and which may include laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered as ordered by the Provider. I consent to allowing residents and other individuals enrolled in a healthcare professional education program as part of their training in health care education to participate in the delivery of my medical care and treatment or be observers while I receive medical care and treatment at the Hospital, and that they will be supervised by instructors and/or hospital staff. I further consent to the hospital conducting blood-borne infectious disease testing, including but not limited to, testing for hepatitis, Acquired Immune Deficiency Syndrome **("AIDS")**, and Human Immunodeficiency Virus **("HIV")**, if a Provider orders such tests or if ordered by protocol. I understand that the potential side effects and complications of this testing are generally minor and are comparable to the routine collection of blood specimens, including discomfort from the needle stick and/or slight burning, bleeding or soreness at the puncture site. The results of this test will become part of my confidential medical record.
3. **Consent to Treatment Using Telemedicine.** I consent to treatment involving the use of electronic communications **("Telemedicine")** to enable health care providers at different locations to share my individual patient medical information for diagnosis, therapy, follow-up, and/or education purposes. I consent to forwarding my information to a third party as needed to receive Telemedicine services, and I understand that existing confidentiality protections apply. I acknowledge that while Telemedicine can

be used to provide improved access to care, as with any medical procedure, there are potential risks and no results can be guaranteed or assured. These risks include, but are not limited to: technical problems with the information transmission or equipment failures that could result in lost information or delays in treatment. I understand that I have a right to withhold or withdraw my consent to the use of Telemedicine in the course of my care at any time, without affecting my right to future treatment and without risking the loss or withdrawal of any program benefit to which I would otherwise be entitled.

4. **Use of Biological Samples.** During your care at the facility, biological samples (such as blood and tissue samples) might be collected from you for purposes of your care. Sometimes, after your visit there might be excess or leftover biological samples no longer needed for your care. These samples are usually discarded. However, sometimes these samples might be used for research within our hospitals and occasionally made available to researchers at external groups such as universities, private companies, advocacy groups, and government agencies. The research can help answer questions about the causes of diseases, how to prevent them, or even how to treat them. Please note that for this kind of research, (i) there might be no practical way to inform you about the details or results of the research (even if it involves genetic research), (ii) generally, no results on tests performed on your samples during the research can be returned to you or entered into your health record, (iii) it is not likely that you will directly benefit from the research, and (iv) there are no plans to compensate or recognize you for use of your samples or any discoveries made during the research. When these samples are used in this manner, your privacy is safeguarded consistent with applicable federal and state privacy laws.

5. **Consent to Medication Not Yet FDA Approved and/or Medication Prepared/Repackaged by Outsourcing or Compounding Pharmacy.** As part of the services provided, you may be treated with a medication that has not received FDA approval. You may also receive a medication that has been prepared or repackaged by an outsourcing facility or compounding pharmacy. Certain medications for which there are no alternatives or which your physician recommends may be necessary for potentially life-saving treatment.

6. **Consent to Product Patient Assistance Programs Limited Power of Attorney ("LPOA").** The Provider may be able to get free replacement or reimbursement for the cost of your drugs or medical products from the companies that make them through a patient assistance program sponsored by the companies that make your drugs or medical products and through charity foundations. If the hospital obtains replacement or reimbursement of cost of your drug or medical product from the manufacturer through such programs, the charge for the product or drug will be removed from your bill. Patient assistance programs require you to sign an application form in order for the hospital to obtain replacement or credits of certain drugs administered or devices implanted to qualifying patients. This LPOA allows the Provider and its claims processor to complete and sign your patient assistance program applications for you for so long as this program may be available to you.

   I hereby appoint hospital and/or its claims processor, my attorney-in-fact for the sole and exclusive purpose of signing patient assistance program application forms on my behalf, so that hospital may attempt to obtain replacement or credits of certain drugs administered or devices implanted from the companies that make them. I understand that the final decision as to my acceptance in a patient assistance

program lies with each pharmaceutical or medical device company and that submission by hospital provides no guarantee or assurance that any application will be approved. I will provide reasonable assistance and additional information and documentation as necessary to support each application. I further understand that: 1) signing this is voluntary; 2) some patient assistance programs may not accept applications via power of attorney and I agree not to hold hospital responsible for such denial; 3) my treatment, payment enrollment, or eligibility for benefits may not be conditioned upon signing this authorization; and 4) I may revoke this authorization at any time by notifying the Provider in writing at

700 W. OAK STREET
KISSIMMEE, FL 34741-4996

, however, such revocation will not affect any actions taken prior to facility receiving the revocation.

This LPOA shall be in full force from the date signed and continue for so long as these programs may be available to you.

☐	Yes, I consent to Product Patient Assistance Programs Limited Power of Attorney	☑	No, I do not consent to Product Patient Assistance Programs Limited Power of Attorney

7. **Consent to Photographs, and Video, Digital and Audio Recordings.** I consent to photographs, video, digital or audio recordings, and/or images of me being recorded for patient care, healthcare operations, security purposes and/or the hospital's quality improvement and/or risk management activities. I understand that the facility retains the ownership rights to the images and/or recordings. I will be allowed to request access to or copies of the images and/or recordings when technologically feasible unless otherwise prohibited by law. I understand that these images and/or recordings will be securely stored and protected. Images and/or recordings in which I am identified will not be released and/or used outside of the facility without a specific written authorization from me or my legal representative unless otherwise required by law.

8. **Financial Agreement.** In consideration of the services to be rendered to Patient, Patient or Guarantor individually promises to pay the Patient's account at the rates stated in the hospital's price list (known as the **"Charge Master"**) effective on the date the charge is processed for the service provided, which rates are hereby expressly incorporated by reference as the price term of this agreement to pay the Patient's account. Some special items will be priced separately if there is no price listed on the Charge Master. An estimate of the anticipated charges for services to be provided to the Patient is available upon request from the hospital. Estimates may vary significantly from the final charges based on a variety of factors, including, but not limited to, the course of treatment, intensity of care, physician practices, and the necessity of providing additional goods and services.

The hospital will provide a medical screening examination as required to all Patients who are seeking medical services to determine if there is an emergency medical condition without regard to the Patient's ability to pay. If there is an emergency medical condition, the hospital will provide stabilizing treatment within its capacity. However, Patient and Guarantor understand that if Patient does not qualify under the hospital's charity care policy or other applicable policy, Patient or Guarantor is not relieved of his/her obligation to pay for these services.

If supplies and services are provided to Patient who has coverage through a governmental program or through certain private health insurance plans, the hospital may accept a discounted payment for those supplies and services. In this event any payment required from the Patient or Guarantor will be determined by the terms of the governmental program or private health insurance plan. If the Patient is uninsured and not covered by a governmental program, the Patient may be eligible to have his or her account discounted or forgiven under the hospital's uninsured discount or charity care programs in effect at the time of treatment. I understand that I may request information about these programs from the hospital.

I also understand that, as a courtesy to me, the hospital may bill an insurance company offering coverage, but may not be obligated to do so. Regardless, I agree that, except where prohibited by law, the financial responsibility for the services rendered belongs to me, the Patient or Guarantor. I agree to pay for services that are not covered and covered charges not paid in full by insurance coverage including, but not limited to, coinsurance, deductibles, non-covered benefits due to policy limits or policy exclusions, or failure to comply with insurance plan requirements.

9. **Professional services rendered by independent contractors and Advanced Practice Professionals are not part of the hospital bill.** I understand that physicians and other Advanced Practice Professionals may be called upon to provide care or services to me or on my behalf, but that I may not actually see, or be examined by all physicians or other Advanced Practice Professionals participating in my care; for example, I may not see physicians, including but not limited to, my treating physicians/ surgeons, radiologists, pathologists, cardiologists, emergency physicians, anesthesiologists, staff physicians, contract physicians, physician assistants and other Advanced Practice Professionals including those providing radiology, pathology, EKG interpretation, anesthesiology services or telemedicine. I understand that, in most instances, there will be a separate charge for professional services rendered by these providers and that I will receive a bill for these professional services that is separate from the bill for hospital services.

10. **Third Party Collection.** I acknowledge that the Providers may utilize the services of a third party Business Associate or affiliated entity as an extended business office (**"EBO Servicer"**) for medical account billing and servicing. During the time that the medical account is being serviced by the EBO Servicer, the account shall not be considered delinquent, past due or in default, and shall not be reported to a credit bureau or subject to collection legal proceedings. When the EBO Servicer's efforts to obtain payment have been exhausted due to a number of factors (for e.g., Patient or Guarantor's failure to pay or make a payment arrangement after insurance adjustments and payments have been credited, and/or the insurer's denial of claim(s) or benefits is received), the EBO Servicer will send a final notice letter which will include the date that the medical account may be returned from the EBO Servicer to the Provider.

Upon return to the Provider by the EBO Servicer, the Provider may place the account back with the EBO Servicer, or, at the option of the Provider, may determine the account to be delinquent, past due and in default. Once the medical account is determined to be delinquent it may be subject to late fees, interest as stated, referral to a collection agency for collection as a delinquent account, credit bureau reporting and enforcement by legal proceedings.

I also agree that if the Provider initiates collection efforts to recover amounts owed by me or my Guarantor, then, in addition to amounts incurred for the services rendered, Patient or Guarantor will pay, to the extent permitted by law: (a) any and all costs incurred by the Provider in pursuing collection, including, but not limited to, reasonable attorneys' fees, and (b) any court costs or other costs of litigation incurred by the Provider.

11. **Assignment of Benefits.** Patient assigns all of his/her rights and benefits under existing policies of insurance providing coverage and payment for any and all expenses incurred as a result of services and treatment rendered by the Provider and authorizes direct payment to the Provider of any insurance benefits otherwise payable to or on behalf of Patient for the hospitalization or for outpatient services, including emergency services, if rendered. Patient understands that any payment received from these policies and/or plans will be applied to the amount that Patient or Guarantor has agreed to pay for services rendered during this admission and, that Provider will not retain benefits in excess of the amount owed to the Provider for the care and treatment rendered during the admission.

    I understand that any health insurance policies under which I am covered may be in addition to other coverage or benefits or recovery to which I may be entitled, and that Provider, by initially accepting health insurance coverage, does not waive its rights to collect or accept, as payment in full, any payment made under different coverage or benefits or any other sources of payment that may or will cover expenses incurred for services and treatment.

    I hereby **irrevocably appoint** the Provider as my authorized representative to pursue any claims, penalties, and administrative and/or legal remedies for any and all benefits due me for the payment of charges associated with services and treatment rendered by the Provider. These authorized actions include administrative and non-administrative appeals of any denial or underpayment of benefits or coverage, litigation, other forms of dispute resolution in any forum or for any type of relief (including monetary and equitable) available under applicable laws, including without limitation all provisions of the Employee Retirement Income Security Act of 1974, on my behalf against any responsible payer, employer-sponsored medical benefit plans, third party liability carrier or, any other responsible third party (**"Responsible Party"**). I also transfer and assign to the Provider all of my rights to demand and receive the production of or access to any documents or information, including without limitation, copies of health plan documents and materials, from any entity or person to the fullest extent of my rights to do so under my health plan and applicable laws. The foregoing rights are assigned in their entirety without limitation and without reservation of any part or aspect thereof. This assignment shall not be construed as an obligation of the Providers to pursue any such right of recovery. I acknowledge and understand that I maintain my right of recovery against my insurer or health benefit plan and the foregoing assignment does not divest me of such right.

I agree to take all actions necessary to assist the Provider in collecting payment from any such Responsible Party should the Provider(s) elect to collect such payment, including allowing the Provider(s) to bring suit against the Responsible Party in my name. If I receive payment directly from any source for the medical charges associated with my treatment acknowledge that it is my duty and responsibility to immediately pay any such payments to the Provider(s).

12. **Medicare Patient Certification and Assignment of Benefit.** I certify that any information I provide in applying for payment under Title XVIII (**"Medicare"**) or Title XIX (**"Medicaid"**) of the Social Security Act is correct. I request payment of authorized benefits to be made on my behalf to the hospital or hospital-based physician by the Medicare or Medicaid program.

13. **Private Room.** I understand and agree that I am (or Guarantor is) responsible for any additional charges associated with the request and/or use of a private room.

14. **Outpatient Medicare Patients.** Medicare does not provide coverage for "self-administered drugs" or drugs that you normally take on your own, with only a few limited exceptions. If you get self-administered drugs that aren't covered by Medicare Part B, we may bill you for the drug. However, if you are enrolled in a Medicare Part D Drug Plan, these drugs may be covered in accordance with Medicare Part D Drug Plan enrollment materials. If you pay for these self-administered drugs, you can submit a claim to your Medicare Part D Drug Plan for a possible refund.

15. **Communications About My Healthcare.** I authorize my healthcare information to be disclosed for purposes of communicating results, findings, and care decisions to my family members and others I designate to be responsible for my care. I will provide those individuals with a password or other verification means specified by the hospital. I agree I may be contacted by the Provider or an agent of the Provider or an independent physician's office for the purposes of scheduling necessary follow-up visits recommended by the treating physician.

16. **Consent to Telephone Calls, Email or Text Message for Financial Communications.** I authorize the use of any email address or cellular telephone number I provide for receiving information relating to my financial obligations, including, but not limited to, payment reminders, delinquent notifications, instructions and, links to hospital Patient billing information. I agree that, in order for you, or your EBO Servicers and collection agents to service my account or to collect any amounts I may owe, I expressly agree and consent that you or your EBO Servicer and collection agents may contact me by telephone, on a recorded line, at any telephone number I have provided or you or your EBO Servicer and collection agents have obtained or, at any number forwarded or transferred from that number, regarding the hospitalization, the services rendered, or my related financial obligations. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

    By my consent below, I authorize the use of any email address or cellular telephone number I provide for receiving information relating to my financial obligations, including, but not limited to, payment reminders, delinquent notifications, instructions and links to hospital Patient billing information. I understand and acknowledge that my patient account number may appear in the email or text.

17. **Consent to Email, Telephone Calls or Text Message for Healthcare Information, Discharge Instructions and Other Communications.** If at any time I provide an email address or telephone number (whether wireless or a landline) to a Provider or EBO Servicer, I consent to receive messages from Providers and EBO Servicers regarding discharge instructions and other healthcare communications (including without limitation information about programs or services that might be of interest to me) at the email or telephone number (whether wireless or landline) that I have provided or you or your EBO Servicer have obtained or, at any text number forwarded or transferred from that number. These discharge instructions may include, but not be limited to: post-operative instructions, physician follow-up instructions, dietary information, and prescription information. The other healthcare communications may include, but are not limited to communications to family or designated representatives regarding my treatment or condition, or reminder messages to me regarding appointments for medical care, information about insurance coverage/eligibility, referrals, available treatment options and capabilities, health insurance plans and programs and services that might be of interest to me. I understand that providing my consent to receive such communications is not a condition of receiving services or care from Providers.

18. **Use and Disclosure of Information.** I consent to Providers using and disclosing healthcare information about me for purposes of treatment, payment and healthcare operations. I also consent to my health information being used and disclosed for public health and other purposes permitted by applicable law. Information covered by this consent includes, without limitation, history and physical records, emergency records, laboratory reports, operative reports, physician progress notes, nurse notes, consultations, psychological and/or psychiatric reports, drug and alcohol treatment records and discharge summaries. This consent specifically applies to genetic information and information concerning psychological conditions, psychiatric conditions, intellectual disability conditions, substance abuse disorder and chemical dependency conditions and/or infectious diseases including, but not limited to, blood borne diseases, such as HIV and AIDS. Uses and disclosures covered by this consent include, but are not limited to (i) exchanging healthcare information about me regarding a prior admission(s) and encounters to other healthcare providers and entities to coordinate Patient care or for case management purposes; (ii) releasing health care information about me to any person or entity liable for or involved in payment on the Patient's behalf including to verify coverage, address payment questions, or for any other purpose related to benefit payment; (iii) releasing healthcare information about me to my employer's designee when the services delivered are related to a claim under worker's compensation. If I am covered by Medicare or Medicaid, I authorize the release of my healthcare information to the Social Security Administration or its intermediaries or carriers for payment of a Medicare claim or to the appropriate state agency for payment of a Medicaid claim. Provider participates, or may in the future participate, in Health Information Exchanges (HIEs) or other organizations with healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share health information for treatment, payment, health care operations and other purposes permitted by law, to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of patient health records and aggregating and comparing patient information for quality improvement purposes information concerning psychological conditions, psychiatric conditions, intellectual disability conditions, chemical dependency conditions and/or infectious diseases including, but not limited to, blood borne diseases, such as HIV and AIDS. Unless I notify Provider in writing that I desire to opt out of participation, I consent to health information about me being shared with participants in HIEs and other organizations as described above.

19. Other Acknowledgements.

Personal Valuables. I understand that the hospital maintains a safe for the safekeeping of money and valuables, and the hospital shall not be liable for the loss of or damage to any money, jewelry, documents, furs, fur coats and fur garments, or other articles of unusual value and small size, unless placed in the safe, and shall not be liable for the loss or damage to any other personal property, unless deposited with the hospital for safekeeping. The liability of the hospital for loss of any personal property that is deposited with the hospital for safekeeping is limited to the greater of five hundred dollars ($500.00) or the maximum required by law, unless a written receipt for a greater amount has been obtained from the hospital by the Patient. The hospital is not responsible for the loss or damage of cell phones, glasses or dentures or personal valuables unless they are placed in the hospital safe in accordance with the terms as stated above.

Weapons/Explosives/Drugs. I understand and agree that if the hospital at any time believes there may be a weapon, explosive device, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the hospital may search my room and my belongings located anywhere on hospital property, confiscate any of the above items that are found, and dispose of them as appropriate, including delivery of any item to law enforcement authorities.

Patient Visitation Rights. I understand that I have the right to receive the visitors whom I or my Patient Representative designates, without regard to my relationship to these visitors. I also have the right to withdraw or deny such consent at any time. I will not be denied visitation privileges on the basis of age, race, color, national origin, religion, gender, gender identity and gender expression, and sexual orientation or disability. All visitors I designate will enjoy full and equal visitation privileges that are no more restrictive than those that my immediate family members would enjoy. Further, I understand that the hospital may need to place clinically necessary or reasonable restrictions or limitations on my visitors to protect my health and safety in addition to the health and safety of other Patients. The hospital will clearly explain the reason for any restrictions or limitations if imposed. If I believe that my visitation rights have been violated, I or my representative has the right to utilize the hospital's complaint resolution system.

Additional Provision for Admission of Minors/ Incapacitated Patient. If I am signing as legal guardian, I acknowledge and verify that I am the legal guardian or custodian of the minor/incapacitated patient.

20. Patient Self Determination Act. I have been furnished information regarding Advance Directives (such as healthcare or medical power of attorney and, living wills). Please check the box next to **one** of the following applicable statements:

☐	I executed Advance Directive(s) and have been requested to supply a copy to the hospital	☐	I have not executed Advance Directive(s), wish to execute one or more and have received information on how to execute an Advance Directive	✓ ☐	I have not executed an Advance Directive and do not wish to execute one at this time

21. Notice of Privacy Practices. I acknowledge that I have received the hospital's Notice of Privacy Practices, which describes the ways in which the hospital may use and disclose my healthcare information for its treatment, payment, healthcare operations and other prescribed and permitted uses and disclosures. I understand that this information may be disclosed electronically by the Provider and/or the Provider's business associates. I understand that I may contact the hospital Privacy Officer designated on the notice if I have a question or complaint.

Acknowledge:

(Initial)

Initials Required

22. Acknowledgement: I have been given the opportunity to read and ask questions about the information contained in this form, **specifically** including, but not limited to, the financial obligations provision and assignment of benefits provisions, and I acknowledge that I either have no question or that my questions have been answered to my satisfaction and that I have signed this document freely and without inducement other than the rendition of services by the Providers.

Acknowledge:

(Initial)

Initials Required

23. **Acknowledgement of Notice of Patient Rights and Responsibilities.** I have been furnished with a Statement of Patient Rights and Responsibilities ensuring that I am treated with respect and dignity and without discrimination or distinction based on age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state, or local law.

Acknowledge:

(Initial)

A · A

Initials Required

Date: 12/10/2019 Time: 05:44:18 am	I, the undersigned, as the Patient or Patient Representative, or, for a minor/incapacitated Patient, as the legal guardian or custodian, hereby certify I have read, and fully and completely understand this Conditions of Admission and Consent for Outpatient Care, and that I have signed this Conditions of Admission and Consent for Outpatient Care knowingly, freely, voluntarily and agree to be bound by its terms. I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services. If insurance coverage is insufficient, denied altogether, or otherwise unavailable, the undersigned agrees to pay all charges not paid by the insurer.

Patient/Patient Representative Signature:

AZIZ AYA

Signature Required

If you are not the Patient, please identify your Relationship to the Patient.

(Mark relationship(s) from list below):

Patient

☐ Patient is Unable to Sign

Witness Signature and Title:

Electronically witnessed by Lisa Hall 12/10/2019 05:44:18 am

Additional Witness Signature and Title:
(required for Patients unable to sign without a representative or Patients who refuse to sign)

HCA Florida Conditions Of Admission and Consent to Outpatient Services English 04.17.19

Patient	Unit #	Service/Location	Date	Status	Account #
AYAD,AZIZ	N000880775	SURGERY	12/10/19	ADM IN	N00101730890

PATIENT INFO / Alternate ADDRESS / EMPLOYER

Soc Sec No	DOB	Age	Sex	MS	Race	Religion
xxx-xx-2756	09/17/50	69	M	M	W	CHR

Address: 8884 FAIR RD
STONGSVILLE,OH 44149
Language: ARA
County: 00000
Home Phone: (440)221-3343 DAU Other Phone: (440)222-3170 SP Country: USA

RETIRED
.
..XX 00000
Work Ph: (999)999-9999 Occp: DS

GUARANTOR / SECONDARY GUARANTOR

AYAD,AZIZ SS#: xxx-xx-2756 Rel/Pt: SELF
Address: 8884 FAIR RD Home Ph: (440)221-3343 DAU
DOB 09/17/50 STONGSVILLE,OH 44149 Cty:

RETIRED
.
..XX 00000
Work:(999)999-9999
Occp: DS

OTHER GUARANTOR / EMPLOYER

SS#: Rel/Pt:
Address: Home Ph:
DOB Cty:

Work:
Occp:

PERSON TO NOTIFY / NEXT OF KIN / EMERGENCY CONTACT

AYAD,ELAINE
1600 PINE MARSH LOOP
ST CLOUD,FL 34771
Home:(440)221-3343 Work:(999)999-9999
Rel to Patient: DAUGHTER

ABDELMALAK,EMTESAL
8884 FAIR RD
STONGSVILLE,OH 44149
Home:(440)222-3170 Work:(999)999-9999
Rel to Patient: SPOUSE

Exp:
Comment:

INSURANCE #1 INFO

MEDICARE HMO MISC
CARESOURCE
PO BOX 8730
DAYTON, OH 45401-8738
Phone (800)488-0134

Ins # 1 MCRHMO 69875
Policy # 4T10R19CG35
Insured AYAD,AZIZ
Rel to Pt SELF
Eff. 11/01/11 to Rel Y Assign Y
Group 99999 - MEDICARE HMO

AUTHORIZATION

Auth Reqd-Y Auth Date:
Type: No: LOS
Auth Ph: By:
Verf Reqd-Y Verf Date: 20191210
Ver Ph: By:

INSURANCE #2 INFO

Ins # 2
Policy #
Insured
Rel to Pt
Eff. to Rel Assign
Group
Phone

AUTHORIZATION

Auth Reqd- Auth Date:
Type: No: LOS
Auth Ph: By:
Verf Reqd- Verf Date:
Ver Ph: By:

INSURANCE #3 INFO

Ins # 3
Policy #
Insured
Rel to Pt
Eff. to Rel Assign
Group
Phone

AUTHORIZATION

Auth Reqd- Auth Date:
Type: No: LOS
Auth Ph: By:
Verf Reqd- Verf Date:
Ver Ph: By:

OCCURRENCES / CONDITIONS / ACCIDENT INFO

Code Type	Date	Time
05 ACCIDENT WITHOUT LIABILITY COV	12/10/19	0230

Occr SpanCode: From: Thru:
Admission Comment:

Code Type
09 PT OR SPOUSE NOT EMPLOYED MCR
04 HMO ENROLLEE MCR ONLY

Adm Priority: EM
Senior Friend?

Work related accident? N
Date injury/illness:
Time: 0230

Non-work related accident? YES NO
Date of accident: 12/10/19
Time: 0230
Pt Valuables: Spec Prg:

PHYSICIAN ASSIGNMENTS

Attending Physician	Admitting Physician	Emergency Room Physician	Referring Physician
Block,Ernest F MD	Block,Ernest F MD	Julien,Timothy MD	SELF REFERRED
Prim Care Physician	Family Physician	Other Physician	
SNYDER,SANDRA M		Mezzanotte,Thomas MD	

ADMISSION INFO / ADMITTING DIAGNOSIS / Initial Admit Date

Date	Time	Source	Rm/Bed	Arrival	Principal Admitting Diagnosis/Reason for Visit	Admitted By
12/10/19	0536	NOW HEALTHCARE FAC R	ER/E17	FIRE RESCU	LEFT HIP FX	1RSLTV6468

Osceola Regional Medical Center
700 West Oak Street Kissimee, FL 34741

FACE Printed 12/10/19 0936

Acct# Unit#

RUN DATE: 12/22/19
RUN TIME: 0441
RUN USER: HPF.FEED

Osceola RMC ABS **LIVE**
CODING SUMMARY

NAME: AYAD,AZIZ
ACCT#: N00101730890
FORM:

ADM DATE: 12/10/19 0536
ATTEND PHYS: Block,Ernest F MD
DIS DT/TM: 12/17/19 1622
DIS DISP: Skilled Nursing Facility
LOS: 7
PT CLASS: IN.OTH

UNIT#: N000880775
SEX: M
AGE: 69
DOB: 09/17/50
FIN CLASS: 12
ABS STATUS: FINAL

DIAGNOSES			POA INDICATOR	CODESET
ADMIT DX	S72.22XA	DISPLACED SUBTROCHANTERIC FRACTURE OF LEFT FEMUR, INIT		ICD10

REASON FOR VISIT DX

PRIMARY CODESET

PRINC DX	S72.22XA	DISPLACED SUBTROCHANTERIC FRACTURE OF LEFT FEMUR, INIT	Y	ICD10
OTHER DX	I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	Y	ICD10
	I69.354	HEMIPLGA FOLLOWING CEREBRAL INFRC AFFECTING LEFT NONDOM SIDE	E	ICD10
	W18.30XA	FALL ON SAME LEVEL, UNSPECIFIED, INITIAL ENCOUNTER	Y	ICD10
	Y92.009	UNSP PLACE IN UNSP NON-INSTITUT (PRIVATE) RESIDENCE AS PLACE	E	ICD10
	Y93.01	ACTIVITY, WALKING, MARCHING AND HIKING	Y	ICD10
	S72.90XA	UNSP FRACTURE OF UNSP FEMUR, INIT ENCNTR FOR CLOSED FRACTURE	Y	ICD10
	Z79.84	LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS	E	ICD10
	I95.9	HYPOTENSION, UNSPECIFIED	Y	ICD10
	R40.2410	GLASGOW COMA SCALE SCORE 13-15, UNSPECIFIED TIME	Y	ICD10
	E11.51	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	Y	ICD10
	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	Y	ICD10
	I10	ESSENTIAL (PRIMARY) HYPERTENSION	Y	ICD10
	M85.80	OTH DISRD OF BONE DENSITY AND STRUCTURE, UNSPECIFIED SITE	Y	ICD10
	N50.89	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	Y	ICD10
	Z86.73	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	E	ICD10
	Z98.890	OTHER SPECIFIED POSTPROCEDURAL STATES	E	ICD10
	N43.3	HYDROCELE, UNSPECIFIED	Y	ICD10

OTHER CODESET
PRINC DX
OTHER DX

PROCEDURE
PRIMARY CODESET

DATE	PROC CODE & NAME		SURGEON	ANESTHESIOLOGIST	
12/10/19	0QS704Z	REPOSITION LEFT UPPER FEMUR WI	Mezzanotte,Thom		ICD10

OTHER CODESET

PRIMARY CODESET
DRG I-10 480 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC
OTHER CODESET
DRG I-9

STATUS	$REIMB	MIN-LOS	STD-LOS	COST WT	GRP VERS	GRP FC
F	0.00				37	12

NAME: AYAD,AZIZ

ADM DATE: 12/10/19 0536
ATTEND PHYS: Block,Ernest F MD
DIS DT/TM: 12/17/19 1622
DIS DISP: Skilled Nursing Facility
LOS: 7
PT CLASS: IN.OTH

ACCT#: N00101730890
FORM:

UNIT#: N000880775
SEX: M
AGE: 69
DOB: 09/17/50
FIN CLASS: 12
ABS STATUS: FINAL

DRG STATUS DATE: 12/21/19
CODER: INTERFACE

ABS STATUS DATE: 12/21/19
ABSTRACTOR: CACUSER

This form will be maintained as a permanent part of the medical record

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Discharge Summary
REPORT#:1217-1018 REPORT STATUS: Signed
DATE:12/17/19 TIME: 1455

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A419-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Fenar,Christopher S PA-C
REP SRV DT: 12/17/19 REP SRV TM: 1455

* ALL edits or amendments must be made on the electronic/computer document *

See Addendum

FENAR,CHRISTOPHER S 12/17/19 1455:
PCP

PCP
Discharge to: SNF

General Information
Problem List/A&P:
1. Fracture, proximal femur

Free Text A&P:
AYAD,AZIZ is a 69 year old M, status post mechanical GLF

Injuries:
- Mildly displaced left proximal femoral fracture
- RUE proximal contusion

Comorbidities:
- HTN
- HLD
- DM
- prior CVA w/ residual left sided weakness

Other Diagnosis:
- Osteopenia

Procedures:
- 12/10 left open hip reduction and internal fixation (Mezzonate)

Plan:
Neuro:
- GCS 15, no head trauma or LOC; CTH unremarkable
- multimodal pain control - gabapentin, robaxin & tramadol. eforcse accessed, non-narcotics d/w pt
- ST Eval on 12/15: pureed solids and all liquid consistencies with supervision.

Cardiac:
- 12/10 ECHO 40-45%
- continued home meds including ASA 81mg, lipitor 80mg, metoprolol 25mg bid

Pulm:
- doing well on room air, no acute complaints.
- Repeat CXR on 12/15 doesn't demonstrate concerning focal findings.

Abdomen/GI:
- carb controlled diet; continue with pureed solids.
- encourage protein intake and supplemental ensures to improve wound healing
- miralax

Renal/Lytes/GU:
-Pelvic CT 12/15: small bilateral hydroceles, subcentimeter bilateral epididymal cysts
-Scrotal U/S: no evidence torsion, small bilateral hydroceles, subcentimeter epididymal cysts

Heme:
- H/H stable. Fe/Vit C course.

Endocrine:
- monitor BGL. r/s home diabetic meds

ID:
- Afebrile, no WBC.

MSK:
- noted above injuries, ortho is following; recommend f/u in their clinic in 3 weeks.
- pt/ot recs for rehab

Skin and Integument:
- RUE contusion
- Sacrum inspected and without breakdown
- Incision with some s/s drainage.

Dispo: Stable on TNCU. Recs for Rehab/SNF. Placement per CM. Ortho f/u 3 weeks, PCP f/u.
Date of admission:
Observation Start Date:
Date of admission: 12/10/19

Discharge date: 12/17/19

Hospital course:
see notes
Pt. condition on discharge: improved, stable

Med Rec

Med Rec
Discharge meds:
Stop taking the following medications:
LISINOPRIL (ZESTRIL) 40 MG TAB
40 MILLIGRAM* ORAL DAILY

TAMSULOSIN (FLOMAX) 0.4 MG CAP.SR.24H
0.4 MILLIGRAM* ORAL DAILY

Continue taking these medications:
glipiZIDE (GLUCOTROL) 10 MG TAB
10 MILLIGRAM* ORAL BEFORE BREAKFAST AND DINNER

metFORMIN (GLUCOPHAGE) 1,000 MG TAB
1,000 MILLIGRAM* ORAL WITH BREAKFAST AND DINNER

MIRABEGRON (MYRBETRIQ) 50 MG TAB.ER.24H
50 MILLIGRAM* ORAL DAILY

SERTRALINE (ZOLOFT) 100 MG TAB
100 MILLIGRAM* ORAL DAILY

LINAGLIPTIN (TRADJENTA) 5 MG TAB
5 MILLIGRAM* ORAL DAILY

CHOLECALCIFEROL (VITAMIN D3) 1,000 UNITS CAP
1,000 UNITS ORAL DAILY

ATORVASTATIN (LIPITOR) 80 MG TAB
80 MILLIGRAM* ORAL AT BEDTIME

Start taking the following new medications:
METHOCARBAMOL (ROBAXIN) 500 MG TAB
500 MILLIGRAM* ORAL THREE TIMES DAILY
Qty = 30
No Refills

FERROUS SULFATE (FEOSOL) 325 MG TAB
325 MILLIGRAM* ORAL DAILY
Qty = 30
No Refills

ASPIRIN (ASPIRIN) 81 MG TAB.CHEW
81 MILLIGRAM* ORAL DAILY
Qty = 30
No Refills

GABAPENTIN (NEURONTIN) 100 MG CAP
200 MILLIGRAM* ORAL EVERY 8 HOURS AS NEEDED as needed for PAIN SCALE 1-3
Qty = 60
No Refills

traMADol (traMADol) 50 MG TAB
50 MILLIGRAM* ORAL EVERY 6 HOURS AS NEEDED as needed for Acute pain
Qty = 12
No Refills

POLYETHYLENE GLYCOL 3350 (MIRALAX) 119 GM POWDER
17 GRAM ORAL DAILY
Qty = 5
No Refills

ASCORBIC ACID (VITAMIN C) 1,000 MG TAB
2,000 MILLIGRAM* ORAL DAILY
Qty = 30
No Refills

Objective

VS/I&O

Last Documented:

	Result	Date Time
O2 Delivery	Nasal cannula	12/17 1251
O2 Flow Rate	2.000000	12/17 1251
Pulse Ox	96	12/17 1207
B/P	128/70	12/17 1207
B/P Mean	89.2	12/17 1207

Temp	36.2	12/17 1207
Pulse	91	12/17 1207
Resp	17	12/17 1207
FiO2	36	12/13 0721

24 hour I&O ending at 0700:

	12/17 0700	12/16 1900
Intake Total	240	
Output Total	300	
Balance	-60	
Intake, Oral	240	
Number Bowel Movements	1	
Number Incontinent Voids	1	8
Number Voids	1	
Output, Urine	300	

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72.500

Results

Radiology data:
Recent Impressions:
ULTRASOUND - DUP VEIN UNI LTD LT 12/17 0956
*** Report Impression - Status: SIGNED Entered: 12/17/2019 1030

IMPRESSION:
No deep venous thrombosis evident.

Impression By: PHY.PATRU1 - RUSHI PATEL, M.D.

Free Text Obj Notes

Free Text Obj Notes:
General: Awake, alert, no apparent distress, no respiratory distress
Wound/incision:
Location:
left lateral thigh, staples in place, clean, dry with some serous discharge.
Head/Eyes: atraumatic, normocephalic, NL conjunctiva/sclera
Cardiovascular: normal heart sounds, pulses all extremities
Respiratory/Chest: atraumatic, clear to auscultation
Abdomen: soft, non-tender, no guarding, no rebound, no distention
Extremities: dry, moves all, LLE compartments soft, NVI distally, some swelling, wiggles toes
Neuro/CNS: alert, oriented X 3, normal gait, normal speech

Discharge Instructions
Diet: diabetic (pureed solids, all liquids ok), Encourage high protein
Activity: as tolerated, TTWB LLE
Wound/dressing care: change dressing prn
Prescriptions: on chart
Rx drug database reviewed: yes

Follow-up Appointments
Attending Physician:
Attending Physician:
Skattum,Andrew C DO
Special instructions:
Discharge Instructions:
Pain Management
Take pain medications only as prescribed
Do not double up or take more than prescribed amounts
Do not take additional Tylenol (acetaminophen) with your pain medicine if it contains acetaminophen.
Taking too much acetaminophen can be harmful to your liver or cause liver failure.
It is acceptable to take additional over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) like Ibuprofen, Naprosyn, Alleve, Motrin, etc. as directed on the bottle unless you have a history of cardiac disease, renal failure, ulcer or allergy.
Do not drive, drink alcohol, or operate heavy machinery while taking narcotic pain medications such as Vicodin, Norco, Lorcet, Lortab, Codeine, Percocet, Oxycontin, Oxycodone, Morphine, Dilaudid, etc. Also, do not sign legal documents while taking these medications.
Narcotic pain pills can be constipating. Make sure you drink plenty of fluids and eat fiber. If you find that you are constipated, over-the-counter stool softeners or laxatives such as Colace, Ducolax, Correctol, Senokot, Ex-Lax, Fleets, Milk of Magnesia, lactulose, or mineral oil may be beneficial. Take as directed on the package. Enemas and suppositories may also

be helpful. If you had sigmoid colon or rectal surgery, please do not take any rectal temperatures or rectal medications, including enemas or suppositories.
What to Look For:
Please call your physician's office or return to the emergency department (ED) for:

Fevers greater than 101° F (38.3° C).
Nausea and vomiting that is severe and doesn't go away.
Severe pain not relieved by the prescribed pain medicine or worsening after your discharge from the hospital.
Severe diarrhea or constipation
If you have a cut or a wound, you should watch for any bright red bleeding from your wound.
If you have a cut or wound, you should call if there is redness around your wound or drainage from your wound that smells bad or looks like pus.
If you have a splint, it should firmly hold the injured bone or joint. If it is too tight, you may get swelling, numbness, color changes or increased pain.
For any other symptoms that you might find abnormal or distressing, please call your physician's office for clarification or return to emergency department (ED). In the case of an emergency, call 911.
Call your physicians the day of discharge for follow-up appointments.
Consulting provider 1:
Provider 1:
Mezzanotte,Thomas MD
Follow up timeframe: In 2-3 weeks

SKATTUM,ANDREW C 12/17/19 1520:
Attestations

Physician Attestation
Reviewed findings & plan:
Reviewed the findings and plan as documented

Electronically Signed by Fenar,Christopher S PA-C on 12/17/19 at 1509
Electronically Signed by Skattum,Andrew C DO on 12/17/19 at 1520

Addendum 1: 12/17/19 1818 by Fenar,Christopher S PA-C

s/p NSTEMI, cont coreg & f/u with own PCP on return home to OH

Electronically Signed by Fenar,Christopher S PA-C on 12/17/19 at 1819

Patient: AYAD,AZIZ
Unit#:N000880775
Date: 12/17/19
Acct#:N00101730890

Electronically Signed by Skattum,Andrew C DO on 12/18/19 at 1336

RPT #: 1217-1018
END OF REPORT

Osceola Regional Medical Center

Intra-Facility Transfer Form

Date / Time of Admission	Transferring Unit	Receiving Unit	Room Number
12/10/19 1730	PACU	neuro Trauma A20	A 209

Diagnosis	Admitting Physician	Code Status
Open reduction internal fixation left femur	Dr Greif	Full

☐ Ambulatory ☐ Wheelchair ☒ Stretcher ☐ Bed

VITAL SIGNS	T	P 107	Rhythm ST	R 19	BP 124/63	PAIN 0-10 2/10

Past Medical History: DM, HTN CVA x 1 (anemia) age 80 left sided weakness - (gait unstable) hx of fall. Osteopenia

Past Surgical History: ∅

Allergies: NKA

Neurological Status: speaks arabic

☐ Alert ☐ Oriented X ____ ☐ Disoriented ☐ Unresponsive ☐ Other ____

Precautions: ☒ Standard ☐ Contact ☐ Respiratory ☐ Reverse

Skin Condition (*denotes see comments): ☒ Warm/Dry ☐ Cold/Clammy ☐ *Bruising ☐ *Rash ☐ *Decubitus ☐ *Other

Respiratory Adjuncts: ☐ None ☒ Nasal Cannula ☐ Face Mask ☐ Venturi Mask ☒ Non-Rebreather ☐ BIPAP

O2 Rate @ 4 L liters/min ____ %

☐ ET Tube size ____ ☐ See ventilator settings in admission orders

IVF's

	gauge	site	solution	Left in Bag
#1	18	Left Forearm	RL @ 75cc/hr	____ cc
#2				____ cc
#3				____ cc

Other:

☐ Foley Catheter size ____ color amber clarity ____ Output 350 cc Time ∅

☐ NG Tube size ____ Output ____ cc Time ____

☐ Other Describe ____ Output ____ cc Time ____

☐ Dressing Location # 1 ____ Location # 2 ____

Diet	PO Intake	Activity	Elimination
ICE chips	____ cc	Bedrest	☐ Independent ☐ Incontinent ☐ Bowel ☐ Bladder

Diagnosis: ☐ EKG ☐ CXR ☐ CT Scan ☐ VQ Scan ☐ Sonogram/Doppler ☐ Echo ☐ see comments for abnormal findings

Lab Data Collected: ☐ CBC ☐ BMP/CMP ☐ PT/PTT ☐ BC X ____ ☐ T & C and/or T & S ☐ UA ☐ Other ____ CXR

☐ Cardiac Marker ____ time last drawn ☐ BNP ☐ see comments for abnormal findings

Medication ☐ See MAR ☐ See Nurses Notes

		Time Given
1.	Dilaudid 0.5mg IVP	1700
2.	Toradol 15mg IV	1715
3.	Omnipaque 29m O	1855

Comments: Left arterial line accucheck 174 infuse 1000 cc GCS = 15 q2L 5 L O2 8 units of PRBC + 1 albumin

Valuables: ☐ Transferred with Patient ☐ with Family ☐ with Significant Other ☐ Security

Transfer to Floor: Accompanied by: ☒ RN ☐ Other ____ Title

Equipment Utilized: ☐ Monitor ☒ Oxygen ☒ IV ☐ Other ____

Signature Transferring Nurse: Patricia White RN Date and Time 12/10/19

Signature Receiving Nurse: [illegible] Date and Time 12/10/19

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

TR OSC-502 Intra-Facility Transfer Form Rev 05/07

04/26/2020 12:00:00 AM 201142001P001000260

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
EMERGENCY PROVIDER REPORT
REPORT#:1210-0069 REPORT STATUS: Signed
DATE:12/10/19 TIME: 0424

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A209-1
DOB: 09/17/50 AGE: 69 SEX: M PCP PHYS: Undefined
Provider
SERVICE DT: 12/10/19 AUTHOR: Slome,Mary C MD R2
REP SRV DT: 12/10/19 REP SRV TM: 0424

* ALL edits or amendments must be made on the electronic/computer document *

SLOME,MARY C 12/10/19 0424:
HPI-Extremity Prob Lower

General
PCP
None, pt is from Ohio

Presentation
Chief Complaint Hip problem L, Thigh problem L, Leg problem L
Hx Obtained From Patient
Onset Occurred Just prior to arrival
Symptom Duration Since onset
Progression since Onset Unchanged
Caused by Accidental
Context: Occurred at Home injury
Location Hip L

Free Text HPI Notes
Free Text HPI Notes
69 yo M with PMH of CVA in April 2019 with residual left sided weakness, HLD, HTN, DM, presenting to ED with daughter and wife with left hip and knee pain after falling trying to go to the bathroom. Pt felt his legs were a little weak and then he fell to his left side. Pt denies acute on chronic weakness on the left side.

Review of Systems

ROS Statements
All systems rev & neg except as marked.

Basic Review of Systems
Basic ROS EYES: No redness, ENT: No sore throat, RESP: No SOB, CV: No chest pain, GI: No abd pain/vomiting, GU: No dysuria/frequency, HEM: No bleeding/bruising, PSYCH: NL thought content

Focused Review of Systems
Musculoskeletal
Reports: Extremity pain, Joint pain.

Past Medical History - Adult
Stated Complaint FALL HIP INJURY
Allergies
Coded Allergies:
No Known Allergies (12/10/19)

Home Medications
Reported Medications
glipiZIDE (GLUCOTROL) 10 MG PO AC BK DIN
LISINOPRIL (ZESTRIL) 40 MG PO DAILY
metFORMIN (GLUCOPHAGE) 1,000 MG PO C BK DIN
MIRABEGRON (MYRBETRIQ) 50 MG PO DAILY
SERTRALINE (ZOLOFT) 100 MG PO DAILY
TAMSULOSIN (FLOMAX) 0.4 MG PO DAILY
LINAGLIPTIN (TRADJENTA) 5 MG PO DAILY
CHOLECALCIFEROL (VITAMIN D3) 1,000 UNITS PO DAILY
ATORVASTATIN (LIPITOR) 80 MG PO BEDTIME

Pt reports no significant: Past surgical history, Family history, Social history

Physical Exam

Vital Signs
Vital Signs
First Documented:

	Result	Date Time
Pulse Ox	98	12/10 0416
B/P	174/89	12/10 0416
B/P Mean	117	12/10 0416
O2 Delivery	Nasal cannula	12/10 0416
O2 Flow Rate	2.000000	12/10 0416
Temp	36.7	12/10 0416
Pulse	76	12/10 0416
Resp	18	12/10 0416

Last Documented:

	Result	Date Time

B/P	157/105	12/10 0611
B/P Mean	122	12/10 0611
Pulse	94	12/10 0611
Resp	18	12/10 0611
Pulse Ox	98	12/10 0416
O2 Delivery	Nasal cannula	12/10 0416
O2 Flow Rate	2.000000	12/10 0416
Temp	36.7	12/10 0416

Review of Vital Signs Reviewed

Basic Physical Exam

Basic PE GEN: Well appearing/NAD, HEAD: Atraumatic/NC, EYES: PERRL, conj clear, ENT: Membranes moist, NECK: Supple, RESP: No resp distress, CV: Reg rate & rhythm, ABD: Soft/non-tender, UP EXT: No gross abnormal, SKIN: No rashes, warm/dry, NEURO: alert & oriented, NEURO: gross movement NL, PSYCH: NL thought content

Focused PE

MS Lower Extrem **

Lower Ext/Pelvis/MS Atraumatic, Inspection NL, No swelling, No erythema, No deformity, Neurologic intact, Vascular intact, No ligamentous injury, Tendon function NL, No compartment syndrome, No circumferential injury, No edema, Pelvis stable

Text/Dict Notes

Tenderness over left hip and femur to knee. No deformity, ecchymosis, erythema. pt will not range LLE beyond bending knee.

MS Ankle/Foot **

Ankle/Foot Atraumatic, Inspection NL, Full range of motion, No swelling, No erythema, Non-tender, No deformity, Neurologic intact, Vascular intact, No ligamentous injury, Tendon function NL, No compartment syndrome, No circumferential injury, No edema

Interpretation & Diagnostics

Lab Results Interpretation

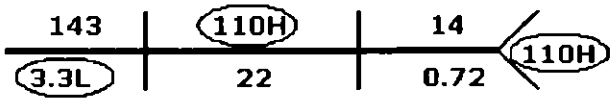
Considerations Independ review imaging

Results

Laboratory Tests

12/10/19 0427:

12/10/19 0427:



Laboratory Tests:

	12/10 0427	12/10 0427
Chemistry		
Sodium (136 - 145 mmol/L)		143
Potassium (3.7 - 5.1 mmol/l)	3.2 L	3.3 L
Chloride (98 - 107 mmol/L)		110 H
Carbon Dioxide (21 - 32 mmol/l)		22
Anion Gap		14.3
BUN (7 - 18 mg/dl)		14
Creatinine (0.55 - 1.3 mg/dl)		0.72
Estimated GFR mL/min		> 60
BUN/Creatinine Ratio		19
Glucose (74 - 106 mg/dl)		110 H
Calcium (8.4 - 10.1 mg/dl)	9.3	9.0
Magnesium (1.8 - 2.5 mg/dL)	1.5 L	
Total Bilirubin (0.2 - 1.5 mg/dl)		1.1
AST (10 - 37 unit/L)		60 H
ALT (12 - 78 unit/L)		35
Total Alk Phosphatase (45 - 117 unit/L)		89
Troponin I (= <0.05 ng/mL)		< 0.02
Total Protein (6.4 - 8.2 g/dL)		6.7
Albumin (3.4 - 5.0 g/dl)	3.6	3.5
Hematology		
WBC (4.0 - 12.0 K/mm3)		6.39
RBC (4.6 - 6.0 M/mm3)		4.39 L
Hgb (14.0 - 18.0 gm/dL)		12.2 L
Hct (42.0 - 52.0 %)		36.8 L
MCV (80.0 - 100.0 fL)		83.8
MCH (27.0 - 31.0 pg)		27.8
MCHC (32 - 37.5 g/dL)		33.2

RDW (12.0 - 14.0 %)		14.7 H
Plt Count (130 - 400 K/mm3)		139
MPV (7.0 - 10.0 fL)		11.1 H
Add Manual Diff		ACCEPT AUTO DIFF
Immature Gran % (0 - 0.22 %)		1 H
Neutrophils % (38.0 - 74.0 %)		60.1
Lymphocytes % (20 - 45 %)		23.2
Monocytes % (3 - 10 %)		14.6 H
Eosinophils % (0 - 4 %)		0.8
Basophils % (0 - 2.0 %)		0.8
Nucleated RBC % (%)		0.0
Immature Granulocytes (0.0 - 0.1 K/mm3)		0.0
Neutrophils # (K/mm3)		3.9
Lymphocytes # (K/mm3)		1.5
Monocytes # (K/mm3)		0.9
Eosinophils # (K/mm3)		0.1
Basophils # (K/mm3)		0.1
Nucleated RBCs #		0

Recent Impressions:
RADIOLOGY - XR KNEE 1 OR 2 V RT 12/10 0452
*** Report Impression - Status: SIGNED Entered: 12/10/2019 0533

IMPRESSION:

No fracture and/or dislocation.

** Electronically Signed by Binor Said, MD **
** on 12/10/2019 at 0533 **
Reported and signed by: Binor Said, MD

Envision Physician Services
EVHC DR. BINOR SAID FL
(888) 557-3617

Impression By: PHY.SAIBI - SAID, BINOR, M.D.
RADIOLOGY - XR PELVIS 1/2 VIEWS 12/10 0452
*** Report Impression - Status: SIGNED Entered: 12/10/2019 0532

IMPRESSION:

Mildly displaced left proximal femoral fracture. Diffuse osteopenia.

** Electronically Signed by Binor Said, MD **
** on 12/10/2019 at 0532 **
Reported and signed by: Binor Said, MD

Envision Physician Services
EVHC DR. BINOR SAID FL
(888) 557-3617

Impression By: PHY.SAIBI - SAID, BINOR, M.D.

Lab & Imaging Statement
Laboratory & radiographic studies reviewed and considered in the medical decision-making.

ECG #1 Interpretation
Text/Dict Note
Prolonged QT
Date 12/10/19
Time 0433
Interpreted by ED physician
NL ECG Interpretation Normal rate, Normal sinus rhythm, No acute ischemic changes, No STEMI
Rate 83
Compared to Previous Not applicable

Re-Evaluation & MDM

Free Text MDM Notes
Free Text MDM Notes
69 yo M s/p fall with left hip pain

Pt got 150 fentanyl by EMS, still in excrutiating pain. Added morphine x 2 doses

Knee R XR incorrectly however XR shot was Left knee. Pelvis XR with left proximal femur fracture.

Trauma consulted. Ortho consulted.

Admitted to trauma, discussed with trauma team recent cva with tpa, +/- cards consult.

ED Course

Medication(s) Ordered

Medication(s) Ordered:

Antihistamine Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Diphenhydramine HCl	25 MG	Q6H PRN PRN IV	12/10 0532 01/09 0533	AC	

Autonomic Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Methocarbamol	1 GRAM	Q6H PRN PRN IV	12/10 0536 12/13 0537	AC	

Central Nervous System Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Gabapentin	300 MG	TID PO	12/10 0600 01/09 0601	DC	12/11 0005
Acetaminophen	650 MG	Q4H PRN PRN PO	12/10 0532 01/09 0533	DC	
Morphine Sulfate	1 MG	Q2H PRN PRN IV	12/10 0532 12/17 0533	DC	12/10 0809

Electrolytic, Caloric, And Wat

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Sodium Chloride	1,000 ML	.Q13H20M IV	12/10 0615 01/09 0616	AC	12/11 0007

Gastrointestinal Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Polyethylene Glycol	17 GRAM	DAILY PO	12/10 1000 01/09 1001	CKD	
Ondansetron HCl	4 MG	Q6H PRN PRN IV	12/10 0532 01/09 0533	AC	

Other

		Sig/Sch	Start time		Last

Medication	Dose	Route	Stop Time	Status	Admin
Miscellaneous	1 EA	ASDIR PRN MISC	12/10 0600 12/04 0601	AC	
Miscellaneous	1 EA	ASDIR PRN MISC	12/10 0600 01/09 0601	AC	
Miscellaneous	1 EACH	PRN PRN MISC	12/10 0600 01/09 0601	AC	
Miscellaneous Information	1	PRN PRN MISC	12/10 0600 12/04 0601	AC	
Miscellaneous Medication	1	ASDIR PRN MISC	12/10 0600 12/04 0601	AC	
Sodium Chloride	See Dose Insts (1)	PRN PRN IV	12/10 0600 12/04 0601	AC	

Dose Instructions:
(1)Sodium Chloride:
SALINE FLUSH PER
UNIT PROTOCOL

Patient Discharge & Departure

Vital Signs/Condition

Vital Signs

First Documented:

	Result	Date Time
Pulse Ox	98	12/10 0416
B/P	174/89	12/10 0416
B/P Mean	117	12/10 0416
O2 Delivery	Nasal cannula	12/10 0416
O2 Flow Rate	2.000000	12/10 0416
Temp	36.7	12/10 0416
Pulse	76	12/10 0416
Resp	18	12/10 0416

Last Documented:

	Result	Date Time
B/P	157/105	12/10 0611
B/P Mean	122	12/10 0611
Pulse	94	12/10 0611
Resp	18	12/10 0611

Pulse Ox	98	12/10 0416
O2 Delivery	Nasal cannula	12/10 0416
O2 Flow Rate	2.000000	12/10 0416
Temp	36.7	12/10 0416

All vital signs available at the time of this entry have been reviewed.

Condition Stable

Discharge/Care Plan

Counseled Regarding Diagnosis, Lab results, Imaging studies, Need for admission

Admit Note

I have spoken with the patient and/or caregivers I have explained the patient's condition, diagnoses and treatment plan based on the information available to me at this time. I have answered the patient's and/or caregiver's questions and addressed any concerns. The patient and/or caregivers have as good an understanding of the patient's diagnosis, condition and treatment plan as can be expected at this point. The patient has been stabilized within the capability of the emergency department. The patient will be transported for further care and management or will be moved to an observation or inpatient service. I have communicated with the staff or medical practitioner taking over this patient's care.

JULIEN,TIMOTHY 12/10/19 0610:

HPI-Extremity Prob Lower

General

Initial Greet Date/Time 12/10/19 0416

Re-Evaluation & MDM

Free Text MDM Notes

Free Text MDM Notes

ATTENDING NOTE

PATIENT IS A 69-YEAR-OLD MALE WHO PRESENTS STATUS POST FALL. PATIENT WITH LEFT HIP INJURY. PATIENT REFUSING TO EXTEND LEFT HIP.
WILL DO X-RAYS
PAIN CONTROL, REASSESS

Patient Discharge & Departure

Clinical Impression
Clinical Impression
Primary Impression: Fracture, proximal femur

Disposition Decision
Admit
Admit Physician Name
Block,Ernest F MD
Admit Physician Trauma Surgeon
Request Time 0536
Request Date 12/10/19
)(**Admission Accepts** Yes
)(**Accepted Time** 0536
)(**Accepted Date** 12/10/19
Call Information will see patient, agrees with eval, agrees with plan

Supervising Physician Note
Resident Saw Pt
This patient was seen by a resident. I have personally seen the patient, performed the critical or key portions of the service, and participated in the management of the patient. I have reviewed and agree with the resident's note, and I have reviewed all labs and imaging studies or reports. I agree with this resident's findings, exam and plan.

Electronically Signed by Slome,Mary C MD R2 on 12/10/19 at 2331
Electronically Signed by Julien,Timothy MD on 12/11/19 at 0555

RPT #: 1210-0069
END OF REPORT

RUN DATE: 12/12/19
RUN TIME: 0243
RUN USER: HPF.FEED

Osceola Reg Med Ctr EDM *LIVE*
Emergency Patient Record

Patient: AYAD,AZIZ
EDM Provider: Julien,Timothy MD, 2hcaAsocAf

Age/Sex: 69/M

Acct No: N00101730890
Unit No: N000880775

ED Physician: Julien,Timothy MD, 2hcaAsocAf
Practitioner: SLONE,MARY C, 1hcaResdnt
Nurse:

Arrival Date/Time: 12/10/19 - 0405
Triage Date/Time: 12/10/19 - 0416
Date of Birth: 09/17/1950

Stated Complaint: LEFT HIP FX
Chief Complaint: Extremity Injury/Pain
Priority: 3
Status Event History:
12/10/19 0405 Reception
0415 Room
0416 With Physician/Practioner
0427 Triage
0455 Room
0530 Disposition - Admit
0801 Holds
1026 Off Tracker
Staff History:
ED Physician:
12/10/19 0423 Julien,Timothy MD, 2hcaAsocAf
0417 EDDOC Generic MD for EDM, 4hcaOTHER
0416 Walker,Ayanna D MD, 2hcaAsocAf
Practitioner:
12/10/19 0418 SLONE,MARY C, 1hcaResdnt
Nurse:
12/10/19 1025 [Rivera,Carmen A, RN]
0733 Rivera,Carmen A, RN

FIRE RESCUE

Allergy/Adverse Reaction	Type/Category	Severity	Date	Ver
No Known Allergies	Allergy/Drug		12/10/19	N

12/10/19 0416 Rapid Initial Assessment — Figueroa,Bryan, RN

- - RAPID INITIAL ASSESSMENT - -
First Point of Contact: Yes
Enter/Edit Allergies: Yes
Arrived by: FR
EMS service: OC
Medications/treatments prior to arrival: FENTANYL 150NCG IV
Subjective assessment:
PATIENT FELL IN BATH ROOM FLOOR, EMS REPORT LEFT HIP
DEFORMITY AND SHORTENING. EMS VITALS BP 188/110, HR 80,
BGL 103, O2 SAT 98 2LNC
Objective assessment:
PATIENT AOX3, DEFORMITY NOTED TO LEFT HIP.
Onset of Symptoms Date: 12/10/19
Onset of Symptoms Time: 0424
Neuro WDP: Yes
Cardiovascular WDP: Yes
Respiratory WDP: Yes
Pain scale utilized: Verbal numeric
Pain intensity: 10
Smoking status for patients 13 years old or older: Never Smoker
Flowsheet: Yes
Chief Complaint: Extremity Injury/Pain
Priority: ESI 3 / Urgent
ESP? N
Facility ESP status:
ESP Enabled
-
- FIRST POINT OF CONTACT - -
Is patient present and able to complete the screening for infection: Yes
Have you or a close contact traveled outside the US in the last 3 weeks: No
Risk factors for C.diff: None
Have you ever had TB or a positive TB skin test: No
Recent close contact with a person who has TB or influenza like illness: No
Fever greater than 100.4 F or 38.0 C: Not in the last 7 days
Cough not related to allergy or COPD: Not in the last 7 days
Sore throat: Not in the last 7 days
Night sweats: Not in the last 7 days
Unexplained weight loss: Not in the last 7 days
Fatigue: Not in the last 7 days
Body aches: Not in the last 7 days
Rash: Not in the last 7 days
Nasal congestion unrelated to allergies/sinus infections: Not in the last 7 days
Point of entry screening status:
Negative TB Risk
Negative Respiratory Risk
Negative C difficile Risk
-
- PAIN DATA - -
Numeric pain scale: Severe/worst possible-10
-
- RAPID FLOWSHEET - -
-
- VITAL SIGNS - -
Temperature F: 98.0
Temperature source: Oral
Pulse: 76
Pulse source: Monitor
Respiratory rate: 18
Respiratory source: Observed
Blood pressure: 174/89
Blood pressure location: Arm upper left
Blood pressure source: Monitor
Mean arterial pressure: 117
Vital signs position: Lying
SPO2 %: 98
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 2.000000
-
- HEIGHT/WEIGHT - -
Height ft: 5
Height in: 2
Height source: Measured
Weight kg: 63.636
Weight source: Stated/Reported
BMI calculated: 25.7
-

- BILATERAL BLOOD PRESSURES - -

- GLASGOW COMA SCALE - -
Glasgow coma scale: Yes
Motor response: 6
Verbal response: 5
Eye opening: 4
Glasgow coma score: Mild

- SEVERE SEPSIS SCREENING - -
Temperature: No
Heart rate: No
Respirations: No
WBC results:
No results past 48 hrs
Band results:
No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 0

12/10/19 0427 Detail Assessment — Figueroa,Bryan, RN

- - DETAILED ASSESSMENT - -
Suicide screening: Yes
Are you frequently being bullied: No
Arrived by: ER
Medications/treatments prior to arrival: FENTANYL 150MCG IV
Health history: Yes
BMI calculated: 25.7
Chief Complaint: Extremity Injury/Pain
Expected outcome of chief complaint: Stabilized/maintained

- HEALTH HISTORY - -
Hearing impairment: None
Vision impairment: None

- DEVELOPMENTAL - -
Developmental level 18 years+: Able to function indepdnt, Able to live independntly

- FUNCTIONAL/NUTRITIONAL SCREENING - -
Decrease in AUL function or upper limb mobility past 7 days: None
Recent decline in mobility or ambulation in the past 7 days: None
Falls within the past 3 months: No

- NUTRITIONAL SCREENING - -
Home tube feeding or TPN: No

- TOBACCO USE - -
Smoking status for patients 13 years old or older: Never Smoker
Exposed to smoking in household: No

- ALCOHOL USE - -
Alcohol use within last 3 days: No

- OTHER SUBSTANCE USE - -
Other substances used: No

- ABUSE/LIVING SITUATION - -
Do you feel safe at home, work and/or school/daycare: Yes
Evidence of physical and/or psychological abuse: No
Evidence of verbal abuse: No
History consistent with presentation/injury: Yes
Living situation: Home with others
Barriers in living situation relevant for discharge planning: None

- MEDICAL HEALTH HISTORY - -
Diabetes: History of
Additional medical history:
HTN, HIGH CHOLESTEROL, DM, INCONTINENCE
Surgical history:
DENIES
Document pain history: No
Enter/edit home med reconciliation: No

- PAIN HISTORY - -
Document objectives for pain management: No
Patient goal for pain management: No pain-0

- SUICIDE ASSESSMENT - -
Suicidal thoughts: None in lifetime
Patient is at risk for suicide: No

12/10/19 0428 Extremity Injury — Figueroa,Bryan, RN

- - EXTREMITY INJURY - -
Mechanism of injury: Fall
Presenting signs/symptoms: Deformity
Initial onset of signs/symptoms: Less than 1 hour ago
Symptoms frequency: Constant
Extremity affected: Lower extremity left
Alert and oriented: Yes
Capillary refill less than or equal to 3 seconds: Yes
Pulses strong and equal bilaterally: Yes
Peripheral edema: None
Is skin warm and dry: Yes
Color within expectations for ethnicity: Yes

12/10/19 0429 Pain Screen — Figueroa,Bryan, RN

- - PAIN ASSESSMENT - -
Patient goal for pain management: No pain-0
Pain scale utilized: Verbal numeric
Pain intensity: 10
Pain location: Hip left
Numeric pain scale: Severe/worst possible-10

12/10/19 0430 Physical Findings Assessment — Figueroa,Bryan, RN

- - PHYSICAL FINDINGS - -
Neurological WDP: Yes
Cardiovascular WDP: Yes
Respiratory WDP: Yes
Gastrointestinal WDP: Yes
Genitourinary WDP: Yes
Musculoskeletal WDP: No
Musculoskeletal documented via chief complaint: Yes
Integumentary WDP: Yes
Vascular WDP: Yes
Psychosocial WDP: Yes
Eye WDP: Yes

ENT WDP: Yes

12/10/19 0430 Severe Sepsis Screening — Figueroa,Bryan, RN
- - SEVERE SEPSIS SCREENING - -
Temperature: No
WBC results:
No results past 48 hrs
Heart rate: No
Band results:
No results past 48 hrs
Respirations: No
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 0

12/10/19 0436 Medication History — Cortes Diaz,JeanC, RN
- - Admission Home Meds - -
Enter/Edit home med reconciliation: Yes
Attention Required: Yes

12/10/19 0536 Extremity Injury Reassessment — Franzen,James, RN
- - EXTREMITY INJURY REASSESSMENT - -
Patient condition assessment: Improved

12/10/19 0828 Extremity Injury Reassessment — Rivera,Carmen A, RN
- - EXTREMITY INJURY REASSESSMENT - -
Patient condition assessment: Improved

12/10/19 1023 Disposition Assessment — Rivera,Carmen A, RN
- - DISPOSITION - -
Patient disposition: Admission
Disposition Category: Was Admitted & Treated
Chief Complaint: Extremity Injury/Pain
Patient will remain injury free while patient is in restraint or seclusion: Not applicable
Expected outcome of chief complaint: Stabilized/maintained
Actual outcome of chief complaint: Stabilized/maintained
Flowsheet: Yes
Document IV discontinue: No
Assess pain: Yes
Pain intensity: 1
Patient email address:
ELAINEAYAD@GMAIL.COM

- ADMISSION ASSESSMENT - -
Document PEWS: No
Time handoff given: 1023
Handoff given to:
MAUREEN, PRE OP-RN
Transported via: Stretcher
Transported with the following: TRANSPORT

- SEVERE SEPSIS SCREENING - -
Severe sepsis screening: Yes
Temperature: No
Heart rate: Yes
Respirations: No
WBC results:
12/10/19 6.39 0427
Band results:
No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 1
INFECTION
---NEW ORGAN DYSFUNCTION within past 48 hours---

- FLOW SHEET - -

- VITAL SIGNS - -
Pulse: 95
Respiratory rate: 16
Vital signs position: Lying
Blood pressure: 142/83
Mean arterial pressure: 102
SPO2 %: 99

- HEIGHT AND WEIGHT - -
BSA calculated - sq m: 1.68
BMI calculated: 25.7
Weight in kg to have BMI equal to 25: 61.999

- OXYGEN THERAPY - -
Oxygen delivery devices: Room air

- GLASGOW COMA SCALE - -
Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: Mild

- PAIN SCALE - -
Document objectives for pain management: Yes
Deep breath at/below pain mgmt goal: Yes
Turn at/below pain mgmt goal: Yes
Progressive ambulation at/below pain mgmt goal: Yes
Perform ADLs at/below pain mgmt goal: Yes
Patient goal for pain management: No pain-0
Pain scale utilized: Verbal numeric

- NUMERIC PAIN SCALE - -
Numeric pain scale: Mild pain-1

TREATMENT

Teaching/Education

Occurred Date	Time	User	Recorded Date	Time	User
12/10/19	0430	Figueroa,Bryan, RN	12/10/19	0430	Figueroa,Bryan, RN

- - Patient/Family Teaching - -
Primary learner: Patient
Readiness to learn: Asks questions, Cooperative
Barriers to communication/learning: None
Primary learners preferred spoken language: ENG
Primary learners preferred written language: ENG
Method of education: Verbal discussion

Patient: AYAD,AZIZ
EDM Provider: Julien,Timothy MD, 2hcaAsocAf

Age/Sex: 69/M

Acct No: N0010173089C
Unit No: N000880775

Patient rating of current knowledge level: Good
Patient/Family education subject items: Medications, Disease process, Safety, Discharge planning, Procedures, Pain management, ED after care/follow up, Medical equipment, Treatments
Learner(s) verbalized understanding and/or return demonstration of items: Yes
Pt/Family encouraged verbalize anxieties and reassurance given: Yes
Pt/Family/Significant other informed of condition and treatment plan: Yes
Pt/Family/Significant other encouraged give input and participate in tx: Yes

EKG

Occurred Date	Time	User	Recorded Date	Time	User
12/10/19	0441	Franzen,James, RN	12/10/19	0441	Franzen,James, RN

- - EKG TREATMENT - -
Date EKG performed: 12/10/19
Time EKG performed: 0441

Flowsheet Detailed

Occurred Date	Time	User	Recorded Date	Time	User
12/10/19	0536	Franzen,James, RN	12/10/19	0536	Franzen,James, RN

- - DETAILED FLOWSHEET - -
Pulse: 88
Respiratory rate: 18
Respiratory source: Observed
Vital signs position: Lying
Blood pressure: 175/91
Mean arterial pressure: 119

EKG

Occurred Date	Time	User	Recorded Date	Time	User
12/10/19	0611	Franzen,James, RN	12/10/19	0611	Franzen,James, RN

- - EKG TREATMENT - -
Date EKG performed: 12/10/19
Time EKG performed: 0611

Flowsheet Detailed

Occurred Date	Time	User	Recorded Date	Time	User
12/10/19	0611	Franzen,James, RN	12/10/19	0612	Franzen,James, RN

- - DETAILED FLOWSHEET - -
Pulse: 94
Respiratory rate: 18
Respiratory source: Observed
Blood pressure: 157/105
Mean arterial pressure: 122

Flowsheet Detailed

Occurred Date	Time	User	Recorded Date	Time	User
12/10/19	0708	Rivera,Carmen A, RN	12/10/19	0829	Rivera,Carmen A, RN

- - DETAILED FLOWSHEET - -
Temperature F: 98.2
Temperature source: Oral
Pulse: 93
Respiratory rate: 17
Vital signs position: Lying
Blood pressure: 159/85
Mean arterial pressure: 109
SPO2 %: 98
Oxygen delivery devices: Room air
BMI calculated: 25.7

Inpatient Room Assignment

Occurred Date	Time	User	Recorded Date	Time	User
12/10/19	0916	MORRISON,LEGGETT	12/10/19	0916	MORRISON,LEGGETT

ED INPATIENT ROOM ASSIGNMENT - -
Room: N.ER
Is room ready: Yes

Trauma Alert Activation

Occurred Date	Time	User	Recorded Date	Time	User
12/11/19	0911	Murphy,Miche'le Lee	12/11/19	0911	Murphy,Michelle Lee

- - Trauma Alert Activation - -
Is this a trauma alert activation: No

EMERGENCY NOTES

Occurred Date	Time	User	Recorded Date	Time	User
12/10/19	0441	Franzen,James, RN	12/10/19	0442	Franzen,James, RN

from out of state
glf bathroom
l hip deformity
oc fd
18 l 20 r
hx dm htn cva hep c incontinence

Occurred Date	Time	User	Recorded Date	Time	User
12/10/19	0705	Rivera,Carmen A, RN	12/10/19	0732	Rivera,Carmen A, RN

ASSUMED PT CARE AT THIS TIME.

Occurred Date	Time	User	Recorded Date	Time	User
12/10/19	1022	Rivera,Carmen A, RN	12/10/19	1023	Rivera,Carmen A, RN

REPORT GIVEN TO MAUREEN, PRE OP-RN

Patient: AYAD,AZIZ
EDM Provider: Julien,Timothy MD, 2hcaAsocAf

Age/Sex: 69/M

Acct No: N00101730890
Unit No: N000880775

MAR DATA

Ordered	Medication	Provider
12/10/19 0424	morPHINE SULFATE 4 MG SYRINGE IV/X1ED/ONE	SLOMAR
12/10/19 0424	ONDANSETRON INJ 4 MG SDVial IV/X1ED/ONE	SLOMAR
12/10/19 0448	morPHINE SULFATE 4 MG SYRINGE IV/X1ED/ONE	SLOMAR
12/10/19 0524	FENTANYL INJ 50 MCG AMP* IV/X1ED/ONE	BAWSH
12/10/19 0529	METHOCARBAMOL INJ 1 GRAM VIAL* IV/X1ED/ONE GIVE OVER 5 MINUTES	BAWSH
12/10/19 0636	NACL 0.9% 1,000 ML BAG* IV/.Q13H2OM	BAWSH
12/10/19 0536	ACETAMINOPHEN TAB 650 MG TABLET* PO/Q4H PRN/PRN PAIN FEVER Do not exceed 12 tablets in 24 hours Maximum acetaminophen dose - 4000 mg in 24 hours	BAWSH
12/10/19 0636	morPHINE SULFATE 1 MG SYRINGE* IV/Q2H PRN/PRN PAIN 1-3	BAWSH
12/10/19 0536	GABAPENTIN 300 MG CAPSULE* PO/TID	BAWSH
12/10/19 0536	ONDANSETRON INJ 4 MG SDVial IV/Q6H PRN/PRN NV FORMULARY SUBSTITUTION FOR PROMETHAZINE-IV	BAWSH
12/10/19 0636	POLYETHYLENE GLYCOL 3350 17 GRAM POWDER PO/DAILY SUSPEND IN 120-240 ML OF LIQUID OF CHOICE	BAWSH
12/10/19 0536	DIPHENHYDRAMINE INJ 25 MG VIAL* IV/Q6H PRN/PRN PRURITUS Give if unable to tolerate oral or NPO GIVE EACH 25 MG OR LESS OVER 1 MINUTE	BAWSH
12/10/19 0536	METHOCARBAMOL INJ 1 GRAM VIAL* IV/Q6H PRN/PRN MUSCLE GIVE OVER 5 MINUTES	BAWSH

Medication
Sch Date-Time Ordered Dose Admin Dose
Doc Date-Time Given - Reason Site User
Override Comment

morPHINE SULFATE 4 MG/ML SYRINGE/VIAL (morPHINE 4 MG SYR INJ, morPHINE SULFATE) IV/X1ED/ONE
12/10/19-0424 4 MG 4 MG
12/10/19-0432 Y Cortes Diaz,JeanC , RN
Difference between amount dispensed
and amount administered was discarded.
Administering for pain: Yes
(End)
Pain details:
Pain location: Hip left
Pain radiation: Leg left
Pain description: Aching
Constant
Sharp
Pain scale utilized:: Verbal numeric
Numeric pain scale:: Severe pain-9
Pain intensity:: 9
Most common side effects reviewed with patient?: Yes
:: NORP4IV:Dizziness, Sedation, nausea/vomiting, Constipation
Reassessments:
12/10/19-0632
12/11/19-0142 Y Fernandez borges,Yan
Pain scale utilized: Verbal numeric
Pain intensity: 4
(End)
Numeric pain scale:: Moderate pain-4

ONDANSETRON INJ 4 MG/2 ML SDVial (ZOFRAN*) (ZOFRAN* 4 MG/2 ML SDV INJ, ONDANSETRON HCL) IV
12/10/19-0424 4 MG 4 MG

Medication
Sch Date-Time Ordered Dose Admin Dose
Override Comment
12/10/19-0432 Y Cortes Diaz,JeanC , RN
Difference between amount dispensed
and amount administered was discarded.

morPHINE SULFATE 4 MG/ML SYRINGE/VIAL (morPHINE 4 MG SYR INJ, morPHINE SULFATE) IV/X1ED/ONE
12/10/19-0448 4 MG 4 MG
12/10/19-0456 Y Franzen,James , RN
Difference between amount dispensed
and amount administered was discarded.
Administering for pain: Yes
(End)
Pain details:
Reassessments:
12/10/19-0556
12/11/19-0142 Y Fernandez borges,Yan
Pain scale utilized: Verbal numeric
Pain intensity: 4
(End)
Numeric pain scale:: Moderate pain-4

fentaNYL INJ 100 MCG/2 ML AMP (FENTANYL INJ 50 MCG/ML 2 ML, fentaNYL) IV/X1ED/ONE
12/10/19-0524 50 MCG 50 MCG
12/10/19-0532 Y Franzen,James , RN
Difference between amount dispensed
and amount administered was discarded.
Administering for pain: Yes
(End)
Pain details:
Most common side effects reviewed with patient?: Yes
:: FENTIA.010:Dizziness, Sedation, nausea/vomiting, Constipation
Reassessments:
12/10/19-0632
12/11/19-0142 Y Fernandez borges,Yan
Pain scale utilized: Verbal numeric
Pain intensity: 4
(End)
Numeric pain scale:: Moderate pain-4

METHOCARBAMOL INJ 1 GRAM/10 ML VIAL (ROBAXIN*) (ROBAXIN* 100 MG/ML 10 ML INJ, METHOCARBAMOL)
12/10/19-0529 1 GRAM 1 GRAM
12/10/19-0636 Y Franzen,James , RN
Difference between amount dispensed
and amount administered was discarded.
Administering for pain: Yes
(End)
Pain details:
Most common side effects reviewed with patient?: Yes
:: METHIV1001:dizziness, headache, drowsiness
Reassessments:
12/10/19-0636
12/11/19-0142 Y Fernandez borges,Yan
Pain scale utilized: Verbal numeric

Patient: AYAD,AZIZ
EDM Provider: Julien,Timothy MD, ZhcaAsocAf

Age/Sex: 69/M

Acct No: N00101730890
Unit No: N000880775

Medication

Sch Date-time Ordered Dose Admin Dose
Override Comment
Pain intensity: 4

(End)

Numeric pain scale:: Moderate pain-4

Prescriptions/Reported Meds	Type	Issued	Provider	Last Edit
glipiZIDE (GLUCOTROL) 10 MG TAB 10 MG ORAL BEFORE BREAKFAST AND DINNER	Reported			12/10/19
LISINOPRIL (ZESTRIL) 40 MG TAB 40 MG ORAL DAILY	Reported			12/10/19
metFORMIN (GLUCOPHAGE) 1,000 MG TAB 1,000 MG ORAL WITH BREAKFAST AND DINNER	Reported			12/10/19
MIRABEGRON (MYRBETRIQ) 50 MG TAB.ER.24H 50 MG ORAL DAILY	Reported			12/10/19
SERTRALINE (ZOLOFT) 100 MG TAB 100 MG ORAL DAILY	Reported			12/10/19
TAMSULOSIN (FLOMAX) 0.4 MG CAP.SR.24H 0.4 MG ORAL DAILY	Reported			12/10/19
LINAGLIPTIN (TRADJENTA) 5 MG TAB 5 MG ORAL DAILY	Reported			12/10/19
CHOLECALCIFEROL (VITAMIN D3) 1,000 UNITS CAP 1,000 UNITS ORAL DAILY	Reported			12/10/19
ATORVASTATIN (LIPITOR) 80 MG TAB 80 MG ORAL AT BEDTIME	Reported			12/10/19

DEPARTURE INFORMATION

Primary Impression: Fracture, proximal femur
Secondary Impressions:
Disposition: Still A Pt/Admitted As Inpt Departure Date/Time: -
Comment:
Condition: Stable

Referrals:

Pt Instructions:

Departure Forms:

WITHIN DEFINED PARAMETERS

~~ ASSESSMENT PARAMETERS ~~

These are the definitions of Within Defined Parameters by Body System

NEUROLOGICAL
- Alert & Oriented X 4
- Pupils equal
- Speech clear and appropriate for age
- Moves all extremities
- No paralysis
- Steady gait
- Ambulates independently

EENT
- Eyes - Clear, no tearing or redness
- Ears - No complaint of hearing difficulty, loss of hearing, or change in hearing, pain free, no drainage
- Nasal - Breathes freely through both nares
- Throat - No hoarseness or stated soreness, no cough

RESPIRATORY
- No respiratory distress
- No cough
- No O2 or assistive devices
- No nasal flaring or pursed lip breathing
- Respirations even & unlabored
- Skin pink & warm to touch

CARDIAC
- No stated calf tenderness
- No history of pacemaker or implanted defibrillator
- Denies current cardiac complaint
- Skin pink & warm to touch - no cyanosis, mottling, diaphoresis or flushing of skin

CIRCULATORY
- Oral mucosa pink and moist
- Skin color appropriate to ethnic color
- Denies sensory complaints
- No edema noted

MUSCULOSKELETAL
- Moves all extremities
- Ambulates independently

GASTROINTESTINAL
- Denies GI complaints

GENITO-URINARY
- Denies GU complaints

INTEGUMENTARY
- Skin warm, dry & intact
- No complaints of lesions, rash, wounds, bruises, petechiae or abrasions

PSYCHOSOCIAL
- With regards to cultural influences: mood/affect is appropriate
- Patient demonstrates effective coping skills/patterns for situation

These are the definitions of Within Defined Parameters for the Nutritional and Functional Screenings:

NUTRITIONAL
- No swallowing/chewing impairments
- No nausea and/or vomiting and/or diarrhea for 3 or more days
- No reported unintentional weight loss > 10 lbs in last 3 months
- No reported decrease in intake > 50% of usual in last two weeks

FUNCTIONAL
- No unexplained alteration in movement/mobility in last four weeks
- No recent limitation performance of ADLs
- No recent alteration in ADLs that require assistance

This is the definition for the evidence of Physical and/or Psychological Abuse question:

ABUSE HISTORY TO INCLUDE, BUT NOT LIMITED TO:
PT DOES NOT REPORT/NO EVIDENCE OF ANY OF THE FOLLOWING: abuse/neglect, Hx. of abuse/neglect, withdrawn/fearful behavior, Unexplained or suspicious bruises/wounds, Patient/Caregiver story changes, Defensive about injuries, Undernourished despite good appetite, Recurrent/Suspicious injuries, Fear of return to previous arrangements, Injuries do not match event history.

PHYS.TAB/ARNP/PA CPOE ORDERS

Ordered	Order	Ordering Provider	E-Signed
12/10 0417	XR Pelvis 1/2 Views	Walker,Ayanna D MD	Y 12/10 0417
12/10 0424	morPHINE 4 MG SYR INJ, morPHINE SULFATE 4 MG	Slone,Mary C MD R2	Y 12/10 0424
12/10 0424	ZOFRAN* 4 MG/2 ML SDV INJ, ONDANSETRON HC. 4	Slone,Mary C MD R2	Y 12/10 0424
12/10 0437	EKG	Slone,Mary C MD R2	Y 12/10 0437
12/10 0437	CBC,PLT,Auto Diff	Slone,Mary C MD R2	Y 12/10 0437
12/10 0437	Comp Metabolic Panel	Slone,Mary C MD R2	Y 12/10 0437
12/10 0439	Troponin-I	Slone,Mary C MD R2	Y 12/10 0439
12/10 0448	morPHINE 4 MG SYR INJ, morPHINE SULFATE 4 MG	Slone,Mary C MD R2	Y 12/10 0448

Patient: AYAD,AZIZ — Age/Sex: 65/M — Acct No: [illegible] — Unit No: [illegible]
EDM Attendings: Julien,Timothy MD ;ZhowAssocAt

12/10 0501	Phy Trauma Consult	Julien,Timothy MD	Y 12/10 0501
12/10 0513	Phy Orthopaedic Consult	Slowe,Mary C MD R2	Y 12/10 0513
12/10 0444	XR Knee 1 or 2 V Rt	Slowe,Mary C MD R2	Y 12/10 0831
12/10 0524	FENTANYL INJ 50 MCG/ML 2 ML, fentaNYL 100 MC	Bawany,Sheila MD R3	Y 12/10 0524
12/10 0529	ROBAXIN* 100 MG/ML 10 ML INJ, METHOCARBAMOL	Bawany,Sheila MD R3	Y 12/10 0529

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Trauma - History & Physical
REPORT#:1210-0076 REPORT STATUS: Signed
DATE:12/10/19 TIME: 0531

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.ER-E17
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Bawany,Sheila MD
R3
REP SRV DT: 12/10/19 REP SRV TM: 0531

* ALL edits or amendments must be made on the electronic/computer document *

See Addendum

BAWANY,SHEILA X 12/10/19 0531:

History of Present Illness

Time At Bedside

)(**Time at bedside:** 0535

Pre-hospital

Arrival mode: EMS

HPI

HPI:

Patient is a 69 yo M w/ pmh of Dm, HTN, HLD, prior CVA one month ago w/ residual left sided weakness who sustained mechnical GLF at daughter's house. Patient reports gait instability at baseline since his CVA. Pt and family report that was he was getting out of bed to use the restroom and fell down on his right side d/t gait instability. Pt denies head truama or LOC. Per family, patient immediately shouted for help. Pt was given 125 of fentantyl w/ EMS. In the ED pt was found to have left sided proximal femur fx. Pt was given 8 of morphine prior to my assessment and still complains of 8/10 pain. Patient is at proximal left hip and radiates to anterior and lateral aspects of knee. Pt reports pins and needle sensation over the lateral aspect of thigh and calf.

History

Additional surgical history:
None
Alcohol use: Denies EtOH use
Drug use: Denies recreational drugs
Smoking status for patients 13 years old or older: Never Smoker

Medication/Allergy-Vaccine Hx

Allergies:
Coded Allergies:
No Known Allergies (12/10/19)

Review of Systems

Respiratory:
Denies: SOB.
Cardiovascular:
Denies: chest pain, palpitations.
Musculoskeletal:
Extremity pain:
Reports: left lower.
All systems rev & neg: except as marked

Physical Exam

VS/I&O
Last Documented:

	Result	Date Time
B/P	157/105	12/10 0611
B/P Mean	122	12/10 0611
Pulse	94	12/10 0611
Resp	18	12/10 0611
Pulse Ox	98	12/10 0416
O2 Delivery	Nasal cannula	12/10 0416
O2 Flow Rate	2.000000	12/10 0416
Temp	98.0	12/10 0416

24 hour I&O ending at 0700:

	12/10 0700	12/09 1900
Intake Total		
Output Total		
Balance		
Patient Weight	63.636 kg	
Weight Measurement Method	Stated/Reported	

Patient Weight

Weight (lb):
Weight (oz):
Weight (kg): 63.636

General appearance: alert, awake, oriented

Head/Eyes: atraumatic, normocephalic, PERRL, NL conjunctiva/sclera
L pupil: reactivity
R pupil: reactivity
Cardiovascular: normal heart sounds, pulses all extremities
Respiratory/chest: aerating well, atraumatic, clear to auscultation
Abdomen: soft, non-tender, no guarding, no rebound, no distention
Back/Spine:
Back: atraumatic, inspection NL
Pelvis: pelvis stable
Neuro/CNS: alert, oriented X 3, normal gait, normal speech

Free Text Obj Notes

Free Text Obj Notes:
RUE ecchymosis in posterior proximal pain, no tenderness or swelling at site of ecchymosis
FROM at right shoulder, elbow and wrist without tenderness, swelling or deformity

LLE held in flexed position at hip and knee; internally rotated
patient is able to move all extremities however limited in LLE d/t pain

Diagnosis, Assessment & Plan

Free Text DxA&P Notes

Free Text DxA&P Notes:
AYAD,AZIZ is a 69 year old M, status post mechanical GLF

Injuries:
- Mildly displaced left proximal femoral fracture
- RUE proximal contusion

Comorbidities:
- HTN
- HLD
- DM
- prior CVA 1 month ago w/ residual left sided weakness

Other Diagnosis:
- Osteopenia

Procedures: None

Plan: Patient will be admitted to surgical tele w/ ortho consulted.

Neuro:
- GCS 15, no head trauma or LOC
- multipmodal pain control including morphine, robaxin, gabapentin. Additional one time robaxin 1g and fentanyl 50mg given to the pt while in the ER.

Cardiac:
- no ischemic changes on ekg, negative troponin
- f/u cxr

Pulm:
- adequate saturation on RA

Abdomen/GI:
- NPO for now, no abdominal tenderness or pain
- miralax, prn zofran

Renal/Lytes:
- mIVF NS @75ml/hr while NPO

Heme:
- no over signs of bleeding, HDS

Endocrine:
- h/o of DM, pt currently NPO

ID:
- no clinical indication of infectious process

MSK:
- noted above injuries, ortho consulted

Skin and Integument:
- RUE contusion

Proph:
- SCD

BLOCK,ERNEST F 12/10/19 0631:
Attestations

Physician Attestation

Reviewed findings & plan:

The Resident's history was reviewed. The patient was interviewed and examined by me.

HPI: Pt seen and examined in ED. Hx as above he has a femoral fracture from ground level mecahnical fall.

My personal exam reveals: Older male in mild distress, c/o leg pain. MOving extremities, LE limited by

I agree with the assessment and care plan, and confirm the diagnosis(es) above.

ASSESSMENT | PLAN:

ORthopaedic consult. Review knee film. we will look at ECG and CXR to assess whether cardiology perop evalution is needed. Medical comorbidities to be managed.

Electronically Signed by Bawany,Sheila MD R3 on 12/10/19 at 0628
Electronically Signed by Block,Ernest F MD on 12/10/19 at 0640

Addendum 1: 12/10/19 1021 by Knobl,Thomas APRN

PT SEEN DURING TRAUMA ROUNDS, VS STABLE, PAIN REASONABLY CONTROLLED. OR THIS AFTERNOON PER ORTHO FOR L FEMUR REPAIR. F/U POST OP FOR CONT MGMT. PCU BED WHEN AVAILABLE.

Electronically Signed by Knobl,Thomas APRN on 12/10/19 at 1022
Electronically Signed by Gray,Sanjiv MD on 12/10/19 at 1222

RPT #: 1210-0076
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Trauma - History & Physical
REPORT#:1210 0076 REPORT STATUS. Signed
DATE:12/10/19 TIME: 0531

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.ER-E17
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Bawany,Sheila MD
R3
REP SRV DT: 12/10/19 REP SRV TM: 0531

* ALL edits or amendments must be made on the electronic/computer document *

BAWANY,SHEILA X 12/10/19 0531:
History of Present Illness

Time At Bedside
)(Time at bedside: 0535

Pre-hospital
Arrival mode: EMS

HPI
HPI:
Patient is a 69 yo M w/ pmh of Dm, HTN, HLD, prior CVA one month ago w/ residual left sided weakness who sustained mechnical GLF at daughter's house. Patient reports gait instability at baseline since his CVA. Pt and family report that was he was getting out of bed to use the restroom and fell down on his right side d/t gait instability. Pt denies head truama or LOC. Per family, patient immediately shouted for help. Pt was given 125 of fentantyl w/ EMS. In the ED pt was found to have left sided proximal femur fx. Pt was given 8 of morphine prior to my assessment and still complains of 8/10 pain. Patient is at proximal left hip and radiates to anterior and lateral aspects of knee. Pt reports pins and needle sensation over the lateral aspect of thigh and calf.

History
Additional surgical history:
None
Alcohol use: Denies EtOH use
Drug use: Denies recreational drugs
Smoking status for patients 13 years old or older: Never Smoker

Medication/Allergy-Vaccine Hx
Allergies:
Coded Allergies:
No Known Allergies (12/10/19)

Review of Systems

Respiratory:
Denies: SOB.
Cardiovascular:
Denies: chest pain, palpitations.
Musculoskeletal:
Extremity pain:
Reports: left lower.
All systems rev & neg: except as marked

Physical Exam

VS/I&O
Last Documented:

	Result	Date Time
B/P	157/105	12/10 0611
B/P Mean	122	12/10 0611
Pulse	94	12/10 0611
Resp	18	12/10 0611
Pulse Ox	98	12/10 0416
O2 Delivery	Nasal cannula	12/10 0416
O2 Flow Rate	2.000000	12/10 0416
Temp	98.0	12/10 0416

24 hour I&O ending at 0700:

	12/10 0700	12/09 1900
Intake Total		
Output Total		
Balance		
Patient Weight	63.636 kg	
Weight Measurement Method	Stated/Reported	

Patient Weight

Weight (lb):
Weight (oz):
Weight (kg): 63.636

General appearance: alert, awake, oriented

Head/Eyes: atraumatic, normocephalic, PERRL, NL conjunctiva/sclera
L pupil: reactivity
R pupil: reactivity
Cardiovascular: normal heart sounds, pulses all extremities
Respiratory/chest: aerating well, atraumatic, clear to auscultation
Abdomen: soft, non-tender, no guarding, no rebound, no distention
Back/Spine:
Back: atraumatic, inspection NL
Pelvis: pelvis stable
Neuro/CNS: alert, oriented X 3, normal gait, normal speech

Free Text Obj Notes

Free Text Obj Notes:
RUE ecchymosis in posterior proximal pain, no tenderness or swelling at site of ecchymosis
FROM at right shoulder, elbow and wrist without tenderness, swelling or deformity

LLE held in flexed position at hip and knee, internally rotated
patient is able to move all extremities however limited in LLE d/t pain

Diagnosis, Assessment & Plan

Free Text DxA&P Notes

Free Text DxA&P Notes:
AYAD,AZIZ is a 69 year old M, status post mechanical GLF

Injuries:
- Mildly displaced left proximal femoral fracture
- RUE proximal contusion

Comorbidities:
- HTN
- HLD
- DM
- prior CVA 1 month ago w/ residual left sided weakness

Other Diagnosis:
- Osteopenia

Procedures: None

Plan: Patient will be admitted to surgical tele w/ ortho consulted.

Neuro:
- GCS 15, no head trauma or LOC
- multipmodal pain control including morphine, robaxin, gabapentin. Additional one time robaxin 1g and fentanyl 50mg given to the pt while in the ER

Cardiac:
- no ischemic changes on ekg, negative troponin
- f/u cxr

Pulm:
- adequate saturation on RA

Abdomen/GI:
- NPO for now, no abdominal tenderness or pain
- miralax, prn zofran

Renal/Lytes:
- mIVF NS @75ml/hr while NPO

Heme:
- no over signs of bleeding, HDS

Endocrine:
- h/o of DM, pt currently NPO

ID:
- no clinical indication of infectious process

MSK:
- noted above injuries, ortho consulted

Skin and Integument:
- RUE contusion

Proph:
- SCD

BLOCK,ERNEST F 12/10/19 0631:
Attestations

Physician Attestation

Reviewed findings & plan:

The Resident's history was reviewed. The patient was interviewed and examined by me.

HPI: Pt seen and examined in ED. Hx as above he has a femoral fracture from ground level mecahnical fall.

My personal exam reveals. Older male in mild distress, c/o eg pain MOving extremities, LE imited by

I agree with the assessment and care plan, and confirm the diagnosis(es) above.

ASSESSMENT | PLAN:

ORthopaedic consult. Review knee film. we will look at ECG and CXR to assess whether cardiology perop evalution is needed. Medical comorbidities to be managed.

Electronically Signed by Bawany,Sheila MD R3 on 12/10/19 at 0628
Electronically Signed by Block,Ernest F MD on 12/10/19 at 0640

RPT #: 1210-0076
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Cardiology Consultation
REPORT#:1211-0511 REPORT STATUS: Signed
DATE:12/11/19 TIME: 1014

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A419-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Montanez,Maria G
APRN
REP SRV DT: 12/11/19 REP SRV TM: 1014

* ALL edits or amendments must be made on the electronic/computer document *

History of Present Illness

HPI

Requesting Clinician: Dr. Block, Ernest
Reason for consult:
Abnormal ST changes
Chief complaint:
Left hip pain
HPI:
Mr. Ayad is a 69 year old male with a multiple medical conditions including Essential Hypertension, Diabetes Mellitus Type 2, Dyslipidemia, Old CVA with residula left sided weakness on 4/2019. The patient is presents to the hospital with a chief complaints of left hip pain after his fall while walking to the bathroom. Patient speaks little english so translation and medical history was provided by wife and daughter. During the surgery the BP of the patient drop and had ST-T changes in the monitor. EKG today showed Normal sinus rhythm, 83 BPM, Minimal voltage criteria for LVH, Nonspecific ST and T wave abnormality, Prolonged QT. Cardiac enzymes were negative time 2 and the last Troponin was positive 1.59. Therefore, cardiology consultation has been requests for further evaluation and treatment.

History - Adult longitudinal

Past medical history:
Reports: Diabetes mellitus, Hypertension, Dyslipidemia, Ischemic stroke (4/2019).
Past surgical history:
Reports: Hernia repair (Bilateral inguinal), Hip procedure (left hip).
Family history:
Reports: Diabetes (Father).
Alcohol use: Denies EtOH use
Drug use: Denies recreational drugs
Smoking status for patients 13 years old or older: Never Smoker
Medications:
Home Medications:

Medication	Dose/Rte/Freq Max Daily Dose	Days	Qty	Entered	Last Reviewed
glipiZIDE (GLUCOTROL) Strength: 10 MG TAB	10 MG PO AC BK DIN			12/10/19 0436	12/10/19 0438
LISINOPRIL (ZESTRIL) Strength: 40 MG TAB	40 MG PO DAILY			12/10/19 0436	12/10/19 0438
metFORMIN (GLUCOPHAGE) Strength: 1,000 MG TAB	1,000 MG PO C BK DIN			12/10/19 0437	12/10/19 0438
MIRABEGRON (MYRBETRIQ) Strength: 50 MG TAB.ER.24H	50 MG PO DAILY			12/10/19 0437	12/10/19 0438
SERTRALINE (ZOLOFT) Strength: 100 MG TAB	100 MG PO DAILY			12/10/19 0437	12/10/19 0438
TAMSULOSIN (FLOMAX) Strength: 0.4 MG CAP.SR.24H	0.4 MG PO DAILY			12/10/19 0437	12/10/19 0438
LINAGLIPTIN (TRADJENTA) Strength: 5 MG TAB	5 MG PO DAILY			12/10/19 0437	12/10/19 0438
CHOLECALCIFEROL (VITAMIN D3) Strength: 1,000 UNITS CAP	1,000 UNITS PO DAILY			12/10/19 0438	12/10/19 0438
ATORVASTATIN (LIPITOR) Strength: 80 MG TAB	80 MG PO BEDTIME			12/10/19 0438	12/10/19 0438

Current Hospital Medications:

Anti-Infective Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Cefazolin Sodium (ANCEF*,KEFZOL* 1 GRAM VIAL, ceFAZolin NA)	0	.STK-MED ONE .ROUTE	12/10 1056	DC	

Antihistamine Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Diphenhydramine HCl (BENADRYL* 50 MG/ML 1ML INJ, diphenhydrAMINE)	25 MG	Q6H PRN PRN IV	12/10 0532 01/09 0533	AC	

Autonomic Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Methocarbamol	750 MG	TID	12/11 1400	AC	

(ROBAXIN* 500 MG TAB, METHOCARBAMOL)		PO	01/10 1401		
Tamsulosin HCl (FLOMAX* 0.4 MG CAP SR, TAMSULOSIN HCL)	0.4 MG	DAILY PO	12/11 1000 01/10 1001	AC	12/11 0810
Ephedrine (EPHEDRINE INJ 50 MG/ ML 1 ML)	0	.STK-MED ONE .ROUTE	12/10 1704	DC	
Glycopyrrolate (ROBINUL* 1 MG/5 ML MDV, GLYCOPYRROLATE)	0	.STK-MED ONE INJ	12/10 1648	DC	
Neostigmine Bromide (NEOSTIGMINE 1:1000 INJ 10 MG/10 ML)	0	.STK-MED ONE .ROUTE	12/10 1648	DC	
Ephedrine (EPHEDRINE INJ 50 MG/ ML 1 ML)	0	.STK-MED ONE .ROUTE	12/10 1543	DC	
Phenylephrine HCl (NEOSYNEPHRINE* 10mg/ 1ml 1ml INJ,PHENYLEPHRINE)	0	.STK-MED ONE .ROUTE	12/10 1535	DC	
Rocuronium Bromide (ZEMURON* 10 MG/ML 5 ML INJ, ROCURONIUM BROMID)	0	.STK-MED ONE IV	12/10 1316	DC	
Methocarbamol (ROBAXIN* 100 MG/ML 10 ML INJ, METHOCARBAMOL)	1 GRAM	Q6H PRN PRN IV	12/10 0536 12/13 0537	DC	12/11 0809

Blood Derivatives

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Albumin Human (ALBUMIN (HUMAN) 5% 12.5 GRAM/250 ML INJ)	250 ML	.STK-MED ONE IV	12/10 1654	DC	

Blood Formation,Coagulation &

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Enoxaparin Sodium (LOVENOX* 30 MG/0.3 ML INJ SYR,	30 MG	BID SUBQ	12/10 2200 01/09 2201	AC	12/11 0810

ENOXAPARIN NA)					

Cardiovascular Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Lisinopril (PRINIVIL*,ZESTRIL* 20 MG TAB, LISINOPRIL)	40 MG	DAILY PO	12/11 1000 01/10 1001	DA	12/11 0826
Atorvastatin Calcium (LIPITOR* 40 MG TAB, ATORVASTATIN CALCIUM)	80 MG	BEDTIME PO	12/10 2200 01/09 2201	AC	12/11 0035
Esmolol HCl (BREVIBLOC* 10 MG/ML 10 ML INJ, ESMOLOL HCL)	0	.STK-MED ONE IV	12/10 1613	DC	
Lidocaine (XYLOCAINE-MPF 2%, 100 MG/5 ML, LIDOCAINE-MPF)	0	.STK-MED ONE .ROUTE	12/10 1316	DC	

Central Nervous System Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Tramadol HCl (ULTRAM* 50 MG TAB, traMADol)	50 MG	Q6HR PO	12/11 1200 12/18 1201	AC	
Sertraline HCl (ZOLOFT* 50 MG TAB, SERTRALINE HCL)	100 MG	DAILY PO	12/11 1000 01/10 1001	AC	12/11 0810
Gabapentin (NEURONTIN* 300 MG CAP, GABAPENTIN)	300 MG	Q8H PRN PO	12/11 0930 01/10 0922	AC	
Magnesium Sulfate (MAGNESIUM SULFATE 4 GM/100 ML PREMIX)	100 ML	ASDIR PRN IV	12/11 0915 01/10 0916	AC	
Magnesium Sulfate (MAGNESIUM SULFATE 2 GM PREMIX)	50 ML	PROTOCOL PRN IV	12/11 0815 01/10 0816	CKD	
Magnesium Sulfate (MAGNESIUM SULFATE 2 GM PREMIX)	50 ML	PROTOCOL PRN IV	12/11 0618 01/10 0619	DC	
Gabapentin	300 MG	Q8H PRN PRN	12/11 0315	DC	

(NEURONTIN* 300 MG CAP, GABAPENTIN)		PO	01/10 0309		
Aspirin (ASPIRIN CHEWABLE 81 MG TABLET)	81 MG	DAILY PO	12/10 1800 01/09 1801	AC	12/11 0810
Fentanyl (FENTANYL INJ 50 MCG/ ML 2 ML, fentaNYL)	50 MCG	Q5M PRN PRN IV	12/10 1732 12/10 2332	DC	
Hydromorphone HCl (DILAUDID* 1 MG/ML VIAL INJ, HYDROmorphone)	0.5 MG	Q5M PRN PRN IV	12/10 1732 12/10 2332	DC	12/10 1900
Fentanyl (FENTANYL INJ 50 MCG/ ML 2 ML, fentaNYL)	0	.STK-MED ONE .ROUTE	12/10 1651	DC	
Fentanyl (FENTANYL INJ 50 MCG/ ML 2 ML, fentaNYL)	0	.STK-MED ONE .ROUTE	12/10 1538	DC	
Propofol (DIPRIVAN* 10 MG/ML 20 ML INJ, PROPOFOL)	20 ML	.STK-MED ONE IV	12/10 1316	DC	
Fentanyl (FENTANYL INJ 50 MCG/ ML 2 ML, fentaNYL)	0	.STK-MED ONE .ROUTE	12/10 1315	DC	
Ketorolac Tromethamine (TORADOL* 15MG/ML SYRINGE INJ, KETOROLAC TROME)	15 MG	Q6HR IV	12/10 1208 12/11 1801	DC	12/11 0609
Acetaminophen (TYLENOL* 500 MG TAB, ACETAMINOPHEN E.S.)	1,000 MG	TID PRN PRN PO	12/10 1206 01/09 1207	AC	
Morphine Sulfate (morPHINE 2 MG SYR INJ, morPHINE SULFATE)	2 MG	Q4H PRN PRN IV	12/10 1205 12/17 1206	AC	12/11 0809
Gabapentin (NEURONTIN* 300 MG CAP, GABAPENTIN)	300 MG	TID PO	12/10 0600 01/09 0601	DC	12/11 0005
Acetaminophen (ACETAMINOPHEN 325 MG TAB,TYLENOL*)	650 MG	Q4H PRN PRN PO	12/10 0532 01/09 0533	DC	

Morphine Sulfate (morPHINE 2 MG SYR INJ, morPHINE SULFATE)	1 MG	Q2H PRN PRN IV	12/10 0532 12/17 0533	DC	12/10 0809

Electrolytic, Caloric, And Wat

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Dextrose (DEXTROSE 50% INJ 25 GRAM/50 ML SYRINGE)	See Dose Insts (1)	ASDIR PRN IV	12/11 0534 01/10 0535	AC	
Potassium Chloride Lactated Ringer's (LACTATED RINGERS 1000 ML BAG)	1,000 ML	PACU IV	12/10 1732 12/10 2332	DC	
Sodium Chloride (NACL 0.9% 1000 ML BAG)	1,000 ML	.Q13H20M IV	12/10 0615 01/09 0616	DC	12/11 0007

Eye, Ear, Nose And Throat (Een

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Dexamethasone (DECADRON* 4 MG/ML 1 ML INJ, DEXAMETHASONE)	0	.STK-MED ONE .ROUTE	12/10 1552	DC	

Gastrointestinal Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Ondansetron HCl (ZOFRAN* 4 MG/2 ML SDV INJ, ONDANSETRON HCL)	4 MG	PACU PRN IV	12/10 1732 12/10 2332	DC	
Ondansetron HCl (ZOFRAN* 4 MG/2 ML SDV INJ, ONDANSETRON HCL)	0	.STK-MED ONE .ROUTE	12/10 1552	DC	
Polyethylene Glycol (MIRALAX* 17 GM PKT, POLYETHYLENE GLYCOL)	17 GRAM	DAILY PO	12/10 1000 01/09 1001	CKD	12/11 0809
Ondansetron HCl (ZOFRAN* 4 MG/2 ML	4 MG	Q6H PRN PRN IV	12/10 0532 01/09 0533	AC	

SDV INJ, ONDANSETRON HCL)					

Hormones And Synthetic Substit

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Insulin Human Lispro (HUMALOG* 100 UNITS/ 1 ML, INSULIN LISPRO)	See Dose Insts (2)	C MEALS HS SUBQ	12/11 0730 01/10 0731	AC	12/11 0809
Glucagon (GLUCAGON INJ 1 MG)	1 MG	ASDIR PRN SUBQ	12/11 0534 01/10 0535	AC	

Skin And Mucous Membrane Agent

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Mupirocin (BACTROBAN* 2% OINT 22 GRAM TUBE, MUPIROCIN)	1 APPLIC	BID NASAL	12/11 1000 12/15 2201	AC	

Other

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Miscellaneous (PATIENT #1 BIN PYXIS TOWER)	1 EA	ASDIR PRN MISC	12/10 0600 12/04 0601	AC	
Miscellaneous (PATIENT SPECIFIC BIN FOR RT MEDS)	1 EA	ASDIR PRN MISC	12/10 0600 01/09 0601	AC	
Miscellaneous (KEY FOR NARCOTIC INFUSION LOCK BOX (IV POLE))	1 EACH	PRN PRN MISC	12/10 0600 01/09 0601	AC	
Miscellaneous Information (ADMIT SET ENTERED)	1	PRN PRN MISC	12/10 0600 12/04 0601	AC	
Miscellaneous Medication (PRESCRIPTION ORMC (UNCONTROLLED))	1	ASDIR PRN MISC	12/10 0600 12/04 0601	AC	
Sodium Chloride (SODIUM CHLORIDE 0.9% 10 ML FLUSH	See Dose Insts (3)	PRN PRN IV	12/10 0600 12/04 0601	AC	

SYRINGE)

Dose Instructions:
(1)Dextrose (DEXTROSE 50% INJ 25 GRAM/50 ML SYRINGE):
Glucose < 70 = 25 mL
Glucose < 60 = 50 mL
(2)Insulin Human Lispro (HUMALOG* 100 UNITS/1 ML, INSULIN LISPRO):
LOW SLIDING SCALE:
-
BS 110-150 =2 UNITS
BS 151-200 =4 UNITS
BS 201-250 =6 UNITS
BS 251-300 =8 UNITS
BS 301-350 =10 UNIT
BS 351-400 =12 UNIT
BS < 60 OR > 400 =
CALL MD
(3)Sodium Chloride (SODIUM CHLORIDE 0.9% 10 ML FLUSH SYRINGE):
SALINE FLUSH PER
UNIT PROTOCOL

Allergies:
Coded Allergies:
No Known Allergies (12/10/19)

Review of Systems

Constitutional:
Denies: chills, fatigue, fever, generalized weakness, lethargy, malaise.
Skin:
Denies: abrasion, bruising, contusion, diaphoresis, ecchymosis, itching, laceration, rash, swelling.
Respiratory:
Denies: DOE (dyspnea on exertion), non productive cough, parox nocturnal dyspnea, SOB, wheezing.
Cardiovascular:
Denies: chest pain, dyspnea on exertion, edema, orthopnea, palpitations.
GI:
Denies: abdominal pain, constipation, diarrhea, nausea, vomiting.
Musculoskeletal:
joint pain (left hip and left knee). Denies: lumbar pain, myalgias, neck pain, thoracic pain.

Endocrine:
Denies: polydipsia, polyphagia, polyuria.
Neuro:
Denies: bladder dysfunction, bowel dysfunction, confusion, dizziness, headache, lightheaded, numbness, seizure, syncope.
Psych:
Denies: agitation, anxiety, confusion, hostile.

Objective

Physical Exam
VS/I&O:
Vital Signs:

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
12/11 0814						97	Nasal cannula	2.000000	28
12/11 0600		82	19	116/62	83	98			
12/11 0530		83	19			98			
12/11 0500		80	18	120/62	86	98			
12/11 0430		85	19			98			
12/11 0410	37.1								
12/11 0400		84	18	116/60	82	98			
12/11 0330		85	17			98			
12/11 0300		85	18	109/59	78	98			
12/11 0230		88	17			98			
12/11 0200		90	18	109/59	78	98			
12/11 0130		93	18			96			
12/11 0124		92	17			96			
12/11 0110		94	18			97			
12/11 0100		93	18	108/58	77	97			
12/11 0040		93	20			98			
12/11 0026							Nasal cannula	2.000000	
12/11 0010		97	20			97			
12/11 0000	37.2								
12/11 0000		104	21	107/68	81	97			
12/10 2340		103	21			98			
12/10 2310		102	26			98			
12/10 2301	37.0	107	19	114/66		97	Nasal cannula	3.000000	
12/10 1851							Non	15.000000	

							rebreather mask		
12/10 1730	37.0	130	19	99/45		98	Nasal cannula	3.000000	

24 hour I&O ending at 0700:

	12/11 0700	12/10 1900
Intake Total	700.00	
Output Total	900	
Balance	-200.00	
Intake, IV	600.00	
Intake, Oral	100	
Output, Urine	900	
Patient Weight	72.5 kg	63.63 kg
Weight Measurement Method	Bed scale	Stated/Reported

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72.500

General appearance: alert, awake, oriented, no acute distress, pleasant, conversational

Results
Findings/Data:
Laboratory Tests

	12/11 0430	12/10 1740
Chemistry		
Sodium (136 - 145 mmol/L)	143	141
Potassium (3.7 - 5.1 mmol/l)	3.8	3.6 L
Chloride (98 - 107 mmol/L)	115 H	114 H
Carbon Dioxide (21 - 32 mmol/l)	21	18 L
Anion Gap	10.8	12.6
BUN (7 - 18 mg/dl)	19 H	14
Creatinine (0.55 - 1.3 mg/dl)	0.91	0.73
Estimated GFR mL/min	> 60	> 60
BUN/Creatinine Ratio	21	19

Glucose (74 - 106 mg/dl)	232 H	174 H
Calcium (8.4 - 10.1 mg/dl)	7.5 L	7.2 L
Phosphorus (2.5 - 4.9 mg/dL)	3.5	3.7
Magnesium (1.8 - 2.5 mg/dL)	1.3 L	1.3 L
Troponin I (= <0.05 ng/mL)	1.59 *H	0.02

Laboratory Tests

	12/11 0430
Hematology	
WBC (4.0 - 12.0 K/mm3)	10.47
RBC (4.6 - 6.0 M/mm3)	3.27 L
Hgb (14.0 - 18.0 gm/dL)	9.2 L
Hct (42.0 - 52.0 %)	27.6 L
MCV (80.0 - 100.0 fL)	84.4
MCH (27.0 - 31.0 pg)	28.1
MCHC (32 - 37.5 g/dL)	33.3
RDW (12.0 - 14.0 %)	15.7 H
Plt Count (130 - 400 K/mm3)	114 L
MPV (7.0 - 10.0 fL)	11.2 H
Immature Gran % (0 - 0.22 %)	0
Neutrophils % (38.0 - 74.0 %)	73.3
Lymphocytes % (20 - 45 %)	10.2 L
Monocytes % (3 - 10 %)	14.0 H
Eosinophils % (0 - 4 %)	2.1
Basophils % (0 - 2.0 %)	0.2
Nucleated RBC % (%)	0.0
Immature Granulocytes (0.0 - 0.1 K/mm3)	0.0
Neutrophils # (K/mm3)	7.7
Lymphocytes # (K/mm3)	1.1
Monocytes # (K/mm3)	1.5
Eosinophils # (K/mm3)	0.2
Basophils # (K/mm3)	0.0
Nucleated RBCs #	0

Laboratory Tests

	12/11 0430	12/10 1740
Chemistry		
Magnesium (1.8 - 2.5 mg/dL)	1.3 L	1.3 L
Troponin I (= <0.05 ng/mL)	1.59 *H	0.02

Radiology Data:
Recent Impressions:
RADIOLOGY - XR CHEST 1 V 12/10 1917
*** Report Impression - Status: SIGNED Entered: 12/10/2019 1924

IMPRESSION:
No radiographic evidence of acute cardiopulmonary process.

Impression By: PHSAMBA - BASSEM SAMAAN, M.D.

Telemetry Interpretation:
Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Nonspecific ST and T wave abnormality
Prolonged QT
Abnormal ECG
Vent. Rate : 083 BPM Atrial Rate : 083 BPM
P-R Int : 190 ms QRS Dur : 092 ms
QT Int : 458 ms P-R-T Axes : 066 039 103 degrees
QTc Int : 538 ms

Confirmed by Barrett MD, Robert (24050) on 12/10/2019 11:54:05 AM

Referred By: SELF REFERRED Confirmed By:Robert Barrett MD

Diagnosis, Assessment & Plan
Problem List/A&P:
1. Fracture, proximal femur

Orders:
IMPRESSION:

* Abnormal EKG
* Elevated Troponin - negative x 2 then 1.59
* Mildly displaced left proximal femoral fracture
  - S/P12/10 Left open hip reduction and internal fixation (Mezzonate)
* Essential Hypertension
* Diabetes Mellitus Type 2
* Dyslipidemia
* Old CVA with residula left sided weakness on 4/2019

Patient's history and physical exam findings were discussed with Dr. S. Din and the following plan and orders were formulated accordingly.

PLAN:

* EKG today
* CT scan head w/o contrast
* Cardiac enzyme x 2 q 8 hrs
* Discontinue Lisinpril 40 mg start Lisinopril 10 mg daily
* Add Metoprolol 25 mg bid
* Possible Left Heart Cath to assess underlying coronary ischemia on Friday after clear by Orthopedic
* Echocardiogram 2-D and doppler to assess Left Ventricular systolic function, wall motion abnormality, and valvular dysfunction
* Optimize blood pressure control.
* Lipid profile for further risk stratification.
* Continue with telemetry monitoring.
* Further recommendations following above test results and patient's clinical course.

Thank you for allowing us to participate in patient's care.
Plan discussed with: patient, spouse/partner, daughter

Electronically Signed by Montanez,Maria G APRN on 12/11/19 at 1151
Electronically Signed by Din,Salah U MD on 12/19/19 at 2307

RPT #: 1211-0511
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Cardiology Progress Note
REPORT#:1216-1301 REPORT STATUS: Signed
DATE:12/16/19 TIME: 2031

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A419-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Din,Salah U MD
REP SRV DT: 12/16/19 REP SRV TM: 2031

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Patient reports:
Yes: fatigue. No: chest pain, shortness of breath.

Objective

General

VS/I&O:
24 hour I&O ending at 0700:

	12/16 0700	12/15 1900
Intake Total	60	720
Output Total	700	
Balance	-640	720
Intake, Oral	60	
Intake, Oral Supplement		720
Number Bowel Movements	0	
Output, Urine	700	

Vital Signs:

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
12/16 1924	38.1	94	16	136/75	95.3	95			
12/16 1247	37.6	96	20	130/66	87.3	91			
12/16 0745	36.2	82	16	110/60	76	94	Nasal cannula		
12/16 0349	37.0	84	18	106/63	77.4	95	Room air		
12/15 2337	36.9	83	18	109/56	0.0	95	Room air		

Patient Weight

Weight (lb): 159

Weight (oz): 13.36
Weight (kg): 72 500

Medications:
Active Meds + DC'd Last 24 Hrs
Ferrous Sulfate 325 MG DAILY PO
Lisinopril 5 MG DAILY PO (DC)
Carvedilol 6.25 MG C BK PO
Gabapentin 200 MG Q8H PRN PRN PO
Tramadol HCl 50 MG Q6H PRN PRN PO
Heparin Sodium (Porcine) 5,000 UNITS Q8HR SUBQ (CKD)
Ascorbic Acid 2,000 MG DAILY PO (CKD)
Cholecalciferol 2,000 UNIT DAILY PO (CKD)
Ferrous Sulfate 325 MG BID PO (DC)
Methocarbamol 750 MG TID PO
Mupirocin 1 APPLIC BID NASAL (DC)
Sertraline HCl 100 MG DAILY PO
Tamsulosin HCl 0.4 MG DAILY PO (DC)
Magnesium Sulfate 100 ML ASDIR PRN IV
Magnesium Sulfate 50 ML PROTOCOL PRN IV (CKD)
Insulin Human Lispro LOW SLIDING SCALE:
-
BS 110-150 = 2 UNITS
BS 151-200 = 4 UNITS
BS 201-250 = 6 UNITS
BS 251-300 = 8 UNITS
BS 301-350 = 10 UNIT
BS 351-400 = 12 UNIT
BS < 60 OR > 400 =
CALL MD
C MEALS HS SUBQ
Dextrose Glucose < 70 = 25 mL
Glucose < 60 = 50 mL
ASDIR PRN IV
Glucagon 1 MG ASDIR PRN SUBQ
Atorvastatin Calcium 80 MG BEDTIME PO
Aspirin 81 MG DAILY PO
Acetaminophen 1,000 MG TID PRN PRN PO
Polyethylene Glycol 17 GRAM DAILY PO (CKD)
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EACH PRN PRN MISC
Miscellaneous Information 1 PRN PRN MISC

Miscellaneous Medication 1 ASDIR PRN MISC
Sodium Chloride SALINE FLUSH PER
UNIT PROTOCOL
PRN PRN IV
Diphenhydramine HCl 25 MG Q6H PRN PRN IV
Ondansetron HCl 4 MG Q6H PRN PRN IV

Physical Exam

General appearance: alert, awake, oriented, no acute distress
Head/Eyes: atraumatic, normocephalic
Neck: supple/no meningismus, no bruit/NL carotids, no JVD
Cardiovascular:
CV assessment: regular rate and rhythm, normal heart sounds, pedal pulses present
Respiratory: clear to auscultation, no distress
Abdomen: soft, non-tender, normal bowel sounds
Upper extremity:
UE assessment: normal temperature, no cyanosis, no edema
Lower extremity:
LE assessment: normal temperature, no cyanosis, no edema, 2+ pedal pulse
Neuro/CNS: alert, oriented X 3
Skin: dry, intact
Psychiatry: normal affect, normal mood

Results

Findings/Data:
Laboratory Tests

	12/16 2024	12/16 1737	12/16 1234	12/16 0535	12/16 0505
Chemistry					
Sodium (136 - 145 mmol/L)					137
Potassium (3.7 - 5.1 mmol/l)					3.6 L
Chloride (98 - 107 mmol/L)					107
Carbon Dioxide (21 - 32 mmol/l)					22
Anion Gap					11.6
BUN (7 - 18 mg/dl)					16
Creatinine (0.55 - 1.3 mg/dl)					0.66
Estimated GFR mL/min					> 60
BUN/Creatinine Ratio					24
Glucose (74 - 106 mg/dl)					170 H
POC Glucose (70 - 110 mg/dL)	267 H	203 H	211 H	162 H	

Calcium (8.4 - 10.1 mg/dl)	8.1 L
C-Reactive Protein (0.290 - 19.000 mg/dl)	11.300
Prealbumin (20 - 40 mg/dL)	6.7 L

	12/15 2105
Chemistry	
POC Glucose (70 - 110 mg/dL)	202 H

Laboratory Tests

	12/16 0505
Hematology	
WBC (4.0 - 12.0 K/mm3)	8.46
RBC (4.6 - 6.0 M/mm3)	2.71 L
Hgb (14.0 - 18.0 gm/dl)	7.9 L
Hct (42.0 - 52.0 %)	23.0 L
MCV (80.0 - 100.0 fL)	84.9
MCH (27.0 - 31.0 pg)	29.2
MCHC (32 - 37.5 g/dL)	34.3
RDW (12.0 - 14.0 %)	15.3 H
Plt Count (130 - 400 K/mm3)	156
MPV (7.0 - 10.0 fL)	9.6

Diagnosis, Assessment & Plan

Free Text DxA&P Notes

Free Text DxA&P Notes:

Diagnosis, Assessment & Plan

Problem List/A&P:

1. Fracture, proximal femur

Orders:

IMPRESSION:

* Abnormal EKG
* Elevated Troponin - negative x 2 then 1.59
* Mildly displaced left proximal femoral fracture
    - S/P12/10 Left open hip reduction and internal fixation (Mezzonate)

* Essential Hypertension
* Diabetes Mellitus Type 2
* Dyslipidemia
* Old CVA with residula left sided weakness on 4/201

Plan
- S/P NSTEMI

Patie was transfused 3 units of packed red blood cells
Feeling okay and no chest pain or shortness of breath
Continue to monitor blood pressure and rhythm
Discussed with the patient and his family at length at the bedside and at this point would continue to manage him medically and no invasive procedure since patient clinically seems to be stable and asymptomatic until he recovers completely
Would dc metoprolol and Start Coreg 6.25 BID
Increase ambulation with PT
For transfer to Rehab tomorrow
Continue medical therapy
F/U in office
Discussed with pt and his family at the bedside

Electronically Signed by Din,Salah U MD on 12/16/19 at 2036

RPT #: 1216-1301
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Cardiology Progress Note
REPORT#:1215-1208 REPORT STATUS: Signed
DATE:12/15/19 TIME: 2223

PATIENT: AYAD,AZIZ
ACCOUNT#: N00101730890
AGE: 69 SEX: M
ADM DT: 12/10/19
REP SRV DT: 12/15/19

UNIT #: N000880775
ROOM/BED: N.A419-1
ATTEND: Block,Ernest F MD
AUTHOR: Din,Salah U MD
REP SRV TM: 2223

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Patient reports:
Yes: fatigue. No: chest pain, shortness of breath.

Objective

General

VS/I&O:
24 hour I&O ending at 0700:

	12/15 0700	12/14 1900
Intake Total	350	840
Output Total	450	370
Balance	-100	470
Intake, Oral	350	840
Number Bowel Movements		1
Number Incontinent Voids		2
Output, Urine	450	370

Vital Signs:

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
12/15 1924	38.2	88	16	108/61	76.5	97	Room air		
12/15 1531	36.8	85	20	124/68	86.8	93			
12/15 1108	36.8	82	20	129/70	89.9	95			
12/15 0554						94			
12/15 0553	37.3	92	18	131/71	91.2	93	Room air		
12/14 2341	37.5	97	18	127/67	86.6	98	Room air		

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72.500

Medications:

Active Meds + DC'd Last 24 Hrs
Cyanocobalamin 1,000 MCG ONCE ONE IM (DC)
Lisinopril 5 MG DAILY PO
Carvedilol 6.25 MG C BK PO
Gabapentin 200 MG Q8H PRN PRN PO
Tramadol HCl 50 MG Q6H PRN PRN PO
Heparin Sodium (Porcine) 5,000 UNITS Q8HR SUBQ (CKD)
Ascorbic Acid 2,000 MG DAILY PO (CKD)
Cholecalciferol 2,000 UNIT DAILY PO (CKD)
Ferrous Sulfate 325 MG BID PO
Methocarbamol 750 MG TID PO
Mupirocin 1 APPLIC BID NASAL (DC)
Sertraline HCl 100 MG DAILY PO
Tamsulosin HCl 0.4 MG DAILY PO
Magnesium Sulfate 100 ML ASDIR PRN IV
Magnesium Sulfate 50 ML PROTOCOL PRN IV (CKD)
Insulin Human Lispro LOW SLIDING SCALE:
-
BS 110-150 = 2 UNITS
BS 151-200 = 4 UNITS
BS 201-250 = 6 UNITS
BS 251-300 = 8 UNITS
BS 301-350 = 10 UNIT
BS 351-400 = 12 UNIT
BS < 60 OR > 400 =
CALL MD
C MEALS HS SUBQ
Dextrose Glucose < 70 = 25 mL
Glucose < 60 = 50 mL
ASDIR PRN IV
Glucagon 1 MG ASDIR PRN SUBQ
Atorvastatin Calcium 80 MG BEDTIME PO
Aspirin 81 MG DAILY PO
Acetaminophen 1,000 MG TID PRN PRN PO
Polyethylene Glycol 17 GRAM DAILY PO (CKD)
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EACH PRN PRN MISC

Miscellaneous Information 1 PRN PRN MISC
Miscellaneous Medication 1 ASDIR PRN MISC
Sodium Chloride SALINE FLUSH PER
UNIT PROTOCOL
PRN PRN IV
Diphenhydramine HCl 25 MG Q6H PRN PRN IV
Ondansetron HCl 4 MG Q6H PRN PRN IV

Physical Exam

General appearance: alert, awake, oriented, no acute distress
Head/Eyes: atraumatic, normocephalic
Neck: supple/no meningismus, no bruit/NL carotids, no JVD
Cardiovascular:
CV assessment: regular rate and rhythm, normal heart sounds, pedal pulses present
Respiratory: clear to auscultation, no distress
Abdomen: soft, non-tender, normal bowel sounds
Upper extremity:
UE assessment: normal temperature, no cyanosis, no edema
Lower extremity:
LE assessment: normal temperature, no cyanosis, no edema, 2+ pedal pulse
Neuro/CNS: alert, oriented X 3
Skin: dry, intact
Psychiatry: normal affect, normal mood

Results

Findings/Data:
Laboratory Tests

	12/15 2105	12/15 1729	12/15 1249	12/15 0506
Chemistry				
POC Glucose (70 - 110 mg/dL)	202 H	262 H	187 H	144 H

Radiology data:
Recent Impressions:
ULTRASOUND - DUP AB PEL SC COMP 12/15 1219
*** Report Impression - Status: SIGNED Entered: 12/15/2019 1330

IMPRESSION:
No sonographic evidence of testicular torsion.

Small bilateral hydroceles.

Subcentimeter bilateral epididymal cysts, as described above.

Impression By: PHY.HURAL - HURTADO, ALFREDO, M.D.
ULTRASOUND - US SCROTUM AND CONTENTS 12/15 1219
*** Report Impression - Status: SIGNED Entered: 12/15/2019 1330

IMPRESSION:
No sonographic evidence of testicular torsion.

Small bilateral hydroceles.

Subcentimeter bilateral epididymal cysts, as described above.

Impression By: PHY.HURAL - HURTADO, ALFREDO, M.D.
RADIOLOGY - XR CHEST 1 V 12/15 1239
*** Report Impression - Status: SIGNED Entered: 12/15/2019 1340

IMPRESSION:
No acute pulmonary disease identified.

Impression By: PHY.HURAL - HURTADO, ALFREDO, M.D.

Diagnosis, Assessment & Plan

Free Text DxA&P Notes
Free Text DxA&P Notes:
Diagnosis, Assessment & Plan
Problem List/A&P:
1. Fracture, proximal femur

Orders:
IMPRESSION:

* Abnormal EKG
* Elevated Troponin - negative x 2 then 1.59
* Mildly displaced left proximal femoral fracture

- S/P12/10 Left open hip reduction and internal fixation (Mezzonate)

* Essential Hypertension
* Diabetes Mellitus Type 2
* Dyslipidemia
* Old CVA with residula left sided weakness on 4/201

Plan
- S/P NSTEMI
Patie was transfused 3 units of packed red blood cells
Feeling okay and no chest pain or shortness of breath
Continue to monitor blood pressure and rhythm
Discussed with the patient and his family at length at the bedside and at this point would continue to manage him medically and no invasive procedure since patient clinically seems to be stable and asymptomatic until he recovers completely
Would dc metoprolol and Start Coreg 6.25 BID
Increase ambulation with PT
Continue medical therapy
Discussed with pt and his family and the nursing staff

Electronically Signed by Din,Salah U MD on 12/15/19 at 2227

RPT #: 1215-1208
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCCS)
Cardiology Progress Note
REPORT#:1214-1183 REPORT STATUS: Signed
DATE:12/14/19 TIME: 2053

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A419-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Din,Salah U MD
REP SRV DT: 12/14/19 REP SRV TM: 2053

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Patient reports:

Yes: fatigue. No: chest pain, shortness of breath.

Objective

General

VS/I&O:

24 hour I&O ending at 0700:

	12/14 0700	12/13 1900
Intake Total	200	1400
Output Total	650	440
Balance	-450	960
Intake, Oral	200	900
Intake, Oral Supplement		500
Number	1	
Incontinent Voids		
Output, Urine	650	440

Vital Signs:

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
12/14 2037	37.6	92	18	132/75	93.9	92			
12/14 2000	37.3						Room air		
12/14 1900		95	27	127/63	89	96			
12/14 1800		87	25	117/57	80	95			
12/14 1700		84	25	111/58	81	95			
12/14 1605		81	25	124/60	86	99			
12/14 1600	37.1								
12/14 1559		78	25			97			
12/14 1500		80	26	113/56	78	97			
12/14 1400		81	26	113/60	81	97			

12/14 1300		79	26	108/60	78	95			
12/14 1200	36.9								
12/14 1200		81	28	105/64	81	97			
12/14 1100		82	25	118/59	83	95			
12/14 1000		79	24	102/57	73	94			
12/14 0900		82	26	102/58	73	94			
12/14 0800	37.3								
12/14 0800		100	25	107/56	75	95			
12/14 0700		91	23	121/61	85	96			
12/14 0648		90	24			95			
12/14 0600		83	20	120/74	92	97			
12/14 0500		81	22	107/59	76	94			
12/14 0431		81	23			94			
12/14 0400	37.2								
12/14 0400		81	22	106/57	76	93			
12/14 0300		83	22	101/59	76	92			
12/14 0200		81	23	102/59	75	94			
12/14 0100		83	24	100/56	72	92			
12/14 0000	37.3								
12/14 0000		87	25	94/53	67	93			
12/13 2300		87	29	124/66	89	95			
12/13 2258		87	28			95			
12/13 2200	37.9								
12/13 2200		92	29	114/62	83	93			
12/13 2100		89	28	115/60	81	93			

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72.500

Medications:

Active Meds + DC'd Last 24 Hrs
Lisinopril 5 MG DAILY PO
Carvedilol 6.25 MG C BK PO
Gabapentin 200 MG Q8H PRN PRN PO
Tramadol HCl 50 MG Q6H PRN PRN PO
Heparin Sodium (Porcine) 5,000 UNITS Q8HR SUBQ (CKD)
Ascorbic Acid 2,000 MG DAILY PO (CKD)
Cholecalciferol 2,000 UNIT DAILY PO (CKD)
Ferrous Sulfate 325 MG BID PO
Methocarbamol 750 MG TID PO

Mupirocin 1 APPLIC BID NASAL
Sertraline HCl 100 MG DAILY PO
Tamsulosin HCl 0.4 MG DAILY PO
Magnesium Sulfate 100 ML ASDIR PRN IV
Magnesium Sulfate 50 ML PROTOCOL PRN IV (CKD)
Insulin Human Lispro LOW SLIDING SCALE:
-
BS 110-150 =2 UNITS
BS 151-200 =4 UNITS
BS 201-250 =6 UNITS
BS 251-300 =8 UNITS
BS 301-350 =10 UNIT
BS 351-400 =12 UNIT
BS < 60 OR > 400 =
CALL MD
C MEALS HS SUBQ
Dextrose Glucose < 70 = 25 mL
Glucose < 60 = 50 mL
ASDIR PRN IV
Glucagon 1 MG ASDIR PRN SUBQ
Atorvastatin Calcium 80 MG BEDTIME PO
Aspirin 81 MG DAILY PO
Acetaminophen 1,000 MG TID PRN PRN PO
Polyethylene Glycol 17 GRAM DAILY PO (CKD)
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EACH PRN PRN MISC
Miscellaneous Information 1 PRN PRN MISC
Miscellaneous Medication 1 ASDIR PRN MISC
Sodium Chloride SALINE FLUSH PER
UNIT PROTOCOL
PRN PRN IV
Diphenhydramine HCl 25 MG Q6H PRN PRN IV
Ondansetron HCl 4 MG Q6H PRN PRN IV

Physical Exam

General appearance: alert, awake, oriented, no acute distress
Head/Eyes: atraumatic, normocephalic
Neck: supple/no meningismus, no bruit/NL carotids, no JVD
Cardiovascular:

CV assessment: regular rate and rhythm, normal heart sounds, pedal pulses present
Respiratory: clear to auscultation, no distress
Abdomen: soft, non-tender, normal bowel sounds
Upper extremity:
UE assessment: normal temperature, no cyanosis, no edema
Lower extremity:
LE assessment: normal temperature, no cyanosis, no edema, 2+ pedal pulse
Neuro/CNS: alert, oriented X 3
Skin: dry, intact
Psychiatry: normal affect, normal mood

Results

Findings/Data:

Laboratory Tests

	12/14 1714	12/14 1134	12/14 0739	12/14 0545	12/13 2202
Chemistry					
Sodium (136 - 145 mmol/L)				134 L	
Potassium (3.7 - 5.1 mmol/l)				3.7	
Chloride (98 - 107 mmol/L)				106	
Carbon Dioxide (21 - 32 mmol/l)				23	
Anion Gap				8.7	
BUN (7 - 18 mg/dl)				28 H	
Creatinine (0.55 - 1.3 mg/dl)				0.72	
Estimated GFR mL/min				> 60	
BUN/Creatinine Ratio				39	
Glucose (74 - 106 mg/dl)				128 H	
POC Glucose (70 - 110 mg/dL)	201 H	204 H	205 H		154 H
Calcium (8.4 - 10.1 mg/dl)				8.0 L	
Phosphorus (2.5 - 4.9 mg/dL)				2.7	
Magnesium (1.8 - 2.5 mg/dL)				2.0	

Laboratory Tests

	12/14 0545
Hematology	
WBC (4.0 - 12.0 K/mm3)	8.55
RBC (4.6 - 6.0 M/mm3)	2.73 L
Hgb (14.0 - 18.0 gm/dL)	7.9 L
Hct (42.0 - 52.0 %)	22.9 L
MCV (80.0 - 100.0 fL)	83.9
MCH (27.0 - 31.0 pg)	28.9

MCHC (32 - 37.5 g/dL)	34.5
RDW (12.0 - 14.0 %)	15.4 H
Plt Count (130 - 400 K/mm3)	126 L
MPV (7.0 - 10.0 fL)	9.9
Add Manual Diff	ACCEPT AUTO DIFF
Immature Gran % (0 - 0.22 %)	0
Neutrophils % (38.0 - 74.0 %)	56.5
Lymphocytes % (20 - 45 %)	24.4
Monocytes % (3 - 10 %)	17.5 H
Eosinophils % (0 - 4 %)	0.8
Basophils % (0 - 2.0 %)	0.4
Nucleated RBC % (%)	0.0
Immature Granulocytes (0.0 - 0.1 K/mm3)	0.0
Neutrophils # (K/mm3)	4.8
Lymphocytes # (K/mm3)	2.1
Monocytes # (K/mm3)	1.5
Eosinophils # (K/mm3)	0.1
Basophils # (K/mm3)	0.0
Nucleated RBCs #	0

Laboratory Tests

	12/14 0545
Chemistry	
Magnesium (1.8 - 2.5 mg/dL)	2.0

Diagnosis, Assessment & Plan

Free Text DxA&P Notes

Free Text DxA&P Notes:

Diagnosis, Assessment & Plan

Problem List/A&P:

1. Fracture, proximal femur

Orders:

IMPRESSION:

* Abnormal EKG
* Elevated Troponin - negative x 2 then 1.59

* Mildly displaced left proximal femoral fracture
  - S/P12/10 Left open hip reduction and internal fixation (Mezzonate)
* Essential Hypertension
* Diabetes Mellitus Type 2
* Dyslipidemia
* Old CVA with residula left sided weakness on 4/201

Plan
- S/P NSTEMI

Patie was transfused 3 units of packed red blood cells
Feeling okay and no chest pain or shortness of breath
Continue to monitor blood pressure and rhythm
Discussed with the patient and his family at length at the bedside and at this point would continue to manage him medically and no invasive procedure since patient clinically seems to be stable and asymptomatic until he recovers completely
Would dc metoprolol and Start Coreg 6.25 BID
Continue medical therapy
Discussed with pt and his family and the nursing staff

Electronically Signed by Din,Salah U MD on 12/14/19 at 2120

RPT #: 1214-1183
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Cardiology Progress Note
REPORT#:1213-1249 REPORT STATUS: Signed
DATE:12/13/19 TIME: 1914

PATIENT: AYAD,AZIZ
ACCOUNT#: N00101730890
AGE: 69 SEX: M
ADM DT: 12/10/19
REP SRV DT: 12/13/19

UNIT #: N000880775
ROOM/BED: N.A209-1
ATTEND: Block,Ernest F MD
AUTHOR: Din,Salah U MD
REP SRV TM: 1914

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Patient reports:
Yes: fatigue. No: chest pain, shortness of breath.

Objective

General

VS/I&O:
24 hour I&O ending at 0700:

	12/13 0700	12/12 1900
Intake Total	2105.00	850.40
Output Total	240	450
Balance	1865.00	400.40
Intake, IV	1325.00	600.40
Intake, Oral	280	
Intake, Packed Cells	500	250
Output, Urine	240	450
Patient Weight		72.5 kg

Vital Signs:

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
12/13 1700		79	27	115/60	82	97			
12/13 1632		78	25	115/58	79	95			
12/13 1600	36.7								
12/13 1600		74	23	101/55	75	97			
12/13 1500		74	24	105/57	77	98			
12/13 1400		72	22	89/54	66	94			
12/13 1300		75	23	92/53	67	95			
12/13 1200	36.9								
12/13 1200		76	28	111/59	82	98			
12/13 1100		77	30	108/61	79	98			

Patient: AYAD,AZIZ
Unit#:N000880775
Date: 12/13/19
Acct#:N00101730890

12/13 1057		69	21	101/60	77	98			
12/13 1052		75	21	99/55	74	98			
12/13 1000		72	19	87/51	62	97			
12/13 0900		77	21	103/58	73	97			
12/13 0800	37.1								
12/13 0800							Nasal cannula	2.000000	
12/13 0800		79	24	120/65	85	99			
12/13 0745		75	23	112/59	79	98			
12/13 0730		77	23	122/66	87	97			
12/13 0721						98	Nasal cannula	4.000000	36
12/13 0715		80	23	137/59	91	99			
12/13 0700		91	25	126/72	93	97			
12/13 0645		99	23	119/72	91	96			
12/13 0630		99	24	121/69	90	97			
12/13 0615		99	21	122/70	90	97			
12/13 0600		97	23	126/71	93	96			
12/13 0545		96	25	130/75	97	98			
12/13 0530		97	21	129/75	97	98			
12/13 0515		97	26	128/71	93	97			
12/13 0500		95	25	122/65	87	96			
12/13 0445		95	26	117/60	83	96			
12/13 0430		95	24	125/66	88	96			
12/13 0415		96	24	120/67	87	96			
12/13 0400	36.8						Nasal cannula	4.000000	
12/13 0400		97	24	121/68	89	95			
12/13 0345		98	27	117/66	87	94			
12/13 0330		97	25	117/62	83	94			
12/13 0315		97	27	115/69	86	94			
12/13 0300		97	24	118/68	87	95			
12/13 0245		97	25	117/68	87	95			
12/13 0230		100	25	112/62	81	94			
12/13 0215		93	25	126/71	93	94			
12/13 0203	36.9	93	24	115/65		96			
12/13 0200		97	26	115/65	84	94			
12/13 0145		96	27	121/69	88	94			
12/13 0130		90	25	132/69	95	98			
12/13 0116	37.2	94	24	122/65		96			
12/13 0115		97	27	122/65	88	97			
12/13 0100		92	26	135/73	96	98			
12/13 0045		92	24	134/73	98	99			

Patient: AYAD,AZIZ
Unit#:N000880775
Date: 12/13/19
Acct#:N00101730890

12/13 0030		90	25	131/62	89	99		
12/13 0024	37.2	98	27	127/72		98		
12/13 0015		91	27	127/72	94	97		
12/13 0000	37.2						Nasal cannula	4.000000
12/13 0000		98	24	123/67	89	98		
12/12 2359	36.8	100	26	120/67		98		
12/12 2348	36.9	98	26	120/67		97		
12/12 2345		99	25	120/67	85	97		
12/12 2330		99	25	121/66	87	98		
12/12 2323	37.1	98	27	112/66		97		
12/12 2315		98	25	112/66	85	98		
12/12 2310	37.1	97	24	121/68		98		
12/12 2300		100	26	121/68	88	98		
12/12 2300	36.9	98	22	121/68		98		
12/12 2245		97	15	121/67	88	100		
12/12 2230		100	22	124/73	91	100		
12/12 2215		97	26	123/71	91	99		
12/12 2200		97	25	112/61	81	99		
12/12 2145		101	27	116/64	82	99		
12/12 2144	37.2	102	22	114/57		99		
12/12 2130		95	25	114/57	82	99		
12/12 2125	36.9	92	22	120/61		100		
12/12 2115		93	26	120/61	88	100		
12/12 2100		94	25	113/65	84	99		
12/12 2051	37.0	95	24	115/64		99		
12/12 2050		93	27	115/64	84	99		
12/12 2045		96	25	112/65	83	99		
12/12 2042	37.2	98	25	110/64		99		
12/12 2040		98	24	110/64	82	99		
12/12 2035		100	26	111/65	82	100		
12/12 2030		106	36	108/64	80	100		
12/12 2025		94	25	116/65	85	99		
12/12 2025	37.2	96	24	116/65		99		
12/12 2020		95	27	113/63	80	99		
12/12 2016		97	26	109/62	80	100		
12/12 2010		93	26	105/58	77	100		
12/12 2010	36.9	92	22	105/68		100		
12/12 2009		94	27	101/56	72	100		
12/12 2005		101	28	89/52	66	100		
12/12 2000							Nasal cannula	4.000000
12/12 2000		99	25	100/57	73	100		

12/12 2000	36.8					99	Nasal cannula	4.000000	
12/12 1957	36.8	101	24	100/61		99			
12/12 1955		98	26	100/61	75	99			
12/12 1930		101	27	98/60	74	98			

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72.500

Medications:

Active Meds + DC'd Last 24 Hrs

Lisinopril 5 MG DAILY PO
Carvedilol 6.25 MG C BK PO
Gabapentin 200 MG Q8H PRN PRN PO
Tramadol HCl 50 MG Q6H PRN PRN PO
Heparin Sodium (Porcine) 5,000 UNITS Q8HR SUBQ (CKD)
Ascorbic Acid 2,000 MG DAILY PO (CKD)
Cholecalciferol 2,000 UNIT DAILY PO (CKD)
Ferrous Sulfate 325 MG BID PO
Lisinopril 10 MG DAILY PO (DC)
Heparin Sodium (Porcine) 4,350 UNITS BOLUS PRN IV (DC)
Heparin Sodium (Porcine) 2,900 UNITS BOLUS PRN IV (DC)
Heparin Sodium/Sodium Chloride 250 ML TITRATE IV (DC)
Metoprolol Tartrate 25 MG BIDBP PO (DC)
Methocarbamol 750 MG TID PO
Tramadol HCl 50 MG Q6HR PO (DC)
Mupirocin 1 APPLIC BID NASAL
Sertraline HCl 100 MG DAILY PO
Tamsulosin HCl 0.4 MG DAILY PO
Gabapentin 300 MG Q8H PRN PO (DC)
Magnesium Sulfate 100 ML ASDIR PRN IV
Magnesium Sulfate 50 ML PROTOCOL PRN IV (CKD)
Insulin Human Lispro LOW SLIDING SCALE:

BS 110-150 = 2 UNITS
BS 151-200 = 4 UNITS
BS 201-250 = 6 UNITS
BS 251-300 = 8 UNITS
BS 301-350 = 10 UNIT
BS 351-400 = 12 UNIT

BS < 60 OR > 400 =
CALL MD
C MEALS HS SUBQ
Dextrose Glucose < 70 = 25 mL
Glucose < 60 = 50 mL
ASDIR PRN IV
Glucagon 1 MG ASDIR PRN SUBQ
Atorvastatin Calcium 80 MG BEDTIME PO
Enoxaparin Sodium 30 MG BID SUBQ (DC)
Aspirin 81 MG DAILY PO
Acetaminophen 1,000 MG TID PRN PRN PO
Morphine Sulfate 2 MG Q4H PRN PRN IV (DC)
Polyethylene Glycol 17 GRAM DAILY PO (CKD)
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EACH PRN PRN MISC
Miscellaneous Information 1 PRN PRN MISC
Miscellaneous Medication 1 ASDIR PRN MISC
Sodium Chloride SALINE FLUSH PER
UNIT PROTOCOL
PRN PRN IV
Diphenhydramine HCl 25 MG Q6H PRN PRN IV
Ondansetron HCl 4 MG Q6H PRN PRN IV

Physical Exam

General appearance: alert, awake, oriented, no acute distress
Head/Eyes: atraumatic, normocephalic
Neck: supple/no meningismus, no bruit/NL carotids, no JVD
Cardiovascular:
CV assessment: regular rate and rhythm, normal heart sounds, pedal pulses present
Respiratory: clear to auscultation, no distress
Abdomen: soft, non-tender, normal bowel sounds
Upper extremity:
UE assessment: normal temperature, no cyanosis, no edema
Lower extremity:
LE assessment: normal temperature, no edema, 2+ pedal pulse
Neuro/CNS: alert, oriented X 3
Skin: dry, intact
Psychiatry: normal affect, normal mood

Results

Findings/Data:

Laboratory Tests

	12/13 1807	12/13 1152	12/13 0740	12/13 0423	12/13 0420
Chemistry					
Sodium (136 - 145 mmol/L)					134 L
Potassium (3.7 - 5.1 mmol/l)					3.9
Chloride (98 - 107 mmol/L)					107
Carbon Dioxide (21 - 32 mmol/l)					22
Anion Gap					8.9
BUN (7 - 18 mg/dl)					36 H
Creatinine (0.55 - 1.3 mg/dl)					0.85
Estimated GFR mL/min					> 60
BUN/Creatinine Ratio					42
Glucose (74 - 106 mg/dl)					160 H
POC Glucose (70 - 110 mg/dL)	183 H	161 H	187 H	149 H	
Calcium (8.4 - 10.1 mg/dl)					8.2 L

	12/12 2230
Chemistry	
POC Glucose (70 - 110 mg/dL)	195 H

Laboratory Tests

	12/13 0420
Hematology	
WBC (4.0 - 12.0 K/mm3)	11.39
RBC (4.6 - 6.0 M/mm3)	3.22 L
Hgb (14.0 - 18.0 gm/dL)	9.2 L
Hct (42.0 - 52.0 %)	26.6 L
MCV (80.0 - 100.0 fL)	82.6
MCH (27.0 - 31.0 pg)	28.6
MCHC (32 - 37.5 g/dL)	34.6
RDW (12.0 - 14.0 %)	14.6 H
Plt Count (130 - 400 K/mm3)	114 L
MPV (7.0 - 10.0 fL)	11.0 H

Radiology data:

Recent Impressions:

CAT SCAN - CT HEAD/BRAIN W/CONT 12/13 1624
*** Report Impression - Status: SIGNED Entered: 12/13/2019 1639

IMPRESSION:
There is no intracranial mass or hemorrhage observed on noncontrast imaging of the brain.

Changes of chronic small vessel disease and age related atrophy.

Again noted is fluid in the right sphenoid sinus distribution. Similar on prior exam. Again noted are changes status post left craniotomy.

Impression By: PHY.STAWI - WILLIAM STANTON, M.D.

Diagnosis, Assessment & Plan

Free Text DxA&P Notes
Free Text DxA&P Notes:
Diagnosis, Assessment & Plan
Problem List/A&P:
1. Fracture, proximal femur

Orders:
IMPRESSION:

* Abnormal EKG
* Elevated Troponin - negative x 2 then 1.59
* Mildly displaced left proximal femoral fracture
    - S/P12/10 Left open hip reduction and internal fixation (Mezzonate)
* Essential Hypertension
* Diabetes Mellitus Type 2
* Dyslipidemia
* Old CVA with residula left sided weakness on 4/201

Plan
- S/P NSTEMI
Patie was transfused 3 units of packed red blood cells
Feeling okay and no chest pain or shortness of breath
Continue to monitor blood pressure and rhythm

Continue medical therapy
Discussed with the patient and his family at length at the bedside and at this point would continue to manage him medically and no invasive procedure since patient clinically seems to be stable and asymptomatic until he recovers completely
Discussed with the nursing staff

Electronically Signed by Din,Salah U MD on 12/14/19 at 1459

RPT #: 1213-1249
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Cardiology Progress Note
REPORT#:1212-1355 REPORT STATUS: Signed
DATE:12/12/19 TIME: 2227

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A209-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Din,Salah U MD
REP SRV DT: 12/12/19 REP SRV TM: 2227

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Patient reports:
Yes: fatigue. No: chest pain, shortness of breath.

Objective

General

VS/I&O:
24 hour I&O ending at 0700:

	12/12 0700	12/11 1900
Intake Total	260.20	895.00
Output Total	725	800
Balance	-464.80	95.00
Intake, IV	60.20	175.00
Intake, Oral	200	720
Output, Emesis		200
Output, Urine	725	600

Vital Signs:

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
12/12 2144	37.2	102	22	114/57		99			
12/12 2125	36.9	92	22	120/61		100			
12/12 2051	37.0	95	24	115/64		99			
12/12 2042	37.2	98	25	110/64		99			
12/12 2025	37.2	96	24	116/65		99			
12/12 2010	36.9	92	22	105/68		100			
12/12 2000							Nasal cannula	4.000000	
12/12 2000	36.8					99	Nasal cannula	4.000000	
12/12 1957	36.8	101	24	100/61		99			
12/12 1800		101	27	95/58	72	98			

Patient: AYAD,AZIZ
Unit#:N000880775
Date: 12/12/19
Acct#:N00101730890

12/12 1730		108	24	90/63	72	100			
12/12 1700		107	27	104/61	77	100			
12/12 1630		103	30	106/58	76	98			
12/12 1600		103	22	105/65	81	99			
12/12 1530		109	26	99/58	72	100			
12/12 1509		104	26	101/61	75	96			
12/12 1500		111	17	123/60	86	99			
12/12 1430		104	27	119/69	86	99			
12/12 1400	37.0								
12/12 1400		103	27	122/60	83	100			
12/12 1330		103	25	115/62	83	98			
12/12 1301		103	28	131/63	90	97			
12/12 1230		95	26	92/58	69	97			
12/12 1200		92	27	92/56	68	95			
12/12 1158		90	27			96			
12/12 1130		97	29	90/57	68	95			
12/12 1100		101	26	113/60	79	97			
12/12 1030		100	27	110/59	79	98			
12/12 1000		91	29	98/57	71	94			
12/12 0950						96	Nasal cannula	4.000000	
12/12 0930		86	28	92/54	67	96			
12/12 0900		91	27	88/52	64	95			
12/12 0830							Nasal cannula	4.000000	
12/12 0830		92	27	89/53	65	95			
12/12 0829	36.8	92		87/61		94			
12/12 0800		89	24	87/61	68	93			
12/12 0730		85	26	88/51	64	93			
12/12 0700	36.8								
12/12 0700		87	26	83/53	62	96			
12/12 0600		84	24	87/54	66	96			
12/12 0537		84	24	88/52	64	96			
12/12 0500		83	24	89/52	64	94			
12/12 0400	36.0								
12/12 0400		78	21	93/52	67	93			
12/12 0328		75	22	94/55	68	98			
12/12 0300		77	21	97/52	69	95			
12/12 0200		81	22	105/56	77	92			
12/12 0100		76	23	108/58	76	95			
12/12 0000	37.6								
12/12 0000		83	23	118/62	83	96			
12/11 2300		83	28	122/66	89	93			

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72.500

Medications:

Active Meds + DC'd Last 24 Hrs

Lisinopril 10 MG DAILY PO
Heparin Sodium (Porcine) 4,350 UNITS BOLUS PRN IV (CKD)
Heparin Sodium (Porcine) 2,900 UNITS BOLUS PRN IV (DA)
Heparin Sodium/Sodium Chloride 250 ML TITRATE IV (DA)
Metoprolol Tartrate 25 MG BIDBP PO
Methocarbamol 750 MG TID PO
Tramadol HCl 50 MG Q6HR PO
Mupirocin 1 APPLIC BID NASAL
Sertraline HCl 100 MG DAILY PO
Tamsulosin HCl 0.4 MG DAILY PO
Gabapentin 300 MG Q8H PRN PO
Magnesium Sulfate 100 ML ASDIR PRN IV
Magnesium Sulfate 50 ML PROTOCOL PRN IV (CKD)
Insulin Human Lispro LOW SLIDING SCALE:
-
BS 110-150 = 2 UNITS
BS 151-200 = 4 UNITS
BS 201-250 = 6 UNITS
BS 251-300 = 8 UNITS
BS 301-350 = 10 UNIT
BS 351-400 = 12 UNIT
BS < 60 OR > 400 =
CALL MD
C MEALS HS SUBQ
Dextrose Glucose < 70 = 25 mL
Glucose < 60 = 50 mL
ASDIR PRN IV
Glucagon 1 MG ASDIR PRN SUBQ
Atorvastatin Calcium 80 MG BEDTIME PO
Enoxaparin Sodium 30 MG BID SUBQ (DA)
Aspirin 81 MG DAILY PO
Acetaminophen 1,000 MG TID PRN PRN PO
Morphine Sulfate 2 MG Q4H PRN PRN IV
Polyethylene Glycol 17 GRAM DAILY PO (CKD)

Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EACH PRN PRN MISC
Miscellaneous Information 1 PRN PRN MISC
Miscellaneous Medication 1 ASDIR PRN MISC
Sodium Chloride SALINE FLUSH PER
UNIT PROTOCOL
PRN PRN IV
Diphenhydramine HCl 25 MG Q6H PRN PRN IV
Ondansetron HCl 4 MG Q6H PRN PRN IV

Physical Exam

General appearance: alert, awake, oriented, no acute distress
Head/Eyes: atraumatic, normocephalic
Neck: supple/no meningismus, no bruit/NL carotids, no JVD
Cardiovascular:
CV assessment: regular rate and rhythm, normal heart sounds, pedal pulses present
Respiratory: clear to auscultation, no distress
Abdomen: soft, non-tender, normal bowel sounds
Upper extremity:
UE assessment: normal temperature, no cyanosis, no edema
Lower extremity:
LE assessment: normal temperature, no edema, 2+ pedal pulse
Neuro/CNS: alert, oriented X 3
Skin: dry, intact
Psychiatry: normal affect, normal mood

Results

Findings/Data:
Laboratory Tests

	12/12 1722	12/12 1201	12/12 0310
Chemistry			
Sodium (136 - 145 mmol/L)			139
Potassium (3.7 - 5.1 mmol/l)			3.6 L
Chloride (98 - 107 mmol/L)			110 H
Carbon Dioxide (21 - 32 mmol/l)			24
Anion Gap			8.6
BUN (7 - 18 mg/dl)			20 H
Creatinine (0.55 - 1.3 mg/dl)			0.70

Estimated GFR mL/min			> 60
BUN/Creatinine Ratio			29
Glucose (74 - 106 mg/dl)			165 H
POC Glucose (70 - 110 mg/dL)	243 H	215 H	
Calcium (8.4 - 10.1 mg/dl)			8.2 L

Laboratory Tests

	12/12 1200	12/12 0310
Coagulation		
PTT (Dade) (SECONDS)	64.30	113.10 C

Laboratory Tests

	12/12 1545	12/12 0310
Hematology		
WBC (4.0 - 12.0 K/mm3)	11.59	10.80
RBC (4.6 - 6.0 M/mm3)	2.59 L	2.76 L
Hgb (14.0 - 18.0 gm/dL)	7.5 L	7.8 L
Hct (42.0 - 52.0 %)	21.7 L	23.3 L
MCV (80.0 - 100.0 fL)	83.8	84.4
MCH (27.0 - 31.0 pg)	29.0	28.3
MCHC (32 - 37.5 g/dL)	34.6	33.5
RDW (12.0 - 14.0 %)	14.9 H	15.5 H
Plt Count (130 - 400 K/mm3)	142	106 L
MPV (7.0 - 10.0 fL)	10.2 H	10.7 H
Add Manual Diff		ACCEPT AUTO DIFF
Immature Gran % (0 - 0.22 %)		1 H
Neutrophils % (38.0 - 74.0 %)		60.9
Lymphocytes % (20 - 45 %)		22.0
Monocytes % (3 - 10 %)		15.6 H
Eosinophils % (0 - 4 %)		0.4
Basophils % (0 - 2.0 %)		0.6
Nucleated RBC % (%)		0.2
Immature Granulocytes (0.0 - 0.1 K/mm3)		0.1
Neutrophils # (K/mm3)		6.6
Lymphocytes # (K/mm3)		2.4
Monocytes # (K/mm3)		1.7
Eosinophils # (K/mm3)		0.0
Basophils # (K/mm3)		0.1
Nucleated RBCs #		0.02

Diagnosis, Assessment & Plan

Free Text DxA&P Notes

Free Text DxA&P Notes:

Diagnosis, Assessment & Plan

Problem List/A&P:

1. Fracture, proximal femur

Orders:

IMPRESSION:

* Abnormal EKG
* Elevated Troponin - negative x 2 then 1.59
* Mildly displaced left proximal femoral fracture
    - S/P12/10 Left open hip reduction and internal fixation (Mezzonate)
* Essential Hypertension
* Diabetes Mellitus Type 2
* Dyslipidemia
* Old CVA with residula left sided weakness on 4/2019

Plan
- S/P NSTEMI
- apparently patient this started having hematuria and also had some bleeding at the surgical site dropped his hemoglobin and he has been transfused 1 unit of packed red blood cells and is scheduled to get 2 more units for his anemia

Denies any chest pains at this time
In view of his bleeding and getting blood transfusion would cancel his cardiac catheterization for tomorrow
Monitor blood pressure and rhythm also would monitor H&H
Continue medical therapy
Discussed with the patient and his family at length and the nursing staff

Electronically Signed by Din,Salah U MD on 12/14/19 at 1455

RPT #: 1212-1355
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Clinical Note
REPORT#:1211-0781 REPORT STATUS: Signed
DATE:12/11/19 TIME: 1248

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A209-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Liles,Chelsea PA
REP SRV DT: 12/11/19 REP SRV TM: 1248

* ALL edits or amendments must be made on the electronic/computer document *

LILES,CHELSEA 12/11/19 1248:

Clinical Note

Note:

Patient okay from ortho standpoint for cardiac catheterization procedure if recommended by cardio.

Electronically Signed by Liles,Chelsea PA on 12/11/19 at 1249
Electronically Signed by Mezzanotte,Thomas MD on 12/11/19 at 1600

RPT #: 1211-0781
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Ortho Trauma Progress Note
REPORT#:1216-0691 REPORT STATUS: Signed
DATE:12/16/19 TIME: 1259

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A419-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Hanna, Rebecca PA
REP SRV DT: 12/16/19 REP SRV TM: 1259

* ALL edits or amendments must be made on the electronic/computer document *

Subjective
HPI:
Patient is a 69 yo M who is POD 6 s/p left femur ORIF

Patient is sleeping in bed; unable to stay awake for exam. Family and nurse at bedside. Dressings were changed this AM; otherwise, no new findings to note at this time.

Objective
VS:
Last Documented:

	Result	Date Time
Pulse Ox	91	12/16 1247
B/P	130/66	12/16 1247
B/P Mean	87.3	12/16 1247
Temp	37.6	12/16 1247
Pulse	96	12/16 1247
Resp	20	12/16 1247
O2 Delivery	Nasal cannula	12/16 0745
O2 Flow Rate	2.000000	12/13 2000
FiO2	36	12/13 0721

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72.500

PE:
Gen: sleeping in bed; no acute distress; family and nurse at bedside
Lungs: breathes with ease; normal chest rise and fall
Heart: 2+ left dorsalis pedis pulse; RRR
Extremities:
LLE: dressings and knee immobilizer to LLE CDI; compartments soft and compressible: no TTP to calf; unable to assess AROM

Neuro: unable to assess gross sensation

Diagnosis, Assessment & Plan

Free Text A&P:

Patient is a 69 yo M who is POD 6 s/p left femur ORIF

Plan:
-TTWB to LLE with walker and assist
-PT/OT
-Pain control and DVT prophylaxis per primary team
-Keep LLE knee immobilizer clean, dry, intact
-Keep dressings to LLE clean, dry, intact; may change as needed
-Ice and elevation to LLE for pain and swelling control
-Patient is to follow-up in ortho trauma clinic 3 weeks post-op for wound check; please call 407-476-0780 for an appointment
-Will continue to follow

Electronically Signed by Hanna, Rebecca PA on 12/16/19 at 1311
Electronically Signed by Mezzanotte,Thomas MD on 12/16/19 at 1420

RPT #: 1216-0691
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Ortho Trauma Progress Note
REPORT#:1211-0840 REPORT STATUS: Signed
DATE:12/11/19 TIME: 1323

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A209-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Hanna, Rebecca PA
REP SRV DT: 12/11/19 REP SRV TM: 1323

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

HPI:

Patient is a 69 yo M who is POD 1 s/p left femur ORIF

Patient is resting in chair. Family at bedside. Patient speaks mostly Arabic, so proper translation used to communicate. Admits to pain in his left thigh but denies osseous pain elsewhere. Denies numbness/tingling to LLE (although notes slight decreased sensation-thinks it is due to previous stroke). No other acute complaints at this time.

Objective

VS:

Last Documented:

	Result	Date Time
Pulse Ox	95	12/11 1215
Pulse	85	12/11 1215
Resp	21	12/11 1215
B/P	85/54	12/11 0900
B/P Mean	64	12/11 0900
FiO2	28	12/11 0814
O2 Delivery	Nasal cannula	12/11 0814
O2 Flow Rate	2.000000	12/11 0814
Temp	37.0	12/11 0700

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72 500

PE:
Gen: resting in chair; no acute distress; family at bedside
Lungs: breathes with ease; normal chest rise and fall
Heart: 2+ left dorsalis pedis pulse; RRR
Extremities.

LLE: dressings and knee immobilizer to LLE CDI; compartments soft and compressible, no TTP to calf; able to actively move toes and DF/PF ankle without difficulty
Neuro: gross sensation intact to LLE

Diagnosis, Assessment & Plan

Free Text A&P:
Patient is a 69 yo M who is POD 1 s/p left femur ORIF

Plan:
-TTWB to LLE with walker and assist
-PT/OT
-Pain control and DVT prophylaxis per primary team
-Keep LLE knee immobilizer clean, dry, intact
-Keep dressings to LLE clean, dry, intact; may change as needed
-Ice and elevation to LLE for pain and swelling control
-Patient is to follow-up in ortho trauma clinic 3 weeks post-op for wound check; please call 407-476-0780 for an appointment
-Will continue to follow

Electronically Signed by Hanna, Rebecca PA on 12/11/19 at 1412
Electronically Signed by Mezzanotte,Thomas MD on 12/11/19 at 1732

RPT #: 1211-0840
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Orthopaedic Consult Note
REPORT#:1210-0302 REPORT STATUS: Signed
DATE:12/10/19 TIME: 0828

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.ER-E17
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Caban,Liana APRN
REP SRV DT: 12/10/19 REP SRV TM: 0745

* ALL edits or amendments must be made on the electronic/computer document *

CABAN,LIANA 12/10/19 0828:

History of Present Illness

Time at bedside 0745
Reason for consult: fracture closed
Chief complaint:
Left hip pain
HPI:
Patient is a 69 year old male with a past medical history of HLD, HTN, DM and CVA in 4/2019 with residual left sided weakness. Patients daughter states that he received PT for his CVA and graduated with good progression afterwards. He does not use any mechanical device for walking. Patient is here in Florida visiting his daughter from Ohio. He is accompanied today by his wife and daughter. Patient speaks little english so translation and medical history was provided by wife and daughter. Daughter states patient fell this morning around 0230 while walking to the bathroom. Daughter states they found him on the floor lying on his right side. She says he complained of left hip pain after his fall so the called EMS to transport him to the hospital.

While in the ED imaging revealed a left femur subtrochanteric fracture.The ortho trauma team was called for further evaluation.

Patient lying on a stretcher in the ED currently. Patient requesting pain medications at this time.

History - Adult longitudinal

Additional surgical history:
None
Alcohol use: Denies EtOH use
Drug use: Denies recreational drugs
Smoking status for patients 13 years old or older: Never Smoker
Allergies:
Coded Allergies:
No Known Allergies (12/10/19)

Review of Systems

Constitutional:
Denies: chills, fever.
Respiratory:
Denies: SOB.
Cardiovascular:
Denies: chest pain.
Musculoskeletal:
extremity pain.
Neuro:
Denies: numbness, other (tingling).
Psych:
Denies: agitation.

Objective

VS:
Last Documented:

	Result	Date Time
Pulse Ox	98	12/10 0708
B/P	159/85	12/10 0708
B/P Mean	109	12/10 0708
O2 Delivery	Room air	12/10 0708
Temp	36.8	12/10 0708
Pulse	93	12/10 0708
Resp	17	12/10 0708
O2 Flow Rate	2.000000	12/10 0416

Patient Weight

Weight (lb):
Weight (oz):
Weight (kg): 63.636

Physical Exam

General appearance: alert, awake, no acute distress
Extremities: LLE: All compartments soft and compressible, no TTP to calf, able to actively move all toes and PF/DF at ankle. ROM in knee decreased due to pain. No swelling or ecchymosis noted. patient would not rotate on back for me to perform exam.
Upper arm-right: line of ecchymosis noted on posterior area of right upper arm. patient denies hitting arm during his fall, denies pain, no swelling noted. Able to complete full ROM of shoulder, elbow, wrist, and fingers actively. +DR pulse. Cap refill <3 sec. Compartments soft and compressible.

Cardiovascular: regular rate
Respiratory: no distress
Neuro/CNS: gross sensation intact to LLE
Skin: dry, intact, normal temperature
Psychiatry: normal affect

Results

Radiology data:
Recent Impressions:
RADIOLOGY - XR KNEE 1 OR 2 V RT 12/10 0452
*** Report Impression - Status: SIGNED Entered: 12/10/2019 0533

IMPRESSION:

No fracture and/or dislocation.

** Electronically Signed by Binor Said, MD **
** on 12/10/2019 at 0533 **
Reported and signed by: Binor Said, MD

Envision Physician Services
EVHC DR. BINOR SAID FL
(888) 557-3617

Impression By: PHY.SAIBI - SAID, BINOR, M.D.
RADIOLOGY - XR PELVIS 1/2 VIEWS 12/10 0452
*** Report Impression - Status: SIGNED Entered: 12/10/2019 0532

IMPRESSION:

Mildly displaced left proximal femoral fracture. Diffuse osteopenia.

** Electronically Signed by Binor Said, MD **
** on 12/10/2019 at 0532 **
Reported and signed by: Binor Said, MD

Envision Physician Services
EVHC DR. BINOR SAID FL
(888) 557-3617

Impression By: PHY.SAIBI - SAID, BINOR, M.D.

Diagnosis, Assessment & Plan

Free Text A&P:
Assessment:
1) Left femur subtrochanteric fracture

Assessment:
- Plan for OR today for ORIF left femur
- Keep NPO
- NWB to LLE
- Consents to be obtained
- Will continue to follow

MEZZANOTTE,THOMAS 12/10/19 1740:

History of Present Illness

Time at bedside 1740
Reason for consult: fracture closed

Attestations

Physician Attestation

Agree w/findings & plan:
Agree with the findings and plan as documented by PA

Mecanical fall
Left hip pain

AOx3, wdwn, no acute distress
LLE skin intact, df/pf with weakness, good pulses

Xray left subtrochanteric femur fracture

treatment options discussed
High risk for surgery becoause of cormorbid conditions

Plan to Or for orif

Electronically Signed by Caban,Liana APRN on 12/10/19 at 0850
Electronically Signed by Mezzanotte,Thomas MD on 12/10/19 at 1744

RPT #: 1210-0302
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Trauma Progress Note
REPORT#:1216-0681 REPORT STATUS: Signed
DATE:12/16/19 TIME: 1304

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A419-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Logan,Gideon MD R1
REP SRV DT: 12/16/19 REP SRV TM: 1304

* ALL edits or amendments must be made on the electronic/computer document *

LOGAN,GIDEON N 12/16/19 1304:

Subjective

Chief Complaint:
hip fx
HPI:
Continues with hesitancy swallowing pureed solids, minimal ambulation.

Objective

Physical Exam

VS/I&O:
Vital Signs:

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
12/16 1247	99.7	96	20	130/66	87.3	91			
12/16 0745	97.2	82	16	110/60	76	94	Nasal cannula		
12/16 0349	98.6	84	18	106/63	77.4	95	Room air		
12/15 2337	98.4	83	18	109/56	0.0	95	Room air		
12/15 1924	100.8	88	16	108/61	76.5	97	Room air		
12/15 1531	98.2	85	20	124/68	86.8	93			

24 hour I&O ending at 0700:

	12/16 0700	12/15 1900
Intake Total	60	720
Output Total	700	
Balance	-640	720
Intake, Oral	60	
Intake, Oral Supplement		720
Number Bowel Movements	0	
Output, Urine	700	

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72.500

Medications:

Active Meds + DC'd Last 24 Hrs
Ferrous Sulfate 325 MG DAILY PO
Cyanocobalamin 1,000 MCG ONCE ONE IM (DC)
Lisinopril 5 MG DAILY PO (DC)
Carvedilol 6.25 MG C BK PO
Gabapentin 200 MG Q8H PRN PRN PO
Tramadol HCl 50 MG Q6H PRN PRN PO
Heparin Sodium (Porcine) 5,000 UNITS Q8HR SUBQ (CKD)
Ascorbic Acid 2,000 MG DAILY PO (CKD)
Cholecalciferol 2,000 UNIT DAILY PO (CKD)
Ferrous Sulfate 325 MG BID PO (DC)
Methocarbamol 750 MG TID PO
Mupirocin 1 APPLIC BID NASAL (DC)
Sertraline HCl 100 MG DAILY PO
Tamsulosin HCl 0.4 MG DAILY PO (DC)
Magnesium Sulfate 100 ML ASDIR PRN IV
Magnesium Sulfate 50 ML PROTOCOL PRN IV (CKD)
Insulin Human Lispro LOW SLIDING SCALE:
-
BS 110-150 = 2 UNITS
BS 151-200 = 4 UNITS
BS 201-250 = 6 UNITS
BS 251-300 = 8 UNITS
BS 301-350 = 10 UNIT
BS 351-400 = 12 UNIT
BS < 60 OR > 400 =
CALL MD
C MEALS HS SUBQ
Dextrose Glucose < 70 = 25 mL
Glucose < 60 = 50 mL
ASDIR PRN IV
Glucagon 1 MG ASDIR PRN SUBQ
Atorvastatin Calcium 80 MG BEDTIME PO
Aspirin 81 MG DAILY PO
Acetaminophen 1,000 MG TID PRN PRN PO

Polyethylene Glycol 17 GRAM DAILY PO (CKD)
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EACH PRN PRN MISC
Miscellaneous Information 1 PRN PRN MISC
Miscellaneous Medication 1 ASDIR PRN MISC
Sodium Chloride SALINE FLUSH PER
UNIT PROTOCOL
PRN PRN IV
Diphenhydramine HCl 25 MG Q6H PRN PRN IV
Ondansetron HCl 4 MG Q6H PRN PRN IV

Wound/incision:
Location:
left lateral thigh, staples in place, clean, dry with minimal serous discharge.
Head/Eyes: atraumatic, normocephalic, PERRL, NL conjunctiva/sclera
L pupil: reactivity
R pupil: reactivity
Cardiovascular: normal heart sounds, pulses all extremities
Respiratory/Chest: atraumatic, clear to auscultation
Abdomen: soft, non-tender, no guarding, no rebound, no distention
Back/spine:
Back: atraumatic, inspection NL
Pelvis: pelvis stable
Genitourinary: scrotal swelling (Scrotal echhymosis), testicular tenderness, urine (Clear yellow, condom cath)
Extremities: dry, moves all
Neuro/CNS: alert, oriented X 3, normal gait, normal speech
Psychiatry: flat affect

Results
Findings/Data:
Laboratory Tests

	12/16 1234	12/16 0535	12/16 0505	12/15 2105	12/15 1729
Chemistry					
Sodium (136 - 145 mmol/L)			137		
Potassium (3.7 - 5.1 mmol/l)			3.6 L		
Chloride (98 - 107 mmol/L)			107		
Carbon Dioxide (21 - 32 mmol/l)			22		
Anion Gap			11.6		

BUN (7 - 18 mg/dl)			16		
Creatinine (0.55 - 1.3 mg/dl)			0.66		
Estimated GFR mL/min			> 60		
BUN/Creatinine Ratio			24		
Glucose (74 - 106 mg/dl)			170 H		
POC Glucose (70 - 110 mg/dL)	211 H	162 H		202 H	262 H
Calcium (8.4 - 10.1 mg/dl)			8.1 L		
C-Reactive Protein (0.290 - 19.000 mg/dl)			11.300		
Prealbumin (20 - 40 mg/dL)			6.7 L		

Laboratory Tests

	12/16 0505
Hematology	
WBC (4.0 - 12.0 K/mm3)	8.46
RBC (4.6 - 6.0 M/mm3)	2.71 L
Hgb (14.0 - 18.0 gm/dL)	7.9 L
Hct (42.0 - 52.0 %)	23.0 L
MCV (80.0 - 100.0 fL)	84.9
MCH (27.0 - 31.0 pg)	29.2
MCHC (32 - 37.5 g/dL)	34.3
RDW (12.0 - 14.0 %)	15.3 H
Plt Count (130 - 400 K/mm3)	156
MPV (7.0 - 10.0 fL)	9.6

Diagnosis, Assessment & Plan

Problem List/A&P:

1. Fracture, proximal femur

Free Text A&P:

AYAD,AZIZ is a 69 year old M, status post mechanical GLF

Injuries:
- Mildly displaced left proximal femoral fracture
- RUE proximal contusion

Comorbidities:
- HTN
- HLD
- DM

- prior CVA w/ residual left sided weakness

Other Diagnosis:
- Osteopenia

Procedures:
- 12/10 left open hip reduction and internal fixation (Mezzonate)

Plan: maintain care in PCU

Neuro:
- GCS 15, no head trauma or LOC; CTH unremarkable
- multimodal pain control - gabapentin, robaxin & tramadol.
- continue home med zoloft
-ST Eval on 12/15: pureed solids and all liquid consistencies with supervision, new onset dysphagia and will be followed by ST.

Cardiac:
- 12/10 ECHO 40-45%
- continued home meds including ASA 81mg, lipitor 80mg, metoprolol 25mg bid
- d/c lisinopril 10mg qd per family concern of becoming hypotensive.

Pulm:
- doing well on room air, no acute complaints.
- Repeat CXR on 12/15 doesn't demonstrate concerning focal findings.

Abdomen/GI:
- carb controlled diet ; continue with pureed solids.
- miralax, prn zofran

Renal/Lytes/GU:
- continue monitoring i/o
- Condom catheter, clear yellow urine, hematuria has resolved.
- Flomax discontinued for now per family request, will add back if urinating difficulties.
-Pelvic CT 12/15: small bilateral hydroceles, subcentimeter bilateral epididymal cysts
-Scrotal U/S: no evidence torsion, small bilateral hydroceles, subcentimeter epididymal cysts
- will continue to follow if change in scrotal findings/discomfort.

Heme:
- hemoglobin 7.9 today, same as yesterday. No active signs of bleeding
- Going to qDaily rather than BID Iron per family request.

Endocrine:

- monitor blood glucose insulin sliding scale

ID:
- Brief unsustained fever overnight at 1724, no longer febrile now since overnight, no need Abx.

MSK:
- noted above injuries, ortho is following; recommend f/u in their clinic in 3 weeks - pt is from ohio however and daughter is looking into possibility of rehab here
- pt/ot will continue to work with pt

Skin and Integument:
- RUE contusion
Sacrum inspected and without breakdown
Incision with some s/s drainage. Skin blisters.

Ppx:
- SCD, heparin

Continue PCU care pending dispo with PT/OT recs and plannig with CM for Ohio vs staying with daughter.

SKATTUM,ANDREW C 12/17/19 0714:
Attestations

Physician Attestation
Reviewed findings & plan:
The Resident's history was reviewed. The patient was interviewed and examined by me.

HPI: left hip fracture

My personal exam reveals: awake and alert. Slow swallowing. family states pt coughing with eating
abd soft

I agree with the assessment and care plan, and confirm the diagnosis(es) above.

Exception of: Nothing

ASSESSMENT | PLAN:

Improving slowly
PT/OT. Dispo pending

Electronically Signed by Logan,Gideon MD R1 on 12/16/19 at 1409
Electronically Signed by Skattum,Andrew C DO on 12/17/19 at 0715

RPT #: 1216-0681
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Trauma Progress Note
REPORT#:1215-0505 REPORT STATUS: Signed
DATE:12/15/19 TIME: 1131

PATIENT: AYAD,AZIZ
ACCOUNT#: N00101730890
AGE: 69 SEX: M
ADM DT: 12/10/19
REP SRV DT: 12/15/19

UNIT #: N000880775
ROOM/BED: N.A419-1
ATTEND: Block,Ernest F MD
AUTHOR: Rivas,Rodolfo PA
REP SRV TM: 1131

* ALL edits or amendments must be made on the electronic/computer document *

RIVAS,RODOLFO 12/15/19 1131:

Subjective

Chief Complaint:
hip fx
HPI:
Patient did not express any new complaints.

Family expressed concerns about the patient having scrotal swelling, bruising and pain.

Review of Systems

Constitutional:
Denies: chills, fatigue, fever, generalized weakness, lethargy, malaise, recent wt loss, other.
Respiratory:
Denies: DOE (dyspnea on exertion), hemoptysis, non productive cough, parox nocturnal dyspnea, pleurisy, pleuritic pain, pneumonia, productive cough (sputum), SOB, wheezing, other.
Cardiovascular:
Denies: chest pain, DOE (dyspnea on exertion), edema, orthopnea, palpitations, parox nocturnal dyspnea, other.
GI:
Denies: abdominal pain, anorexia, constipation, diarrhea, dysphagia, GERD, hematemesis, hematochezia, hiatal hernia, melena, nausea, rectal pain, vomiting, other.
GU:
Reports: testicular swelling. Denies: dysuria, flank pain, frequency, hematuria, nocturia, penile discharge, penile lesion, testicular pain, urgency, urinary retention, other.

Objective

Physical Exam

VS/I&O:
Vital Signs:

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
12/15 1108	36.8	82	20	129/70	89.9	95			

12/15 0554						94	
12/15 0553	37.3	92	18	131/71	91.2	93	Room air
12/14 2341	37.5	97	18	127/67	86.6	98	Room air
12/14 2037	37.6	92	18	132/75	93.9	92	
12/14 2000	37.3						Room air
12/14 1900		95	27	127/63	89	96	
12/14 1800		87	25	117/57	80	95	
12/14 1700		84	25	111/58	81	95	
12/14 1605		81	25	124/60	86	99	
12/14 1600	37.1						
12/14 1559		78	25			97	
12/14 1500		80	26	113/56	78	97	
12/14 1400		81	26	113/60	81	97	
12/14 1300		79	26	108/60	78	95	
12/14 1200	36.9						
12/14 1200		81	28	105/64	81	97	

24 hour I&O ending at 0700:

	12/15 0700	12/14 1900
Intake Total	350	840
Output Total	450	370
Balance	-100	470
Intake, Oral	350	840
Number		1
Bowel Movements		
Number		2
Incontinent Voids		
Output, Urine	450	370

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72.500

Medications:

Active Meds + DC'd Last 24 Hrs

Lisinopril 5 MG DAILY PO
Carvedilol 6.25 MG C BK PO
Gabapentin 200 MG Q8H PRN PRN PO

Tramadol HCl 50 MG Q6H PRN PRN PO
Heparin Sodium (Porcine) 5,000 UNITS Q8HR SUBQ (CKD)
Ascorbic Acid 2,000 MG DAILY PO (CKD)
Cholecalciferol 2,000 UNIT DAILY PO (CKD)
Ferrous Sulfate 325 MG BID PO
Methocarbamol 750 MG TID PO
Mupirocin 1 APPLIC BID NASAL
Sertraline HCl 100 MG DAILY PO
Tamsulosin HCl 0.4 MG DAILY PO
Magnesium Sulfate 100 ML ASDIR PRN IV
Magnesium Sulfate 50 ML PROTOCOL PRN IV (CKD)
Insulin Human Lispro LOW SLIDING SCALE:
-
BS 110-150 = 2 UNITS
BS 151-200 = 4 UNITS
BS 201-250 = 6 UNITS
BS 251-300 = 8 UNITS
BS 301-350 = 10 UNIT
BS 351-400 = 12 UNIT
BS < 60 OR > 400 =
CALL MD
C MEALS HS SUBQ
Dextrose Glucose < 70 = 25 mL
Glucose < 60 = 50 mL
ASDIR PRN IV
Glucagon 1 MG ASDIR PRN SUBQ
Atorvastatin Calcium 80 MG BEDTIME PO
Aspirin 81 MG DAILY PO
Acetaminophen 1,000 MG TID PRN PRN PO
Polyethylene Glycol 17 GRAM DAILY PO (CKD)
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EACH PRN PRN MISC
Miscellaneous Information 1 PRN PRN MISC
Miscellaneous Medication 1 ASDIR PRN MISC
Sodium Chloride SALINE FLUSH PER
UNIT PROTOCOL
PRN PRN IV
Diphenhydramine HCl 25 MG Q6H PRN PRN IV
Ondansetron HCl 4 MG Q6H PRN PRN IV

General appearance: alert, awake, no acute distress, pleasant, no respiratory distress

Wound/incision:
Location:
left lateral thigh, staples in place, c/d/i
Head/Eyes: atraumatic, normocephalic, PERRL, NL conjunctiva/sclera
L pupil: reactivity
R pupil: reactivity
Cardiovascular: normal heart sounds, pulses all extremities
Respiratory/Chest: atraumatic, clear to auscultation
Abdomen: soft, non-tender, no guarding, no rebound, no distention
Back/spine:
Back: atraumatic, inspection NL
Pelvis: pelvis stable
Genitourinary: scrotal swelling (Scrotal echhymosis), testicular tenderness, urine (Clear yellow, condom cath)
Extremities: dry, moves all
Neuro/CNS: alert, oriented X 3, normal gait, normal speech
Psychiatry: abnl judgment/insight

Treatment & Prophylaxis

Treatment & Prophylaxis
Foley status: Condom catheter
Urine color: yellow

Diagnosis, Assessment & Plan
Problem List/A&P:
1. Fracture, proximal femur

Free Text A&P:
AYAD,AZIZ is a 69 year old M, status post mechanical GLF

Injuries:
- Mildly displaced left proximal femoral fracture
- RUE proximal contusion

Comorbidities:
- HTN
- HLD
- DM
- prior CVA w/ residual left sided weakness

Other Diagnosis:

- Osteopenia

Procedures:
- 12/10 left open hip reduction and internal fixation (Mezzonate)

Plan: has downgrade orders to PCU

Neuro:
- GCS 15, no head trauma or LOC; CTH unremarkable
- multimodal pain control - gabapentin, robaxin & tramadol.
- continue home med zoloft
-no acute changes aeration is
-ST eval for dysphagia ordered 12/15

Cardiac:
- 12/10 ECHO 40-45%
- continued home meds including ASA 81mg, lipitor 80mg, lisinopril 10mg qd; metoprolol 25mg bid

Pulm:
- doing well on room air
-Repeat CXR ordered because patient has been possible aspirating his food, chills, low grade temps. 12/15

Abdomen/GI:
- carb controlled diet ; patient will need to be evaluated by speech therapy. He has some reported difficulty with the family with eating currently.
- miralax, prn zofran

Renal/Lytes/GU:
- monitor i/o
- Condom catheter, clear yellow urine, hematuria has resolved.
- flomax
-Scrotal echymosis and tenderness noted. Possible missed pelvic fx? CT pelvis ordered, US scrotum ordered. 12/15

Heme:
- hemoglobin 7.9 today no active signs of bleeding
- 3u prbc on 12/12

Endocrine:
- monitor blood glucose insulin sliding scale

ID:
- afebrile non antibiotics

MSK:
- noted above injuries, ortho is following; recommend f/u in their clinic in 3 weeks - pt is from ohio however and daughter is looking into possibility of rehab
- pt/ot

Skin and Integument:
- RUE contusion
Sacrum inspected and without breakdown
Incision with some s/s drainage. Skin blisters.

Proph:
- SCD, heparin

Continue PCU care. Follow up on above **highlighted.**

GRAY,SANJIV F 12/15/19 1407:
Attestations

Physician Attestation
Reviewed findings & plan:
Reviewed the findings and plan as documented

pt remains stable
pain is controlled
tolerating diet
on coreg per cards rec's
vit B12 one time dose
analgesia
continue subq heparin
agree with pelvis ct to r/o fractures not seen on xray
ortho follow up
OT and PT
CM for dispo planning

Electronically Signed by Rivas,Rodolfo PA on 12/15/19 at 1138
Electronically Signed by Gray,Sanjiv MD on 12/15/19 at 1408

RPT #: 1215-0505
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Trauma Progress Note
REPORT#:1214-0329 REPORT STATUS: Signed
DATE:12/14/19 TIME: 1002

PATIENT: AYAD,AZIZ
ACCOUNT#: N00101730890
AGE: 69 SEX: M
ADM DT: 12/10/19
DO
REP SRV DT: 12/14/19

UNIT #: N000880775
ROOM/BED: N.A209-1
ATTEND: Block,Ernest F MD
AUTHOR: Skattum,Andrew C
REP SRV TM: 1002

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:
hip fx
Comments:
Remains dizzy with PT. Unable to get OOB
Eating OK

Objective

Physical Exam

VS/I&O:
Vital Signs:

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
12/14 1200	36.9								
12/14 0800	37.3								
12/14 0800		100	25	107/56	75	95			
12/14 0700		91	23	121/61	85	96			
12/14 0648		90	24			95			
12/14 0600		83	20	120/74	92	97			
12/14 0500		81	22	107/59	76	94			
12/14 0431		81	23			94			
12/14 0400	37.2								
12/14 0400		81	22	106/57	76	93			
12/14 0300		83	22	101/59	76	92			
12/14 0200		81	23	102/59	75	94			
12/14 0100		83	24	100/56	72	92			
12/14 0000	37.3								
12/14 0000		87	25	94/53	67	93			
12/13 2300		87	29	124/66	89	95			
12/13 2258		87	28			95			
12/13 2200	37.9								
12/13 2200		92	29	114/62	83	93			
12/13 2100		89	28	115/60	81	93			
12/13 2000	37.1								

12/13 2000						Nasal cannula	2.000000
12/13 2000	84	27	114/58	80	94		
12/13 1958	83	27			94		
12/13 1900	89	25	114/65	84	97		

24 hour I&O ending at 0700:

	12/14 0700	12/13 1900
Intake Total	200	1400
Output Total	650	440
Balance	-450	960
Intake, Oral	200	900
Intake, Oral Supplement		500
Number	1	
Incontinent Voids		
Output, Urine	650	440

Patient Weight

Weight (lb): 159
Weight (oz): 13.36
Weight (kg): 72.500

Medications:

Active Meds + DC'd Last 24 Hrs

Lisinopril 5 MG DAILY PO
Carvedilol 6.25 MG C BK PO
Gabapentin 200 MG Q8H PRN PRN PO
Tramadol HCl 50 MG Q6H PRN PRN PO
Heparin Sodium (Porcine) 5,000 UNITS Q8HR SUBQ (CKD)
Ascorbic Acid 2,000 MG DAILY PO (CKD)
Cholecalciferol 2,000 UNIT DAILY PO (CKD)
Ferrous Sulfate 325 MG BID PO
Methocarbamol 750 MG TID PO
Mupirocin 1 APPLIC BID NASAL
Sertraline HCl 100 MG DAILY PO
Tamsulosin HCl 0.4 MG DAILY PO
Magnesium Sulfate 100 ML ASDIR PRN IV
Magnesium Sulfate 50 ML PROTOCOL PRN IV (CKD)
Insulin Human Lispro LOW SLIDING SCALE:

BS 110-150 = 2 UNITS
BS 151-200 = 4 UNITS
BS 201-250 = 6 UNITS
BS 251-300 = 8 UNITS
BS 301-350 = 10 UNIT
BS 351-400 = 12 UNIT
BS < 60 OR > 400 =
CALL MD
C MEALS HS SUBQ
Dextrose Glucose < 70 = 25 mL
Glucose < 60 = 50 mL
ASDIR PRN IV
Glucagon 1 MG ASDIR PRN SUBQ
Atorvastatin Calcium 80 MG BEDTIME PO
Aspirin 81 MG DAILY PO
Acetaminophen 1,000 MG TID PRN PRN PO
Polyethylene Glycol 17 GRAM DAILY PO (CKD)
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EACH PRN PRN MISC
Miscellaneous Information 1 PRN PRN MISC
Miscellaneous Medication 1 ASDIR PRN MISC
Sodium Chloride SALINE FLUSH PER
UNIT PROTOCOL
PRN PRN IV
Diphenhydramine HCl 25 MG Q6H PRN PRN IV
Ondansetron HCl 4 MG Q6H PRN PRN IV

General appearance: alert, awake
Wound/incision:
Location:
left lateral thigh, staples in place, c/d/i
Head/Eyes: atraumatic, normocephalic, PERRL, NL conjunctiva/sclera
L pupil: reactivity
R pupil: reactivity
Cardiovascular: normal heart sounds, pulses all extremities
Respiratory/Chest: atraumatic, clear to auscultation
Abdomen: soft, non-tender, no guarding, no rebound, no distention
Back/spine:
Back: atraumatic, inspection NL
Pelvis: pelvis stable

Extremities: dry, moves all
Neuro/CNS: alert, oriented X 3, normal gait, normal speech
Glasgow Coma Score:

Glasgow Coma Score:	Response	Value
Glasgow eyes:	eyes open spontaneously	4
Glasgow speech:	confused	4
Glasgow motor:	obeys commands	6
Total		14

Psychiatry: abnl judgment/insight

Results
Findings/Data:
Laboratory Tests

	12/14 1134	12/14 0739	12/14 0545	12/13 2202	12/13 1807
Chemistry					
Sodium (136 - 145 mmol/L)			134 L		
Potassium (3.7 - 5.1 mmol/l)			3.7		
Chloride (98 - 107 mmol/L)			106		
Carbon Dioxide (21 - 32 mmol/l)			23		
Anion Gap			8.7		
BUN (7 - 18 mg/dl)			28 H		
Creatinine (0.55 - 1.3 mg/dl)			0.72		
Estimated GFR mL/min			> 60		
BUN/Creatinine Ratio			39		
Glucose (74 - 106 mg/dl)			128 H		
POC Glucose (70 - 110 mg/dL)	204 H	205 H		154 H	183 H
Calcium (8.4 - 10.1 mg/dl)			8.0 L		
Phosphorus (2.5 - 4.9 mg/dL)			2.7		
Magnesium (1.8 - 2.5 mg/dL)			2.0		

Laboratory Tests

	12/14 0545
Hematology	
WBC (4.0 - 12.0 K/mm3)	8.55
RBC (4.6 - 6.0 M/mm3)	2.73 L
Hgb (14.0 - 18.0 gm/dL)	7.9 L
Hct (42.0 - 52.0 %)	22.9 L
MCV (80.0 - 100.0 fL)	83.9
MCH (27.0 - 31.0 pg)	28.9

MCHC (32 - 37.5 g/dL)	34.5
RDW (12.0 - 14.0 %)	15.4 H
Plt Count (130 - 400 K/mm3)	126 L
MPV (7.0 - 10.0 fL)	9.9
Add Manual Diff	ACCEPT AUTO DIFF
Immature Gran % (0 - 0.22 %)	0
Neutrophils % (38.0 - 74.0 %)	56.5
Lymphocytes % (20 - 45 %)	24.4
Monocytes % (3 - 10 %)	17.5 H
Eosinophils % (0 - 4 %)	0.8
Basophils % (0 - 2.0 %)	0.4
Nucleated RBC % (%)	0.0
Immature Granulocytes (0.0 - 0.1 K/mm3)	0.0
Neutrophils # (K/mm3)	4.8
Lymphocytes # (K/mm3)	2.1
Monocytes # (K/mm3)	1.5
Eosinophils # (K/mm3)	0.1
Basophils # (K/mm3)	0.0
Nucleated RBCs #	0

Free Text Obj Notes

Free Text Obj Notes:

RUE ecchymosis in posterior proximal pain, no tenderness or swelling at site of ecchymosis
FROM at right shoulder, elbow and wrist without tenderness, swelling or deformity

LLE held in flexed position at hip and knee; internally rotated
patient is able to move all extremities however limited in LLE d/t pain

Diagnosis, Assessment & Plan

Problem List/A&P:

1. Fracture, proximal femur

Free Text A&P:

AYAD,AZIZ is a 69 year old M, status post mechanical GLF

Injuries:
- Mildly displaced left proximal femoral fracture
- RUE proximal contusion

Comorbidities:

- HTN
- HLD
- DM
- prior CVA w/ residual left sided weakness

Other Diagnosis:
- Osteopenia

Procedures:
- 12/10 left open hip reduction and internal fixation (Mezzonate)

Plan: has downgrade orders to PCU

Neuro:
- GCS 15, no head trauma or LOC; CTH unremarkable
- multimodal pain control - gabapentin, robaxin & tramadol.
- continue home med zoloft
-no acute changes aeration is

Cardiac:
- 12/10 ECHO 40-45%
- continued home meds including ASA 81mg, lipitor 80mg, lisinopril 10mg qd; metoprolol 25mg bid

Pulm:
- doing well on room air

Abdomen/GI:
- carb controlled diet ; patient will need to be evaluated by speech therapy. He has some reported difficulty with the family with eating currently.
- miralax, prn zofran

Renal/Lytes:
- monitor i/o
- no Foley catheter
- flomax

Heme:
- hemoglobin 7.9 today no active signs of bleeding
- 3u prbc on 12/12

Endocrine:
- monitor blood glucose insulin sliding scale

ID:
- afebrile non antibiotics

MSK:
- noted above injuries, ortho is following; recommend f/u in their clinic in 3 weeks - pt is from ohio however and daughter is looking into possibility of rehab
- pt/ot

Skin and Integument:
- RUE contusion
Sacrum inspected and without breakdown
Incision with some s/s drainage. Skin blisters.

Proph:
- SCD, heparin

Patient is transfer orders to PCU today

Electronically Signed by Skattum,Andrew C DO on 12/14/19 at 1705

RPT #: 1214-0329
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Trauma Progress Note
REPORT#:1213-0023 REPORT STATUS: Signed
DATE:12/13/19 TIME: 0053

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A209-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Bawany,Sheila MD
R3
REP SRV DT: 12/13/19 REP SRV TM: 0053

* ALL edits or amendments must be made on the electronic/computer document *

BAWANY,SHEILA X 12/13/19 0053:

Subjective

Chief Complaint:
hip fx anemai
HPI:
Delayed cath d/t hematuria and bleeding. Pt did require 3u prbcs over the interim. Pt this morning complaining of fatigure and pain at the site of surgical wounds.

Review of Systems

Free Text ROS Notes

Free Text ROS Notes:
Unchanged from previous.

Objective

Physical Exam

Wound/incision:
Location:
left lateral thigh, staples in place, c/d/i
Head/Eyes: atraumatic, normocephalic, PERRL, NL conjunctiva/sclera
L pupil: reactivity
R pupil: reactivity
Cardiovascular: normal heart sounds, pulses all extremities
Respiratory/Chest: atraumatic, clear to auscultation
Abdomen: soft, non-tender, no guarding, no rebound, no distention
Back/spine:
Back: atraumatic, inspection NL
Pelvis: pelvis stable
Neuro/CNS: alert, oriented X 3, normal gait, normal speech

Free Text Obj Notes

Free Text Obj Notes:
RUE ecchymosis in posterior proximal pain, no tenderness or swelling at site of ecchymosis

FROM at right shoulder, elbow and wrist without tenderness, swelling or deformity

LLE held in flexed position at hip and knee; internally rotated
patient is able to move all extremities however limited in LLE d/t pain

Diagnosis, Assessment & Plan

Free Text A&P:
AYAD,AZIZ is a 69 year old M, status post mechanical GLF

Injuries:
- Mildly displaced left proximal femoral fracture
- RUE proximal contusion

Comorbidities:
- HTN
- HLD
- DM
- prior CVA w/ residual left sided weakness

Other Diagnosis:
- Osteopenia

Procedures:
- 12/10 left open hip reduction and internal fixation (Mezzonate)

Plan: Pt is POD 3 from left femur ORIF. C/o of fatigue, pain is controlled at the site of ORIF w/ some serosanguinous drainage. Pending further recs from cards. Pt is without chest pain this morning, would be okay for downgrade to pcu.

Neuro:
- GCS 15, no head trauma or LOC; CTH unremarkable
- multimodal pain control - gabapentin, robaxin & tramadol.
- continue home med zoloft

Cardiac:
- nstemi 1.57 most recently, cards on board; cath friday
- 12/10 ECHO 40-45%
- continued home meds including ASA 81mg, lipitor 80mg, lisinopril 10mg qd; metoprolol 25mg bid

Pulm:

- Pt is extubated, no resp distress

Abdomen/GI:
- carb controlled diet
- miralax, prn zofran

Renal/Lytes:
- monitor i/o
- pt currently has a foley
- flomax

Heme:
- stable hemoglobin s/p 2u prbc on 12/10
- 3u prbc on 12/12

Endocrine:
- hyperglycemic, h/o of DM, low ISS

ID:
- no clinical indication of infectious process

MSK:
- noted above injuries, ortho is following; recommend f/u in their clinic in 3 weeks - pt is from ohio however and daughter is looking into possibility of rehab
- pt/ot

Skin and Integument:
- RUE contusion

Proph:
- SCD, heparin

Lines:
- right and left PIV
- left a line
- foley

GRAY,SANJIV F 12/13/19 1057:
Attestations

Physician Attestation

Reviewed findings & plan:
Agree with the findings and plan as documented

The patient was seen and examined together during the trauma multidisciplinary rounds and above plans of formulated together. I am providing critical care for his frailty, NSTEMI, left hip fx, acute blood loss anemia, acute pain management

gcs 15
pain is controlled
bp is controlled
no chest pain
off heparin drip due to hematuria, which has resolved and anemia require 3 prbcs yesterday
left thigh is swollen but not tense
ok for heparin subq
cardiology is following but postponing cardiac cath today
continue lisinopril, asa, metoprolol
diet as tolerating
keep foley since hematuria, if remains clear, dc foley
ok for transfer to pcu
started on ferrous, vit c, vit d
family updated at the besdie

30 minutes of critical care time including multidisciplinary rounds review of all images labs other provider notes and critical complex decision-making process for the potential life-threatening illness

Electronically Signed by Bawany,Sheila MD R3 on 12/13/19 at 0925
Electronically Signed by Gray,Sanjiv MD on 12/13/19 at 1100

RPT #: 1213-0023
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Trauma Progress Note
REPORT#:1212-1357 REPORT STATUS: Signed
DATE:12/12/19 TIME: 2230

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A419-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Block,Ernest F MD
REP SRV DT: 12/12/19 REP SRV TM: 2230

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:
hip fx anemai
HPI:
Seen on AM rounds and then repeadetly over course of the day. On am rounds he had some diminished mentation. Nurses reported he had just received

Objective

Physical Exam

Wound/incision:
Location:
left lateral thigh, staples in place, c/d/i
Head/Eyes: atraumatic, normocephalic, PERRL, NL conjunctiva/sclera
L pupil: reactivity
R pupil: reactivity
Cardiovascular: normal heart sounds, pulses all extremities
Respiratory/Chest: atraumatic, clear to auscultation
Abdomen: soft, non-tender, no guarding, no rebound, no distention
Back/spine:
Back: atraumatic, inspection NL
Pelvis: pelvis stable
Neuro/CNS: alert, oriented X 3, normal gait, normal speech

Free Text Obj Notes

Free Text Obj Notes:
RUE ecchymosis in posterior proximal pain, no tenderness or swelling at site of ecchymosis FROM at right shoulder, elbow and wrist without tenderness, swelling or deformity

LLE held in flexed position at hip and knee; internally rotated
patient is able to move all extremities however limited in LLE d/t pain

Diagnosis, Assessment & Plan

Free Text A&P:
AYAD,AZIZ is a 69 year old M, status post mechanical GLF

Injuries:
- Mildly displaced left proximal femoral fracture
- RUE proximal contusion

Comorbidities:
- HTN
- HLD
- DM
- prior CVA w/ residual left sided weakness

Other Diagnosis:
- Osteopenia

Procedures:
- 12/10 left open hip reduction and internal fixation (Mezzonate)

Plan: Continue ICU care, cardiac recs pending.

Neuro:
- GCS 15, no head trauma or LOC
- multimodal pain control have been adjusted, now including standing gabapentin, robaxin & tramadol.
- continue home med zoloft

Cardiac:
- pt had elevated trop, will continue to trend; may be demand ischemia
- f/u cxr today since he has a +fluid balance since last night
- hold lisinopril for now, pending card recs
- pending echo read
- other home meds including ASA and lipitor continue

Pulm:
- Pt is extubated, no resp distress

Abdomen/GI:
- pt is tolerating clear, advance as tolerated
- miralax, prn zofran

Renal/Lytes:
- d/c mivf

- monitor i/o
- pt currently has a foley

Heme:
- stable hemoglobin s/p 2u prbc on 12/10

Endocrine:
- hyperglycemic, h/o of DM, low ISS

ID:
- no clinical indication of infectious process

MSK:
- noted above injuries, ortho is following
- pt/ot

Skin and Integument:
- RUE contusion

Proph:
- SCD, lovenox 30 bid

Lines:
- right and left PIV
- left a line
- foley

Electronically Signed by Block,Ernest F MD on 02/25/20 at 1253

RPT #: 1212-1357
END OF REPORT

OSCEOLA REGIONAL MEDICAL CENTER (COCOS)
Trauma Progress Note
REPORT#:1211-0015 REPORT STATUS: Signed
DATE:12/11/19 TIME: 0036

PATIENT: AYAD,AZIZ UNIT #: N000880775
ACCOUNT#: N00101730890 ROOM/BED: N.A209-1
AGE: 69 SEX: M ATTEND: Block,Ernest F MD
ADM DT: 12/10/19 AUTHOR: Bawany,Sheila MD
R3
REP SRV DT: 12/11/19 REP SRV TM: 0036

* ALL edits or amendments must be made on the electronic/computer document *

BAWANY,SHEILA X 12/11/19 0036:

Subjective

HPI:
Pt was started clear liquids over the night. Pt remains in the in the ICU because post-op he had an episode of hypotension, tachycardia and EKG w/ ST depressions in lateral leads. Pt did receive 2uprbcs post op. Currently denies cp, sob. Pt has some pain at the site of surgery on LLE.

Review of Systems

Cardiovascular:
Denies: chest pain, palpitations.
GI:
Denies: abdominal pain, nausea, vomiting.
Neuro:
Denies: headache.
All systems rev & neg: except as marked

Objective

Physical Exam

Medications:
Active Meds + DC'd Last 24 Hrs
Methocarbamol 750 MG TID PO
Tramadol HCl 50 MG Q6HR PO
Lisinopril 40 MG DAILY PO (WDA)
Mupirocin 1 APPLIC BID NASAL
Sertraline HCl 100 MG DAILY PO
Tamsulosin HCl 0.4 MG DAILY PO
Gabapentin 300 MG Q8H PRN PO (PNDr)
Magnesium Sulfate 100 ML ASDIR PRN IV
Magnesium Sulfate 50 ML PROTOCOL PRN IV (CKD)
Insulin Human Lispro LOW SLIDING SCALE:

BS 110-150 = 2 UNITS

BS 151-200 =4 UNITS
BS 201-250 =6 UNITS
BS 251-300 =8 UNITS
BS 301-350 =10 UNIT
BS 351-400 =12 UNIT
BS < 60 OR > 400 =
CALL MD
C MEALS HS SUBQ
Magnesium Sulfate 50 ML PROTOCOL PRN IV (DC)
Dextrose Glucose < 70 = 25 mL
Glucose < 60 = 50 mL
ASDIR PRN IV
Glucagon 1 MG ASDIR PRN SUBQ
Gabapentin 300 MG Q8H PRN PRN PO (DC)
Atorvastatin Calcium 80 MG BEDTIME PO
Enoxaparin Sodium 30 MG BID SUBQ
Aspirin 81 MG DAILY PO
Fentanyl 50 MCG Q5M PRN PRN IV (DC)
Hydromorphone HCl 0.5 MG Q5M PRN PRN IV (DC)
Ondansetron HCl 4 MG PACU PRN IV (DC)
Potassium Chloride Lactated Ringer's 1,000 ML PACU IV (DC)
Ephedrine 0 .STK-MED ONE .ROUTE (DC)
Albumin Human 250 ML .STK-MED ONE IV (DC)
Fentanyl 0 .STK-MED ONE .ROUTE (DC)
Glycopyrrolate 0 .STK-MED ONE INJ (DC)
Neostigmine Bromide 0 .STK-MED ONE .ROUTE (DC)
Esmolol HCl 0 .STK-MED ONE IV (DC)
Dexamethasone 0 .STK-MED ONE .ROUTE (DC)
Ondansetron HCl 0 .STK-MED ONE .ROUTE (DC)
Ephedrine 0 .STK-MED ONE .ROUTE (DC)
Fentanyl 0 .STK-MED ONE .ROUTE (DC)
Phenylephrine HCl 0 .STK-MED ONE .ROUTE (DC)
Lidocaine 0 .STK-MED ONE .ROUTE (DC)
Propofol 20 ML .STK-MED ONE IV (DC)
Rocuronium Bromide 0 .STK-MED ONE IV (DC)
Fentanyl 0 .STK-MED ONE .ROUTE (DC)
Ketorolac Tromethamine 15 MG Q6HR IV (DC)
Acetaminophen 1,000 MG TID PRN PRN PO
Morphine Sulfate 2 MG Q4H PRN PRN IV
Cefazolin Sodium 0 .STK-MED ONE .ROUTE (DC)
Polyethylene Glycol 17 GRAM DAILY PO (CKD)
Sodium Chloride 1,000 ML .Q13H20M IV (DC)
Gabapentin 300 MG TID PO (DC)

Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EA ASDIR PRN MISC
Miscellaneous 1 EACH PRN PRN MISC
Miscellaneous Information 1 PRN PRN MISC
Miscellaneous Medication 1 ASDIR PRN MISC
Sodium Chloride SALINE FLUSH PER
UNIT PROTOCOL
PRN PRN IV
Methocarbamol 1 GRAM Q6H PRN PRN IV (DC)
Acetaminophen 650 MG Q4H PRN PRN PO (DC)
Diphenhydramine HCl 25 MG Q6H PRN PRN IV
Morphine Sulfate 1 MG Q2H PRN PRN IV (DC)
Ondansetron HCl 4 MG Q6H PRN PRN IV

General appearance: alert, awake, oriented, no acute distress, pleasant, conversational
Wound/incision:
Location:
left lateral thigh, staples in place, c/d/i
Head/Eyes: atraumatic, normocephalic, PERRL, NL conjunctiva/sclera
L pupil: reactivity
R pupil: reactivity
Cardiovascular: normal heart sounds, pulses all extremities
Respiratory/Chest: atraumatic, clear to auscultation
Abdomen: soft, non-tender, no guarding, no rebound, no distention
Back/spine:
Back: atraumatic, inspection NL
Pelvis: pelvis stable
Neuro/CNS: alert, oriented X 3, normal gait, normal speech

Free Text Obj Notes
Free Text Obj Notes:
RUE ecchymosis in posterior proximal pain, no tenderness or swelling at site of ecchymosis
FROM at right shoulder, elbow and wrist without tenderness, swelling or deformity

LLE held in flexed position at hip and knee; internally rotated
patient is able to move all extremities however limited in LLE d/t pain

Diagnosis, Assessment & Plan
Free Text A&P:
AYAD,AZIZ is a 69 year old M, status post mechanical GLF

Injuries:
- Mildly displaced left proximal femoral fracture
- RUE proximal contusion

Comorbidities:
- HTN
- HLD
- DM
- prior CVA w/ residual left sided weakness

Other Diagnosis:
- Osteopenia

Procedures:
- 12/10 left open hip reduction and internal fixation (Mezzonate)

Plan: Continue ICU care, cardiac recs pending.

Neuro:
- GCS 15, no head trauma or LOC
- multimodal pain control have been adjusted, now including standing gabapentin, robaxin & tramadol.
- continue home med zoloft

Cardiac:
- pt had elevated trop, will continue to trend; may be demand ischemia
- f/u cxr today since he has a +fluid balance since last night
- hold lisinopril for now, pending card recs
- pending echo read
- other home meds including ASA and lipitor continue

Pulm:
- Pt is extubated, no resp distress

Abdomen/GI:
- pt is tolerating clear, advance as tolerated
- miralax, prn zofran

Renal/Lytes:
- d/c mivf
- monitor i/o
- pt currently has a foley

Heme:
- stable hemoglobin s/p 2u prbc on 12/10

Endocrine:
- hyperglycemic, h/o of DM, low ISS

ID:
- no clinical indication of infectious process

MSK:
- noted above injuries, ortho is following
- pt/ot

Skin and Integument:
- RUE contusion

Proph:
- SCD, lovenox 30 bid

Lines:
- right and left PIV
- left a line
- foley

BILSKI,TRACY 12/11/19 2008:
Attestations
Attestation needed: supervising physician

Physician Attestation
Agree w/findings & plan:
ATTENDING:
The Resident's history was reviewed. The patient was interviewed and examined by me.

HPI: Feels well this am, events of yest reviewed; cards pending

My personal exam reveals: VSS; lungs clear; cor rrr, abd soft, nd, nabs; tol clears; dressings intact; good vascular exam distally; GCS 15

I agree with the assessment and care plan, and confirm the diagnosis(es) above.

Exception of: Nothing

ASSESSMENT | PLAN:
AYAD,AZIZ is a 69 year old M, status post mechanical GLF

Injuries:
- Mildly displaced left proximal femoral fracture
- RUE proximal contusion

Comorbidities:
- HTN
- HLD
- DM
- prior CVA w/ residual left sided weakness

Other Diagnosis:
- NSTEMI
- Osteopenia

Plan:
- Cardiology follow up
- dec lisinopril and add beta blocker for mild tachycardia
- Ok for heparin from trauma standpoint if cath needed
- pt, ot
- oob
- awaiting echo
- pain control with non narcotic pain meds
- discussed with family at bedside
- dvtp
- pulm toilet

Electronically Signed by Bawany,Sheila MD R3 on 12/11/19 at 0950
Electronically Signed by Bilski,Tracy MD on 12/11/19 at 2008

RPT #: 1211-0015
END OF REPORT

TRAUMA REHABILITATION SERVICES

- [ ] Orthopaedic injury / musculo-skeletal
- [ ] Cognitive
- [ ] Multi-system trauma
- [ ] Neurologic deficit – spine / peripheral nerve injury
- [ ] Prolonged ICU stay
- [ ] Other _____
- [ ] Not applicable

Disciplines evaluating the patient for acute rehabilitation service needs within first 7 days:

	Date Ordered	Date Seen
Physical Therapy	12/10/19 - 05.36	12/11/19 - 10.34
Occupational Therapy	12/10/19 - 05.36	12/12/19 - 16.10
Speech Therapy		

- [ ] Please see therapy notes for evaluation
- [ ] ICU patient
  - [ ] Continue to re-evaluate for appropriateness of therapy
  - [ ] Initiate preventive therapy with nursing such as ROM, splinting, etc.

Therapy initial evaluation and recommendations reviewed

Trauma Surgeon Attending Signature

12/12/19 @ 08:00

Date/Time

OSCEOLA REGIONAL MEDICAL CENTER

Ayad, Aziz

Patient Identification / Label

N000880775

N00101730890

"POS" OSC-940 Trauma Rehab Services Physician Signature 7/2015 Page 1 of 1

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RAD	XR Pelvis 1/2 Views	20191210-0032	12/10/19	0417	S		E	CMP	WALAY

Other Provider : Sig Lvl Provider :

Order details below

Reason for Exam: Fracture
Comments:
Comments:
Comments:

Order's Audit Trail of Events

1 12/10/19 0417 PHY.WALAY Order ENTER in EDM/POM
2 12/10/19 0417 PHY.WALAY Ordering Doctor: Walker,Ayanna D MD
3 12/10/19 0417 PHY.WALAY Order Source: EPOM
4 12/10/19 0417 PHY.WALAY Signed by Walker,Ayanna D MD
5 12/10/19 0417 interface order's status changed from TRANS to LOGGED by RAD
6 12/10/19 0519 interface order's status changed from LOGGED to IN PRO by RAD
7 12/10/19 0532 interface order's status changed from IN PRO to COMP by RAD

Electronically signed by Walker,Ayanna D MD on 12/10/19 at 0417

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0713	12/10/19	0424	R		E	CMP	SLOMAR

Other Provider : Sig Lvl Provider :

RX: 18404597 Start: 12/10/19 0424 ONE CMP
Stop: 12/10/19 0425

morPHINE 4mg/mL Inj (morPHINE 4mg/mL Inj)
Dose: 4 MG
Route: IV Direction: X1ED

Order's Audit Trail of Events

1 12/10/19 0424 PHY.SLOMA Order ENTER in EDM/POM
2 12/10/19 0424 PHY.SLOMA Ordering Doctor: Slome,Mary C MD R2
3 12/10/19 0424 PHY.SLOMA Order Source: EPOM
4 12/10/19 0424 PHY.SLOMA Signed by Slome,Mary C MD R2
5 12/10/19 0425 SCHEDULER DISCONTINUE in PHA
6 12/10/19 0432 NEDJC2 order acknowledged

Electronically signed by Slome,Mary C MD R2 on 12/10/19 at 0424

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0714	12/10/19	0424	R		E	CMP	SLOMAR

Other Provider : Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

RX: 18404598 Start: 12/10/19 0424 ONE CMP
Stop: 12/10/19 0425

Ondansetron Inj (Zofran Inj)
Dose: 4 MG
Route: IV Direction: X1ED

Order's Audit Trail of Events

1	12/10/19 0424	PHY.SLOMA	Order ENTER in EDM/POM
2	12/10/19 0424	PHY.SLOMA	Ordering Doctor: Slome,Mary C MD R2
3	12/10/19 0424	PHY.SLOMA	Order Source: EPOM
4	12/10/19 0424	PHY.SLOMA	Signed by Slome,Mary C MD R2
5	12/10/19 0425	SCHEDULER	DISCONTINUE in PHA
6	12/10/19 0433	NEDJC2	order ackrowledged

Electronically signed by Slome,Mary C MD R2 on 12/10/19 at 0424

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
EKG	EKG	20191210-0021	12/10/19	0436	S		E	TRN	SLOMAR

Other Provider : Sig Lvl Provider :
Reason for Exam? hip alert
Comments?

Order's Audit Trail of Events

1	12/10/19 0437	PHY.SLOMA	Order ENTER in EDM/POM
2	12/10/19 0437	PHY.SLOMA	Ordering Doctor: Slome,Mary C MD R2
3	12/10/19 0437	PHY.SLOMA	Order Source: EPOM
4	12/10/19 0437	PHY.SLOMA	Signed by Slome,Mary C MD R2

Electronically signed by Slome,Mary C MD R2 on 12/10/19 at 0437

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC,P_T,Auto Diff	20191210-0905	12/10/19	0436	S		E	CMP	SLOMAR

Other Provider : Sig Lvl Provider :
Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST

Order's Audit Trail of Events

1	12/10/19 0437	PHY.SLOMA	Order ENTER in EDM/POM
2	12/10/19 0437	PHY.SLOMA	Ordering Doctor: Slome,Mary C MD R2
3	12/10/19 0437	PHY.SLOMA	Order Source: EPOM
4	12/10/19 0437	PHY.SLOMA	Signed by Slome,Mary C MD R2
5	12/10/19 0437	interface	cc'd doctors edited in LAB
6	12/10/19 0437	interface	order's status changed from TRANS to LOGGED by LAB
7	12/10/19 0454	interface	order's status changed from LOGGED to IN PRO by LAB
8	12/10/19 0524	interface	order's status changed from IN PRO to COMP by LAB

Electronically signed by Slome,Mary C MD R2 on 12/10/19 at 0437

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Comp Metabolic Panel	20191210-0906	12/10/19	0436	S		E	CMP	SLOMAR

Other Provider :
Sig Lvl Provider :

Order's Audit Trail of Events

1 12/10/19 0437 PHY.SLOMA Order ENTER in EDM/POM
2 12/10/19 0437 PHY.SLOMA Ordering Doctor: Slome,Mary C MD R2
3 12/10/19 0437 PHY.SLOMA Order Source: EPOM
4 12/10/19 0437 PHY.SLOMA Signed by Slome,Mary C MD R2
5 12/10/19 0437 interface cc'd doctors edited in LAB
6 12/10/19 0437 interface order's status changed from TRANS to LOGGED by LAB
7 12/10/19 0454 interface order's status changed from LOGGED to IN PRO by LAB
8 12/10/19 0539 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Slome,Mary C MD R2 on 12/10/19 at 0437

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Troponin-I	20191210-0912	12/10/19	0439	S		E	CNC	SLOMAR

Other Provider :
Sig Lvl Provider :
Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST

Order's Audit Trail of Events

1 12/10/19 0439 PHY.SLOMA Order ENTER in EDM/POM
2 12/10/19 0439 PHY.SLOMA Ordering Doctor: Slome,Mary C MD R2
3 12/10/19 0439 PHY.SLOMA Order Source: EPOM
4 12/10/19 0439 PHY.SLOMA Signed by Slome,Mary C MD R2
5 12/10/19 0439 interface cc'd doctors edited in LAB
6 12/10/19 0439 interface order's status changed from TRANS to LOGGED by LAB
7 12/10/19 0453 interface order's status changed from LOGGED to CANCEL by LAB

Cancel comment: combined

Electronically signed by Slome,Mary C MD R2 on 12/10/19 at 0439

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0752	12/10/19	0448	R		E	CMP	SLOMAR

Other Provider :
Sig Lvl Provider :
RX: 18404648
Start: 12/10/19 0448 ONE CMP
Stop: 12/10/19 0449

morPHINE 4mg/mL Inj (morPHINE 4mg/mL Inj)
Dose: 4 MG
Route: IV
Direction: X1ED

Order's Audit Trail of Events

1 12/10/19 0448 PHY.SLOMA Order ENTER in EDM/POM
2 12/10/19 0448 PHY.SLOMA Ordering Doctor: Slome,Mary C MD R2
3 12/10/19 0448 PHY.SLOMA Order Source: EPOM
4 12/10/19 0448 PHY.SLOMA Signed by Slome,Mary C MD R2
5 12/10/19 0449 SCHEDULER DISCONTINUE in PHA
6 12/10/19 0456 NEDJF order ackrowledged

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Electronically signed by Slome,Mary C MD R2 on 12/10/19 at 0448

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Troponin-I	20191210-0923	12/10/19	0436	S	1		CMP	SLOMAR

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events

1 12/10/19 0453 NLBSM1 Order ENTER in LAB
2 12/10/19 0453 NLBSM1 Ordering Doctor: Slome,Mary C MD R2
3 12/10/19 0454 interface order's status changed from LOGGED to IN PRO by LAB
4 12/10/19 0539 interface order's status changed from IN PRO to COMP by LAB

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
CONS	Phy Trauma Consult	20191210-0024	12/10/19	0501	R		E	TRN	JULTI

Other Provider : Sig Lvl Provider :

Press <ENTER> for additional order detail

Consult Reason: Trauma
Other Reason:
Comments: HIP FX

Doctor to be consulted Block,Ernest F MD
PHONE : (407)323-7821
DATE Notified:
Notified
TIME:
Person Notified:

Order's Audit Trail of Events

1 12/10/19 0501 PHYJULTI Order ENTER in EDM/POM
2 12/10/19 0501 PHYJULTI Ordering Doctor: Julien,Timothy MD
3 12/10/19 0501 PHYJULTI Order Source: EPOM
4 12/10/19 0501 PHYJULTI Signed by Julien,Timothy MD

Electronically signed by Julien,Timothy MD on 12/10/19 at 0501

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
CONS	Phy Orthopaedic Consult	20191210-0025	12/10/19	0513	R		E	TRN	SLOMAR

Other Provider : Sig Lvl Provider :

Press <ENTER> for additional order detail

Consult Reason: Lower Extremity Fracture
Other Reason:

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Doctor to be consulted: Mezzanotte.Thomas MD
PHONE: (407)476-0780
Comment
.
DATE Notified:
Notified
TIME:
Person Notified:

Order's Audit Trail of Events

```
1    12/10/19 0513 PHY.SLOMA  Order ENTER in EDM/POM
2    12/10/19 0513 PHY.SLOMA  Ordering Doctor: Slome.Mary C MD R2
3    12/10/19 0513 PHY.SLOMA  Order Source: EPOM
4    12/10/19 0513 PHY.SLOMA  Signed by Slome.Mary C MD R2
```

Electronically signed by Slome.Mary C MD R2 on 12/10/19 at 0513

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RAD	XR Knee 1 or 2 V Rt	20191210-0037	12/10/19	0444	S	01	E	CMP	SLOMAR

Other Provider : Sig Lvl Provider :
Order details below
Reason for Exam: Fracture
Comments:
Comments:
Comments:

Order's Audit Trail of Events

```
1    12/10/19 0444 PHY.SLOMA  Order ENTER in EDM/POM
2    12/10/19 0444 PHY.SLOMA  Ordering Doctor: Slome.Mary C MD R2
3    12/10/19 0444 PHY.SLOMA  Order Source: EPOM
4    12/10/19 0444 PHY.SLOMA  Signed by Slome.Mary C MD R2
5    12/10/19 0444 interface  order's status changed from TRANS to LOGGED by RAD
6    12/10/19 0515 NRDHR      order procedure edited:
7    12/10/19 0515 NRDHR      old value - KNEE3LT - XR Knee 3 V Lt
8    12/10/19 0519 interface  order's status changed from LOGGED to IN PRO by RAD
9    12/10/19 0524 PHY.BAWSH  order viewed from Provider Order Management
10   12/10/19 0533 interface  order's status changed from IN PRO to COMP by RAD
11   12/10/19 0831 PHY.SLOMA  Signed by Slome.Mary C MD R2
```

Electronically signed by Slome.Mary C MD R2 on 12/10/19 at 0831

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0792	12/10/19	0524	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

RX: 18404682 Start: 12/10/19 0524 ONE CMP
Stop: 12/10/19 0525

fentaNYL Inj (Sublimaze Inj)
Dose: 50 MCG
Route: IV Direction: X1ED

Order's Audit Trail of Events
1 12/10/19 0524 PHY.BAWSH Order ENTER in EDM/POM
2 12/10/19 0524 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/10/19 0524 PHY.BAWSH Order Source: EPOM
4 12/10/19 0524 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/10/19 0525 SCHEDULER DISCONTINUE in PHA
6 12/10/19 0532 NEDJF order acknowledged

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0524

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0794	12/10/19	0529	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

RX: 18404684 Start: 12/10/19 0529 ONE CMP
Stop: 12/10/19 0530

Methocarbamol Inj (Robaxin Inj)
Dose: 1 GRAM
Route: IV Direction: X1ED

Order's Audit Trail of Events
1 12/10/19 0529 PHY.BAWSH Order ENTER in EDM/POM
2 12/10/19 0529 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/10/19 0529 PHY.BAWSH Order Source: EPOM
4 12/10/19 0529 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/10/19 0530 SCHEDULER DISCONTINUE in PHA
6 12/10/19 0536 NEDJF order acknowledged

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0529

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Vital Signs	20191210-0346	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Nursing Frequency: OTHER (SEE BELOW)
Other Frequency: Every 1 hour X 4, then every 4 hours X 24 hours then per unit standard

Comment:
Please do not use to enter medications

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

5 12/10/19 0536 PHY.BAWSH Signed by Bawany.Sheila MD R3
6 12/10/19 0536 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
8 12/10/19 1800 PHY.GRASA Signed by Gray.Sanjiv MD
9 12/10/19 2353 NICGV Order RECEIVE in NUR
10 12/10/19 2353 NICGV Ordering Doctor: Gray.Sanjiv MD
11 12/10/19 2353 NICGV Order Source: EPOM
12 12/10/19 2353 NICGV Order continued upon patient transfer.
13 12/12/19 0202 NICRXR order viewed from Order Management
14 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
15 12/13/19 0926 PHY.BAWSH Signed by Bawany.Sheila MD R3
16 12/13/19 0930 NICAKC Order RECEIVE in NUR
17 12/13/19 0930 NICAKC Ordering Doctor: Bawany.Sheila MD R3
18 12/13/19 0930 NICAKC Order Source: EPOM
19 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany.Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
				—Service—					
NUR.PHYS	z:Cardiac Monitor: Telemetry	20191210-0347	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany.Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany.Sheila MD R3
6 12/10/19 0536 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
8 12/10/19 1800 PHY.GRASA Signed by Gray.Sanjiv MD
9 12/10/19 2353 NICGV Order RECEIVE in NUR
10 12/10/19 2353 NICGV Ordering Doctor: Gray.Sanjiv MD
11 12/10/19 2353 NICGV Order Source: EPOM
12 12/10/19 2353 NICGV Order continued upon patient transfer.
13 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
14 12/13/19 0926 PHY.BAWSH Signed by Bawany.Sheila MD R3
15 12/13/19 0930 NICAKC Order RECEIVE in NUR
16 12/13/19 0930 NICAKC Ordering Doctor: Bawany.Sheila MD R3
17 12/13/19 0930 NICAKC Order Source: EPOM
18 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany.Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1800

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Incentive Spirometry	20191210-0348	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Press ENTER for Order Details Below

Frequency: EVERY 1 HOUR WHILE AWAKE
X 10
deep breaths and cough

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
8 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
9 12/10/19 2353 NICGV Order RECEIVE in NUR
10 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
11 12/10/19 2353 NICGV Order Source: EPOM
12 12/10/19 2353 NICGV Order continued upon patient transfer.
13 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
14 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
15 12/13/19 0930 NICAKC Order RECEIVE in NUR
16 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
17 12/13/19 0930 NICAKC Order Source: EPOM
18 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Assess Neurologic Status	20191210-0349	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Nursing Frequency: OTHER (SEE BELOW)
Other Frequency: with Vital Signs
Comment:
Please do not use to enter medications

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
8 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
9 12/10/19 2353 NICGV Order RECEIVE in NUR

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

10	12/10/19	2353	NICGV	Ordering Doctor: Gray.Sanjiv MD
11	12/10/19	2353	NICGV	Order Source: EPOM
12	12/10/19	2353	NICGV	Order continued upon patient transfer.
13	12/11/19	0657	NICMLS	order viewed from Order Management
14	12/12/19	0201	NICRXR	order viewed from Order Management
15	12/13/19	0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
16	12/13/19	0926	PHY.BAWSH	Signed by Bawany.Sheila MD R3
17	12/13/19	0930	NICAKC	Order RECEIVE in NUR
18	12/13/19	0930	NICAKC	Ordering Doctor: Bawany.Sheila MD R3
19	12/13/19	0930	NICAKC	Order Source: EPOM
20	12/13/19	0930	NICAKC	Order continued upon patient transfer.
21	12/14/19	0422	NICGV	order viewed from Order Management

Electronically signed by Bawany.Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Intake & Output	20191210-0350	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Frequency:
Comments: Strict

Order's Audit Trail of Events

1	12/10/19	0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19	0536	PHY.BAWSH	Order from set: Trauma Admission
3	12/10/19	0536	PHY.BAWSH	Ordering Doctor: Bawany.Sheila MD R3
4	12/10/19	0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19	0536	PHY.BAWSH	Signed by Bawany.Sheila MD R3
6	12/10/19	0536	interface	order's status changed from TRANS to ACTIVE by NUR
7	12/10/19	1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19	1800	PHY.GRASA	Signed by Gray.Sanjiv MD
9	12/10/19	2353	NICGV	Order RECEIVE in NUR
10	12/10/19	2353	NICGV	Ordering Doctor: Gray.Sanjiv MD
11	12/10/19	2353	NICGV	Order Source: EPOM
12	12/10/19	2353	NICGV	Order continued upon patient transfer.
13	12/13/19	0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
14	12/13/19	0926	PHY.BAWSH	Signed by Bawany.Sheila MD R3
15	12/13/19	0930	NICAKC	Order RECEIVE in NUR
16	12/13/19	0930	NICAKC	Ordering Doctor: Bawany.Sheila MD R3
17	12/13/19	0930	NICAKC	Order Source: EPOM
18	12/13/19	0930	NICAKC	Order continued upon patient transfer.

Electronically signed by Bawany.Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1800

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Dressing Change	20191210-0351	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Press ENTER for Order Details Below

.
Type: Dry
Wet to dry:
Damp to dry:
Apply to: affected areas
Cover with:

.
Frequency: QS
+

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 1011 CSS.ANL order viewed from Order Management
8 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
9 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order RECEIVE in NUR
11 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
12 12/10/19 2353 NICGV Order Source: EPOM
13 12/10/19 2353 NICGV Order continued upon patient transfer.
14 12/11/19 0657 NICMLS order viewed from Order Management
15 12/11/19 0847 NICMLS order viewed from Order Management
16 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
17 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
18 12/13/19 0930 NICAKC Order RECEIVE in NUR
19 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
20 12/13/19 0930 NICAKC Order Source: EPOM
21 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Notify Vital Sign Parameters	20191210-0352	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

.
Press (ENTER) for Order Details below

Notify Physician:
Temperature >: 38.6
degrees C
HR <: 50
HR >: 110

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Oxygen Saturation <: 92
percent
SBP <: 90
mmhg
SBP >: 160
mmHg
RR <: 12
RR >: 28
MAP <: 60
mmHg
DBP >: 100
mmHg
Comment:

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Trauma Admission
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/10/19 0536	interface	order's status changed from TRANS to ACTIVE by NUR
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order RECEIVE in NUR
10	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
11	12/10/19 2353	NICGV	Order Source: EPOM
12	12/10/19 2353	NICGV	Order continued upon patient transfer.
13	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
14	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
15	12/13/19 0930	NICAKC	Order RECEIVE in NUR
16	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
17	12/13/19 0930	NICAKC	Order Source: EPOM
18	12/13/19 0930	NICAKC	Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Oral Hygiene	20191210-0353	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Press <ENTER> for additional order detail

Oral Hygiene Frequency: EVERY 8 HOURS
Comment:

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Trauma Admission
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/10/19 0536	interface	order's status changed from TRANS to ACTIVE by NUR
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

8 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
9 12/10/19 2353 NICGV Order RECEIVE in NUR
10 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
11 12/10/19 2353 NICGV Order Source: EPOM
12 12/10/19 2353 NICGV Order continued upon patient transfer.
13 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
14 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
15 12/13/19 0930 NICAKC Order RECEIVE in NUR
16 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
17 12/13/19 0930 NICAKC Order Source: EPOM
18 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
FNS	NOTHING BY MOUTH	20191210-0119	12/10/19		B		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

When ordering NPO after Midnight change the service date to next day

and meal to breakfast.
NPO Order: NPO After Midnight
Comment:

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
7 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
8 12/10/19 2353 NICGV Order RECEIVE in NUR
9 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order Source: EPOM
11 12/10/19 2353 NICGV Order continued upon patient transfer.
12 12/11/19 0000 System order's status changed from TRANS to COMP
13 12/11/19 0000 System Order Replaced with New Diet

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Dispense By Duration	20191210-0802	12/10/19	0615	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

RX: 18404722
Route: IV
NS 1000ml
Rate: 75 MLS/HR
Bag Duration: 13 HR 20 MIN
Rx Duration: 30 Days

Start: 12/10/19 0615 SCH CMP
Stop: 01/09/20 0616
Volume: 1000 ML
Direction: .Q13H20M

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany.Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany.Sheila MD R3
6 12/10/19 0552 COE.MAW EDIT in PHA
7 12/10/19 0552 COE.MAW EDIT
8 12/10/19 0552 COE.MAW Edit Dr: Bawany.Sheila MD R3 Edit Source: Dpt Process/Procedur
9 12/10/19 0552 COE.MAW FROM:
10 12/10/19 0552 COE.MAW START: 12/10/19-0532 STOP: 01/09/20-0533 SOFT STOP:
11 12/10/19 0552 COE.MAW TO:
12 12/10/19 0552 COE.MAW START: 12/10/19-0615 STOP: 01/09/20-0616 SOFT STOP:
13 12/10/19 0552 COE.MAW For: 12/10/19 - 0615
14 12/10/19 0552 COE.MAW VERIFIED in PHA
15 12/10/19 0552 COE.MAW VERIFIED
16 12/10/19 0552 COE.MAW Edit Dr: Bawany.Sheila MD R3 Edit Source: Dpt Process/Procedur
17 12/10/19 0611 NEDJF order acknowledged
18 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
19 12/10/19 1800 PHY.GRASA Signed by Gray.Sanjiv MD
20 12/10/19 2353 NICGV Order RECEIVE in NUR
21 12/10/19 2353 NICGV Ordering Doctor: Gray.Sanjiv MD
22 12/10/19 2353 NICGV Order Source: EPOM
23 12/10/19 2353 NICGV Order continued upon patient transfer.
24 12/11/19 0614 PHY.BAWSH Order DC in POM
25 12/11/19 0614 PHY.BAWSH Ordering Doctor: Bawany.Sheila MD R3
26 12/11/19 0614 PHY.BAWSH Order Source: EPOM
27 12/11/19 0614 PHY.BAWSH Order's Rx has been discontinued.
28 12/11/19 0614 PHY.BAWSH Signed by Bawany.Sheila MD R3
29 12/11/19 0616 NNAYF1 order acknowledged

Electronically signed by Bawany.Sheila MD R3 on 12/11/19 at 0614

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0803	12/10/19	0532	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

RX: 18404720
Start: 12/10/19 0532 PRN CMP
Stop: 01/09/20 0533

Acetaminophen Tab (Tylenol Tab)
Dose: 650 MG
Route: PO Direction: Q4H PRN
PRN Reason: PAIN 1-3/TEMP>100.5
DC Comments: NEW ORDER

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Trauma Admission
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/10/19 0552	COE.MAW	VERIFIED in PHA
7	12/10/19 1213	COE.HGK	DISCONTINUE in PHA
8	12/10/19 1213	COE.HGK	DISCONTINUE
9	12/10/19 1213	COE.HGK	Edit Dr: Bawany,Sheila MD R3 Edit Source: Dpt Process/Procedur
10	12/10/19 1213	COE.HGK	DC COMMENTS:
11	12/10/19 1213	COE.HGK	NEW ORDER
12	12/10/19 2354	NICGV	order acknowledged

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0804	12/10/19	0532	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

RX: 18404715 Start: 12/10/19 0532 PRN CMP
Stop: 12/17/19 0533

morPHINE 2mg/mL Inj (morPHINE 2mg/mL Inj)
Dose: 1 MG
Route: IV Direction: Q2H PRN
PRN Reason: PAIN SCALE 1-3

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Trauma Admission
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/10/19 0537	PHY.BAWSH	Order's Rx has been edited.
7	12/10/19 0537	PHY.BAWSH	Signed by Bawany,Sheila MD R3
8	12/10/19 0537	PHY.BAWSH	EDIT
9	12/10/19 0537	PHY.BAWSH	FROM:
10	12/10/19 0537	PHY.BAWSH	SIG: Q4H PRN
11	12/10/19 0537	PHY.BAWSH	TO:
12	12/10/19 0537	PHY.BAWSH	SIG: Q2H PRN
13	12/10/19 0551	COE.MAW	VERIFIED in PHA
14	12/10/19 0809	NEDCAR	order acknowledged
15	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
16	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
17	12/10/19 2353	NICGV	Order RECEIVE in NUR
18	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
19	12/10/19 2353	NICGV	Order Source: EPOM
20	12/10/19 2353	NICGV	Order continued upon patient transfer.
21	12/11/19 0328	PHY.BAWSH	Order DC in POM
22	12/11/19 0328	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
23	12/11/19 0328	PHY.BAWSH	Order Source: EPOM
24	12/11/19 0328	PHY.BAWSH	Order's Rx has been discontinued.
25	12/11/19 0328	PHY.BAWSH	Signed by Bawany,Sheila MD R3
26	12/11/19 0357	NNAYF1	order acknowledged

Electronically signed by Bawany,Sheila MD R3 on 12/11/19 at 0328

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0805	12/10/19	0600	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

RX: 18404718 Start: 12/10/19 0600 SCH CMP
Stop: 01/09/20 0601

Gabapentin Cap (Neurontin Cap)
Dose: 300 MG
Route: PO Direction: TID

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Trauma Admission
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany.Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany.Sheila MD R3
6	12/10/19 0536	PHY.BAWSH	VIEWED LAB TEST RESULTS
7	12/10/19 0536	PHY.BAWSH	Test Group C.RENAL
8	12/10/19 0536	PHY.BAWSH	LABORATORY
9	12/10/19 0536	PHY.BAWSH	Date Time Test Result Flag Normal Range
10	12/10/19 0536	PHY.BAWSH	12/10/19 0427 CREAT PENDING 0.55-1.3 mg/dl
11	12/10/19 0552	COE.MAW	VERIFIED in PHA
12	12/10/19 0552	COE.MAW	VIEWED LAB TEST RESULTS in PHA
13	12/10/19 0552	COE.MAW	VIEWED LAB TEST RESULTS
14	12/10/19 0552	COE.MAW	Test Group C.RENAL
15	12/10/19 0552	COE.MAW	LABORATORY
16	12/10/19 0552	COE.MAW	Date Time Test Result Flag Normal Range
17	12/10/19 0552	COE.MAW	12/10/19 0427 CREAT 0.72 0.55-1.3 mg/dl
18	12/10/19 0611	NEDJF	order acknowledged
19	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
20	12/10/19 1800	PHY.GRASA	Signed by Gray.Sanjiv MD
21	12/10/19 2353	NICGV	Order RECEIVE in NUR
22	12/10/19 2353	NICGV	Ordering Doctor: Gray.Sanjiv MD
23	12/10/19 2353	NICGV	Order Source: EPOM
24	12/10/19 2353	NICGV	Order continued upon patient transfer.
25	12/11/19 0307	PHY.BAWSH	order viewed from Provider Order Management
26	12/11/19 0309	PHY.BAWSH	Signed by Bawany.Sheila MD R3
27	12/11/19 0357	NNAYF1	order acknowledged

Electronically signed by Bawany.Sheila MD R3 on 12/11/19 at 0309

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0806	12/10/19	0532	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

RX: 18404714 Start: 12/10/19 0532 PRN CMP
Stop: 01/09/20 0533

Ondansetron Inj (Zofran Inj)
Dose: 4 MG
Route: IV Direction: Q6H PRN
PRN Reason: NAUSEA AND VOMITING

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Trauma Admission
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/10/19 0550	COE.MAW	VERIFIED in PHA
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order RECEIVE in NUR
10	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
11	12/10/19 2353	NICGV	Order Source: EPOM
12	12/10/19 2353	NICGV	Order continued upon patient transfer.
13	12/11/19 1117	NICMLS	order acknowledged
14	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
15	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
16	12/13/19 0930	NICAKC	Order RECEIVE in NUR
17	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
18	12/13/19 0930	NICAKC	Order Source: EPOM
19	12/13/19 0930	NICAKC	Order continued upon patient transfer.
20	12/17/19 1623	DISCHARGE	DISCONTINUE in PHA

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0807	12/10/19	1000	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

RX: 18404712 Start: 12/10/19 1000 SCH CMP
Stop: 01/09/20 1001

Polyeth Glycol Packet (Miralax Packet)
Dose: 17 GRAM
Route: PO Direction: DAILY

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Trauma Admission
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/10/19 0550	COE.MAW	VERIFIED in PHA
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order RECEIVE in NUR
10	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
11	12/10/19 2353	NICGV	Order Source: EPOM
12	12/10/19 2353	NICGV	Order continued upon patient transfer.

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

13 12/11/19 0809 NICMLS order acknowledged
14 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
15 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
16 12/13/19 0930 NICAKC Order RECEIVE in NUR
17 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
18 12/13/19 0930 NICAKC Order Source: EPOM
19 12/13/19 0930 NICAKC Order continued upon patient transfer.
20 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0808	12/10/19	0532	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :
RX: 18404719 Start: 12/10/19 0532 PRN CMP
Stop: 01/09/20 0533

diphenhydrAMINE Inj (Benadryl Inj)
Dose: 25 MG
Route: IV Direction: Q6H PRN
PRN Reason: PRURITUS/ITCHING

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0552 COE.MAW VERIFIED in PHA
7 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
8 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
9 12/10/19 2353 NICGV Order RECEIVE in NUR
10 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
11 12/10/19 2353 NICGV Order Source: EPOM
12 12/10/19 2353 NICGV Order continued upon patient transfer.
13 12/12/19 0334 NICRXR order acknowledged
14 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
15 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
16 12/13/19 0930 NICAKC Order RECEIVE in NUR
17 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
18 12/13/19 0930 NICAKC Order Source: EPOM
19 12/13/19 0930 NICAKC Order continued upon patient transfer.
20 12/17/19 1052 NRXJA DISCONTINUE in PHA
21 12/17/19 1124 NPGVV order acknowledged

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Seq Compression Device	20191210-0354	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Placement: Knee High
Comment:

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
8 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
9 12/10/19 2353 NICGV Order RECEIVE in NUR
10 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
11 12/10/19 2353 NICGV Order Source: EPOM
12 12/10/19 2353 NICGV Order continued upon patient transfer.
13 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
14 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
15 12/13/19 0930 NICAKC Order RECEIVE in NUR
16 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
17 12/13/19 0930 NICAKC Order Source: EPOM
18 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Education - VTE	20191210-0355	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Comments: general signs and symptoms and risk of venous thromboembolism, and mechanical prophylaxis methods available

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
8 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
9 12/10/19 2353 NICGV Order RECEIVE in NUR
10 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
11 12/10/19 2353 NICGV Order Source: EPOM
12 12/10/19 2353 NICGV Order continued upon patient transfer.
13 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
14 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

15 12/13/19 0930 NICAKC Order RECEIVE in NUR
16 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
17 12/13/19 0930 NICAKC Order Source: EPOM
18 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Basic Metabolic Panel	20191211-0078	12/11/19	0400	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PH_EBOTOMIST

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
7 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
8 12/10/19 2353 NICGV Order RECEIVE in NUR
9 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order Source: EPOM
11 12/10/19 2353 NICGV Order continued upon patient transfer.
12 12/10/19 2355 PHY.BAWSH order viewed from Provider Order Management
13 12/11/19 0000 interface cc'd doctors edited in LAB
14 12/11/19 0000 interface order's status changed from TRANS to LOGGED by LAB
15 12/11/19 0002 interface cc'd doctors edited in LAB
16 12/11/19 0012 interface order's status changed from LOGGED to IN PRO by LAB
17 12/11/19 0531 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC,P_T,Auto Diff	20191211-0079	12/11/19	0400	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

COMMENTS TO PH_EBOTOMIST

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

6 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
[redacted]
8 12/10/19 2353 NICGV Order RECEIVE in NUR
9 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order Source: EPOM
11 12/10/19 2353 NICGV Order continued upon patient transfer.
12 12/11/19 0000 interface cc'd doctors edited in LAB
13 12/11/19 0000 interface order's status changed from TRANS to LOGGED by LAB
14 12/11/19 0002 interface cc'd doctors edited in LAB
15 12/11/19 0012 interface order's status changed from LOGGED to IN PRO by LAB
16 12/11/19 0543 interface order's status changed from IN PRO to COMP by LAB

Electronic[redacted]

Electronic[redacted]

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
CONS	Case Management Consult	20191210-0027	12/10/19		R		E	TRN	BAWSH

Other Provider : Sig Lvl Provider :

DISCHARGE TO:
INDIGENT MEDICATION REQUEST
REQUEST DIALYSIS SERVICES

HOME OXYGEN REQUEST
Has 6 Minute Walk been Performed in last 24 hours?

Delivery method/device:
LPM/percentage:
Frequency of Oxygen:
Concentrator and Portable for home use?

MD Discussed with patient Face to Face use of O2:

MD discussed with patient use of DME:

ICD10 Code
Weight lbs:
Height (inches):
Diagnosis:
NPI #:
Comment:

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
[redacted]
6 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
[redacted]
8 12/10/19 2353 NICGV Order RECEIVE in NUR
9 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order Source: EPOM

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

11 12/10/19 2353 NICGV Order continued upon patient transfer.

Electronic[redacted]

Electronic[redacted]

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
OTPOM	OT Eval And Treat	20191210-0002	12/10/19		R		E	TRN	BAWSH

Other Provider : Sig Lvl Provider :

Weight Bearing Status:
Mobility Restrictions:
(FREE TEXT)

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
[redacted]
6 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
[redacted]
8 12/10/19 2353 NICGV Order RECEIVE in NUR
9 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order Source: EPOM
11 12/10/19 2353 NICGV Order continued upon patient transfer.
12 12/11/19 0906 NTPMLD order viewed

Electronic[redacted]

Electronic[redacted]

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PTPOM	PT Eval and Treat	20191210-0002	12/10/19		R		E	TRN	BAWSH

Other Provider : Sig Lvl Provider :

Weight Bearing Status:
Mobility Restrictions:
(FREE TEXT)

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
[redacted]
6 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
[redacted]
8 12/10/19 2353 NICGV Order RECEIVE in NUR
9 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order Source: EPOM

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

11 12/10/19 2353 NICGV Order continued upon patient transfer.
12 12/11/19 0832 NPTO.JXD order viewed
13 12/11/19 0909 NTPHLD order viewed
14 12/11/19 0936 NPTO.JXD order viewed

Electronic[redacted]

Electronic[redacted]

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
ADT	Admission	20191210-0038	12/10/19	0536	S		E	TRN	BAWSH

Other Provider : Sig Lvl Provider :

.
Expect patient to be here equal to or greater than two midnights:

.
Patient Status: Admit to Inpatient
Assign to Physician: Block,Ernest F MD
Medical Reason: Left hip fx

.
Inpatient CPT Code Present: (Group response undefined)

.
Selected rationale for inpatient status for expected stay < two midnights.

.
I certify that the patient status is appropriate and is based on my best

clinical
judgement and the patient's condition as documented in the medical record.

.

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Admission Order Set
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Admitting Physician: Block,Ernest F MD
[redacted]
7 12/10/19 0611 PHYJULTI order viewed from Provider Order Management
[redacted]
9 12/10/19 0717 NNUR.LMT order viewed from Order Management
10 12/11/19 1622 FCMRCP order viewed
11 12/13/19 0535 NCLLMS order viewed from Order Management
12 12/17/19 1537 NNUR.ABX order viewed from Order Management

Electronic[redacted]

Electronic[redacted]

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
ADT	Level of Care	20191210-0039	12/10/19	0536	S		E	TRN	BAWSH

Other Provider : Sig Lvl Provider :

.
Type of Room/Bed: SURT
I certify that the Preadmission Assessment is complete and signed:

.
Multiple Gestation?
Estimated Gestational Age (weeks):

(days):
Less than 39 week EGA admit reason:

.
Gestational age (weeks):
(days):
Birth weight known (y/n):
Birth weight (grams):
Birth weight (kg):
Birth weight unknown reason:

.
OB ICD-10 CODES

.
Change patient legal hold status:

.
Legal hold present: (Group response undefined)

.
Is this an ER Patient? Y

Order's Audit Trail of Events

1	12/10/19	0536 PHY.BAWSH	Order ENTER in POM
2	12/10/19	0536 PHY.BAWSH	Order from set: Admission Order Set
3	12/10/19	0536 PHY.BAWSH	Ordering Doctor: Bawany.Sheila MD R3
4	12/10/19	0536 PHY.BAWSH	Order Source: EPOM
5	12/10/19	0536 PHY.BAWSH	Signed by Bawany.Sheila MD R3
6	12/10/19	0536 PHY.BAWSH	This procedure has reflexed the following order(s)
7	12/10/19	0536 PHY.BAWSH	Inpatient Room Assignment (ED.PHYS)
8	12/10/19	0536 PHY.BAWSH	Admission Notification (ED.PHYS)
9	12/10/19	0536 PHY.BAWSH	Admission Recommendations (ED.PHYS)
10	12/10/19	0536 PHY.BAWSH	z:Cardiac Monitor: Telemetry (NUR.PHYS)
11	12/13/19	0535 NCLLMS	order viewed from Order Management

Electronically signed by Bawany.Sheila MD R3 on 12/10/19 at 0536

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RESUS	Resuscitation	20191210-0021	12/10/19	0536	R		E	TRN	BAWSH

Other Provider : Sig Lvl Provider :
Resuscitation Status: Full Code
F9 Lookup for Resuscitation Status Choices

FOR SPECIAL INSTRUCTION DETAIL ONLY

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Chest Compressions:
Cardiac Defibrillation:
Intubation:
Ventilator:
Medications:

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Admission Order Set
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:INIT Electrolyte Protocol	20191210-0356	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Comments: Follow admin criteria for potassium dosing.

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Osc Electrolyte Protocol
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/10/19 0536	interface	order's status changed from TRANS to ACTIVE by NUR
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order RECEIVE in NUR
10	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
11	12/10/19 2353	NICGV	Order Source: EPOM
12	12/10/19 2353	NICGV	Order continued upon patient transfer.
13	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
14	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
15	12/13/19 0930	NICAKC	Order RECEIVE in NUR
16	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
17	12/13/19 0930	NICAKC	Order Source: EPOM
18	12/13/19 0930	NICAKC	Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:PRN LAB TEST	20191210-0357	12/10/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :
Press (ENTER) for Order Details below

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Comment: Repeat potassium serum level 1 hour after dose complete and in AM. Obtain STAT magnesium level from blood already drawn with second replacement dose of potassium.

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Osc Electrolyte Protocol
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/10/19 0536	interface	order's status changed from TRANS to ACTIVE by NUR
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order RECEIVE in NUR
10	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
11	12/10/19 2353	NICGV	Order Source: EPOM
12	12/10/19 2353	NICGV	Order continued upon patient transfer.
13	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
14	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
15	12/13/19 0930	NICAKC	Order RECEIVE in NUR
16	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
17	12/13/19 0930	NICAKC	Order Source: EPOM
18	12/13/19 0930	NICAKC	Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Potassium	20191210-0949	12/10/19	0536	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Osc Electrolyte Protocol
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/10/19 0536	interface	cc'd doctors edited in LAB
7	12/10/19 0536	interface	order's status changed from TRANS to LOGGED by LAB
8	12/10/19 0544	interface	order's status changed from LOGGED to IN PRO by LAB
9	12/10/19 0617	interface	order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Magnesium	20191210-0950	12/10/19	0536	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Osc Electrolyte Protocol
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 interface cc'd doctors edited in LAB
7 12/10/19 0536 interface order's status changed from TRANS to LOGGED by LAB
8 12/10/19 0544 interface order's status changed from LOGGED to IN PRO by LAB
9 12/10/19 0617 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Calcium	20191210-0951	12/10/19	0536	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Osc Electrolyte Protocol
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 interface cc'd doctors edited in LAB
7 12/10/19 0536 interface order's status changed from TRANS to LOGGED by LAB
8 12/10/19 0544 interface order's status changed from LOGGED to IN PRO by LAB
9 12/10/19 0617 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Albumin	20191210-0952	12/10/19	0536	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Osc Electrolyte Protocol
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 interface cc'd doctors edited in LAB
7 12/10/19 0536 interface order's status changed from TRANS to LOGGED by LAB
8 12/10/19 0544 interface order's status changed from LOGGED to IN PRO by LAB
9 12/10/19 0617 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Cardiac Monitor: Telemetry	20191210-0358	12/10/19	0536			E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: TELE MONITOR ORDER
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 PHY.BAWSH This Procedure was triggered by :
7 12/10/19 0536 PHY.BAWSH Level of Care (ADT)
8 12/10/19 0536 interface order's status changed from TRANS to ACTIVE by NUR
9 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
10 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
11 12/10/19 2353 NICGV Order RECEIVE in NUR
12 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
13 12/10/19 2353 NICGV Order Source: EPOM
14 12/10/19 2353 NICGV Order continued upon patient transfer.
15 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
16 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
17 12/13/19 0930 NICAKC Order RECEIVE in NUR
18 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
19 12/13/19 0930 NICAKC Order Source: EPOM
20 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
ED.PHYS	Inpatient Room Assignment	20191210-0091	12/10/19	0536	S		E	TRN	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: RF-ED INPT Room Assignment
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 PHY.BAWSH This Procedure was triggered by :

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

7 12/10/19 0536 PHY.BAWSH Level of Care (ADT)

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
ED.PHYS	Admission Notification	20191210-0092	12/10/19	0536	S		E	TRN	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: RF-ED INPT Room Assignment
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 PHY.BAWSH This Procedure was triggered by :
7 12/10/19 0536 PHY.BAWSH Level of Care (ADT)

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
ED.PHYS	Admission Recommendations	20191210-0093	12/10/19	0536	S		E	TRN	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: RF-ED INPT Room Assignment
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 PHY.BAWSH This Procedure was triggered by :
7 12/10/19 0536 PHY.BAWSH Level of Care (ADT)

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0536

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-0809	12/10/19	0536	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :
RX: 18404717 Start: 12/10/19 0536 PRN CMP
Stop: 12/13/19 0537

Methocarbamol Inj (Robaxin Inj)
Dose: 1 GRAM
Route: IV Direction: Q6H PRN
PRN Reason: MUSCLE SPASMS

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

3 12/10/19 0536 PHY.BAWSH Order Source: EPOM
4 12/10/19 0537 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/10/19 0551 COE.MAW VERIFIED in PHA
6 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
7 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
8 12/10/19 2353 NICGV Order RECEIVE in NUR
9 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order Source: EPOM
11 12/10/19 2353 NICGV Order continued upon patient transfer.
12 12/11/19 0809 NICMLS order acknowledged
13 12/11/19 0923 PHY.BAWSH Order DC in POM
14 12/11/19 0923 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
15 12/11/19 0923 PHY.BAWSH Order Source: EPOM
16 12/11/19 0923 PHY.BAWSH Order's Rx has been discontinued.
17 12/11/19 0923 PHY.BAWSH Signed by Bawany,Sheila MD R3
18 12/11/19 0927 NICMLS order acknowledged

Electronically signed by Bawany,Sheila MD R3 on 12/11/19 at 0923

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Admit Set	20191210-0823	12/10/19	0600	R	1	Z	CMP	JULTI

Other Provider : Sig Lvl Provider :
RX: 18404723
Start: 12/10/19 0600 PRN CMP
Stop: 12/04/20 0601

Admit Set Entered (Admit Set Entered)
Dose: 1
Route: MISC Direction: PRN
PRN Reason: ADMIT SET

Order's Audit Trail of Events
1 12/10/19 0554 COE.MAW Order ENTER in PHA
2 12/10/19 0554 COE.MAW Ordering Doctor: Julien,Timothy MD
3 12/10/19 0554 COE.MAW Order Source: Dpt Process/Procedur
4 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
5 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 2353 NICGV Order RECEIVE in NUR
7 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
8 12/10/19 2353 NICGV Order Source: EPOM
9 12/10/19 2353 NICGV Order continued upon patient transfer.
10 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
11 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order RECEIVE in NUR
13 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
14 12/13/19 0930 NICAKC Order Source: EPOM
15 12/13/19 0930 NICAKC Order continued upon patient transfer.
16 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Admit Set	20191210-0824	12/10/19	0600	R	1	Z	CMP	JULTI

Other Provider : Sig Lvl Provider :
RX: 18404724 Start: 12/10/19 0600 PRN CMP
Stop: 12/04/20 0601

Sodium Chloride Flush Inj (Normal Saline Flush Inj)
Dose: 0 ML
Route: IV Direction: PRN
Dose Instructions: SALINE FLUSH PER
PRN Reason: FLUSH LINE
UNIT PROTOCOL

Order's Audit Trail of Events

1	12/10/19 0554	COE.MAW	Order ENTER in PHA
2	12/10/19 0554	COE.MAW	Ordering Doctor: Julien,Timothy MD
3	12/10/19 0554	COE.MAW	Order Source: Dpt Process/Procedur
4	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
5	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
6	12/10/19 2353	NICGV	Order RECEIVE in NUR
7	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
8	12/10/19 2353	NICGV	Order Source: EPOM
9	12/10/19 2353	NICGV	Order continued upon patient transfer.
10	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
11	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
12	12/13/19 0930	NICAKC	Order RECEIVE in NUR
13	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
14	12/13/19 0930	NICAKC	Order Source: EPOM
15	12/13/19 0930	NICAKC	Order continued upon patient transfer.
16	12/17/19 1623	DISCHARGE	DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Admit Set	20191210-0825	12/10/19	0600	R	1	Z	CMP	JULTI

Other Provider : Sig Lvl Provider :
RX: 18404725 Start: 12/10/19 0600 PRN CMP
Stop: 12/04/20 0601

Ormc Uncontrolled Rx Pad (Ormc Uncontrolled Prescription)
Dose: 1
Route: MISC Direction: ASDIR
PRN Reason: PRESCRIPTION PAD

Order's Audit Trail of Events

1	12/10/19 0554	COE.MAW	Order ENTER in PHA
2	12/10/19 0554	COE.MAW	Ordering Doctor: Julien,Timothy MD
3	12/10/19 0554	COE.MAW	Order Source: Dpt Process/Procedur
4	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
5	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
6	12/10/19 2353	NICGV	Order RECEIVE in NUR
7	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
8	12/10/19 2353	NICGV	Order Source: EPOM
9	12/10/19 2353	NICGV	Order continued upon patient transfer.
10	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
11	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
12	12/13/19 0930	NICAKC	Order RECEIVE in NUR
13	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

14 12/13/19 0930 NICAKC Order Source: EPOM
15 12/13/19 0930 NICAKC Order continued upon patient transfer.
16 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Admit Set	20191210-0826	12/10/19	0600	R	1	Z	CMP	JULTI

Other Provider : Sig Lvl Provider :
RX: 18404726 Start: 12/10/19 0600 PRN CMP
Stop: 12/04/20 0601

Patient Medication (Patient Specific Bin In Pyxis)
Dose: 1 EA
Route: MISC Direction: ASDIR
PRN Reason: PT'S SPECIFIC BIN TOWER

Order's Audit Trail of Events
1 12/10/19 0554 COE.MAW Order ENTER in PHA
2 12/10/19 0554 COE.MAW Ordering Doctor: Julien,Timothy MD
3 12/10/19 0554 COE.MAW Order Source: Dpt Process/Procedur
4 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
5 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 2353 NICGV Order RECEIVE in NUR
7 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
8 12/10/19 2353 NICGV Order Source: EPOM
9 12/10/19 2353 NICGV Order continued upon patient transfer.
10 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
11 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order RECEIVE in NUR
13 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
14 12/13/19 0930 NICAKC Order Source: EPOM
15 12/13/19 0930 NICAKC Order continued upon patient transfer.
16 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Admit Set	20191210-0827	12/10/19	0600	R	1	Z	CMP	JULTI

Other Provider : Sig Lvl Provider :
RX: 18404727 Start: 12/10/19 0600 PRN CMP
Stop: 01/09/20 0601

Patient Specific Bin Rt Meds (Patient Specific Bin For Rt Me)
Dose: 1 EA
Route: MISC Direction: ASDIR
PRN Reason: PT'S SPECIFIC RT MEDICATIONS

Order's Audit Trail of Events
1 12/10/19 0554 COE.MAW Order ENTER in PHA
2 12/10/19 0554 COE.MAW Ordering Doctor: Julien,Timothy MD
3 12/10/19 0554 COE.MAW Order Source: Dpt Process/Procedur
4 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
5 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 2353 NICGV Order RECEIVE in NUR
7 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
8 12/10/19 2353 NICGV Order Source: EPOM

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

9 12/10/19 2353 NICGV Order continued upon patient transfer.
10 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
11 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order RECEIVE in NUR
13 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
14 12/13/19 0930 NICAKC Order Source: EPOM
15 12/13/19 0930 NICAKC Order continued upon patient transfer.
16 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Admit Set	20191210-0828	12/10/19	0600	R	1	Z	CMP	JULTI

Other Provider : Sig Lvl Provider :
RX: 18404728 Start: 12/10/19 0600 PRN CMP
Stop: 01/09/20 0601
Refrig Key For Controlled Subs (Key For Narcotic Infusion Lock)
Dose: 1 EACH
Route: MISC Direction: PRN
PRN Reason: FOR INFUSION LOCK BOX

Order's Audit Trail of Events
1 12/10/19 0554 COE.MAW Order ENTER in PHA
2 12/10/19 0554 COE.MAW Ordering Doctor: Julien,Timothy MD
3 12/10/19 0554 COE.MAW Order Source: Dpt Process/Procedur
4 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
5 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 2353 NICGV Order RECEIVE in NUR
7 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
8 12/10/19 2353 NICGV Order Source: EPOM
9 12/10/19 2353 NICGV Order continued upon patient transfer.
10 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
11 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order RECEIVE in NUR
13 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
14 12/13/19 0930 NICAKC Order Source: EPOM
15 12/13/19 0930 NICAKC Order continued upon patient transfer.
16 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
EKG	EKG	20191210-0023	12/10/19	0609	S		E	CNC	BAWSH

Other Provider : Sig Lvl Provider :

EKG Reason: Other (Specify)
If OTHER, specify: ground level fall
Comment:

Order's Audit Trail of Events
1 12/10/19 0609 PHY.BAWSH Order ENTER in POM
2 12/10/19 0609 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/10/19 0609 PHY.BAWSH Order Source: EPOM
4 12/10/19 0609 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/10/19 0611 PHY.BAWSH Order DC in POM

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

6 12/10/19 0611 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
7 12/10/19 0611 PHY.BAWSH Order Source: EPOM
8 12/10/19 0611 PHY.BAWSH Signed by Bawany,Sheila MD R3
9 12/10/19 0611 PHY.BAWSH order cancelled

Cancel comment: Physician Decision
Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0611

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RAD	XR Chest 1 V	20191210-0040	12/10/19	0609	S		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order details below

Reason for Exam: GLF
Comments:
Comments:
Comments:

Order's Audit Trail of Events
1 12/10/19 0609 PHY.BAWSH Order ENTER in POM
2 12/10/19 0609 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/10/19 0609 PHY.BAWSH Order Source: EPOM
4 12/10/19 0609 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/10/19 0609 interface order's status changed from TRANS to LOGGED by RAD
6 12/10/19 0632 interface order's status changed from LOGGED to IN PRO by RAD
7 12/10/19 0639 interface order's status changed from IN PRO to COMP by RAD

Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 0609

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
BB	Type and Screen	20191210-0009	12/10/19	0616	S		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

PATIENT RELIGION: CHRISTIAN
REASON: SURGERY
USE PATIENT ID LABEL TO PLACE ON TUBES

Order's Audit Trail of Events
1 12/10/19 0616 PHY.BAWSH Order ENTER in POM
2 12/10/19 0616 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/10/19 0616 PHY.BAWSH Order Source: EPOM
4 12/10/19 0616 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/10/19 0616 interface cc'd doctors edited in LAB
6 12/10/19 0616 interface order's status changed from TRANS to LOGGED by LAB
7 12/10/19 0640 interface order's status changed from LOGGED to IN PRO by LAB
8 12/10/19 0737 interface order's status changed from IN PRO to COMP by LAB
9 12/10/19 0737 interface order's status changed from COMP to IN PRO by LAB
10 12/10/19 0753 interface order's status changed from IN PRO to COMP by LAB
11 12/10/19 1555 interface order's status changed from COMP to IN PRO by LAB
12 12/11/19 0522 interface order's status changed from IN PRO to COMP by LAB

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

13 12/12/19 0616 interface order's status changed from COMP to IN PRO by LAB
14 12/12/19 0616 interface cc'd doctors edited in LAB
15 12/12/19 0852 interface order's status changed from IN PRO to COMP by LAB
16 12/12/19 1613 interface order's status changed from COMP to IN PRO by LAB
17 12/12/19 2300 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany.Sheila MD R3 on 12/10/19 at 0616

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Witness Patient Consent	20191210-0611	12/10/19				E	IPR	MEZTH

Other Provider : CABLI Sig Lvl Provider :
Press ENTER for Order Details Below

Authorize Dr(s): Mezzanotte
Prepare Consent for: Open reduction internal fixation of left femur
Anticipated date of Procedure: 12/10/19

Order's Audit Trail of Events
1 12/10/19 0851 AP.CABLI Order ENTER in POM
2 12/10/19 0851 AP.CABLI Ordering Doctor: Mezzanotte.Thomas MD
3 12/10/19 0851 AP.CABLI Order Source: EPOM
4 12/10/19 0851 AP.CABLI Other Doctor: Caban.Liana APRN
5 12/10/19 0851 AP.CABLI Signed by Caban.Liana APRN
6 12/10/19 0851 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 0902 PHY.MEZTH Signed by Mezzanotte.Thomas MD
8 12/10/19 0943 CSS.ANL order acknowledged
9 12/10/19 0952 CSS.ANL order viewed from Order Management
10 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
11 12/10/19 1800 PHY.GRASA Signed by Gray.Sanjiv MD
12 12/10/19 2353 NICGV Order RECEIVE in NUR
13 12/10/19 2353 NICGV Ordering Doctor: Gray.Sanjiv MD
14 12/10/19 2353 NICGV Order Source: EPOM
15 12/10/19 2353 NICGV Order continued upon patient transfer.
16 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
17 12/13/19 0926 PHY.BAWSH Signed by Bawany.Sheila MD R3
18 12/13/19 0930 NICAKC Order RECEIVE in NUR
19 12/13/19 0930 NICAKC Ordering Doctor: Bawany.Sheila MD R3
20 12/13/19 0930 NICAKC Order Source: EPOM
21 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany.Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Caban.Liana APRN on 12/10/19 at 0851

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1800

Electronically signed by Mezzanotte.Thomas MD on 12/10/19 at 0902

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Automated Dispense Machine-Med	20191210-1829	12/10/19	1056	R	1	disp	CMP	JULTI

Other Provider :
Sig Lvl Provider :
RX: 18405746
Start: 12/10/19 1056 ONE CMP
Stop:

ceFAZolin Inj (Ancef Inj)
Dose: 0 GRAM
Route: .ROUTE
Direction: .STK-MED

Order's Audit Trail of Events

1 12/10/19 1058 PHA ORDER Order ENTER in PHA
2 12/10/19 1058 PHA ORDER Ordering Doctor: Julien,Timothy MD
3 12/10/19 1058 PHA ORDER Order Source: DISPENSE
4 12/10/19 1057 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-2063	12/10/19	1205	R		E	CMP	GRASA

Other Provider : KNOTH
Sig Lvl Provider :
RX: 18406020
Start: 12/10/19 1205 PRN CMP
Stop: 12/17/19 1206

morPHINE 2mg/mL Inj (morPHINE 2mg/mL Inj)
Dose: 2 MG
Route: IV
Direction: Q4H PRN
PRN Reason: PAIN SCALE 4-6

Order's Audit Trail of Events

1 12/10/19 1206 AP.KNOTH Order ENTER in POM
2 12/10/19 1206 AP.KNOTH Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1206 AP.KNOTH Order Source: EPOM
4 12/10/19 1206 AP.KNOTH Other Doctor: Knobl,Thomas APRN
5 12/10/19 1206 AP.KNOTH Signed by Knobl,Thomas APRN
6 12/10/19 1214 COE.HGK VERIFIED in PHA
7 12/10/19 1220 PHY.GRASA Signed by Gray,Sanjiv MD
8 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
9 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order RECEIVE in NUR
11 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
12 12/10/19 2353 NICGV Order Source: EPOM
13 12/10/19 2353 NICGV Order continued upon patient transfer.
14 12/10/19 2354 NICGV order acknowledged
15 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
16 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
17 12/13/19 0930 NICAKC Order RECEIVE in NUR
18 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
19 12/13/19 0930 NICAKC Order Source: EPOM
20 12/13/19 0930 NICAKC Order continued upon patient transfer.
21 12/13/19 1416 PHY.GRASA Order DC in POM
22 12/13/19 1416 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
23 12/13/19 1416 PHY.GRASA Order Source: EPOM
24 12/13/19 1416 PHY.GRASA Order's Rx has been discontinued.
25 12/13/19 1418 PHY.GRASA Signed by Gray,Sanjiv MD
26 12/13/19 1529 NICAKC order acknowledged

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Electronic[redacted]

Electronic[redacted]

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-2070	12/10/19	1206	R		E	CMP	GRASA

Other Provider : KNOTH Sig Lvl Provider :

RX: 18406008 Start: 12/10/19 1206 PRN CMP
Stop: 01/09/20 1207

Acetaminophen ES Tab (Tylenol ES Tab)
Dose: 1000 MG
Route: PO Direction: TID PRN
PRN Reason: PAIN 1-3/TEM>100.5/HEADACHE

Order's Audit Trail of Events

1 12/10/19 1207 AP.KNOTH Order ENTER in POM
2 12/10/19 1207 AP.KNOTH Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1207 AP.KNOTH Order Source: EPOM
4 12/10/19 1207 AP.KNOTH Other Doctor: Knobl,Thomas APRN
5 [redacted]
6 12/10/19 1213 COE.HGK EDIT in PHA
7 12/10/19 1213 COE.HGK EDIT
8 12/10/19 1213 COE.HGK Edit Dr: Gray,Sanjiv MD Edit Source: Dpt Process/Procedur
9 12/10/19 1213 COE.HGK FROM:
10 12/10/19 1213 COE.HGK RX COMMENTS:
11 12/10/19 1213 COE.HGK MED: TYLEOT325 - ACETAMINOPHEN 325 MG TAB,TYLENOL*
12 12/10/19 1213 COE.HGK TO:
13 12/10/19 1213 COE.HGK RX COMMENTS:
14 12/10/19 1213 COE.HGK Rx 18404720 DC'd while checking ints/dups/alls on this Rx.
15 12/10/19 1213 COE.HGK MED: TYLEOT5001 - TYLENOL* 500 MG TAB, ACETAMINOPHEN E.S.
16 12/10/19 1213 COE.HGK RULES AT FILE in PHA
17 12/10/19 1213 COE.HGK RULES AT FILE
18 12/10/19 1213 COE.HGK TYLEOT5001: Active RXs with PRN reason similar to PAIN
19 12/10/19 1213 COE.HGK 1-3/TEM>100.5/HEADACHE
20 12/10/19 1213 COE.HGK TYLEOT5001: Continue to file Rx with this PRN reason? Yes
21 12/10/19 1213 COE.HGK VERIFIED in PHA
22 12/10/19 1213 COE.HGK VERIFIED
23 12/10/19 1213 COE.HGK Edit Dr: Gray,Sanjiv MD Edit Source: Dpt Process/Procedur
24 [redacted]
25 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
26 [redacted]
27 12/10/19 2353 NICGV Order RECEIVE in NUR
28 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
29 12/10/19 2353 NICGV Order Source: EPOM
30 12/10/19 2353 NICGV Order continued upon patient transfer.
31 12/10/19 2354 NICGV order acknowledged
32 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
33 [redacted]
34 12/13/19 0930 NICAKC Order RECEIVE in NUR
35 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
36 12/13/19 0930 NICAKC Order Source: EPOM
37 12/13/19 0930 NICAKC Order continued upon patient transfer.
38 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

[redacted]

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Electronically signed by Knobl,Thomas APRN on 12/10/19 at 1801

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-2071	12/10/19	1208	R		E	CMP	GRASA

Other Provider : KNOTH Sig Lvl Provider :
RX: 18406017 Start: 12/10/19 1208 SCH CMP
Stop: 12/11/19 1801 Total Doses: 6

Ketorolac Inj (Toradol Inj)
Dose: 15 MG
Route: IV Direction: Q6HR

Order's Audit Trail of Events

1	12/10/19 1208	AP.KNOTH	Order ENTER in POM
2	12/10/19 1208	AP.KNOTH	Ordering Doctor: Gray,Sanjiv MD
3	12/10/19 1208	AP.KNOTH	Order Source: EPOM
4	12/10/19 1208	AP.KNOTH	Other Doctor: Knobl,Thomas APRN
5	12/10/19 1208	AP.KNOTH	Signed by Knobl,Thomas APRN
6	12/10/19 1208	AP.KNOTH	VIEWED LAB TEST RESULTS
7	12/10/19 1208	AP.KNOTH	Test Group C.RENAL
8	12/10/19 1208	AP.KNOTH	LABORATORY
9	12/10/19 1208	AP.KNOTH	Date Time Test Result Flag Normal Range
10	12/10/19 1208	AP.KNOTH	12/10/19 0427 CREAT 0.72 0.55-1.3 mg/dl
11	12/10/19 1214	COE.HGK	REVIEW PROVIDER ACTIVITY in PHA
12	12/10/19 1214	COE.HGK	REVIEW PROVIDER ACTIVITY
13	12/10/19 1214	COE.HGK	RND UNV Now Dose 12/10/19 - 1208 by AP.KNOTH Ent: 12/10 1208
14	12/10/19 1214	COE.HGK	VERIFIED in PHA
15	12/10/19 1214	COE.HGK	VIEWED LAB TEST RESULTS in PHA
16	12/10/19 1228	PHY.GRASA	Signed by Gray,Sanjiv MD
17	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
18	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
19	12/10/19 1928	NRCPAW	order acknowledged
20	12/10/19 2353	NICGV	Order RECEIVE in NUR
21	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
22	12/10/19 2353	NICGV	Order Source: EPOM
23	12/10/19 2353	NICGV	Order continued upon patient transfer.
24	12/11/19 0917	PHY.BAWSH	Order DC in POM
25	12/11/19 0917	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
26	12/11/19 0917	PHY.BAWSH	Order Source: EPOM
27	12/11/19 0917	PHY.BAWSH	Order's Rx has been discontinued.
28	12/11/19 0917	PHY.BAWSH	Signed by Bawany,Sheila MD R3
29	12/11/19 0918	NICMLS	order acknowledged

Electronically signed by Bawany,Sheila MD R3 on 12/11/19 at 0917

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Electronically signed by Knobl,Thomas APRN on 12/10/19 at 1208

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-2076	12/10/19	2200	R		E	CMP	GRASA

Other Provider : KNOTH Sig Lvl Provider :
RX: 18406015 Start: 12/10/19 2200 SCH CMP
Stop: 01/09/20 2201

Enoxaparin Inj (Lovenox Inj)
Dose: 30 MG
Route: SUBQ Direction: BID
Hold Comments: DEACTIVATED WHILE ON HEPARIN DRIP

Order's Audit Trail of Events

1	12/10/19 1209	AP.KNOTH	Order ENTER in POM
2	12/10/19 1209	AP.KNOTH	Ordering Doctor: Gray.Sanjiv MD
3	12/10/19 1209	AP.KNOTH	Order Source: EPOM
4	12/10/19 1209	AP.KNOTH	Other Doctor: Knobl.Thomas APRN
5	12/10/19 1209	AP.KNOTH	Signed by Knobl.Thomas APRN
6	12/10/19 1209	AP.KNOTH	VIEWED LAB TEST RESULTS
7	12/10/19 1209	AP.KNOTH	Test Group C.SCRHHPLT
8	12/10/19 1209	AP.KNOTH	LABORATORY
9	12/10/19 1209	AP.KNOTH	Date Time Test Result Flag Normal Range
10	12/10/19 1209	AP.KNOTH	12/10/19 0427 HEMOGLOBIN 12.2 L 14.0-18.0 gm/d
11	12/10/19 1209	AP.KNOTH	12/10/19 0427 HEMATOCRIT 36.8 L 42.0-52.0 %
12	12/10/19 1209	AP.KNOTH	12/10/19 0427 PLT 139 130-400 K/mm3
13	12/10/19 1209	AP.KNOTH	12/10/19 0427 CREAT 0.72 0.55-1.3 mg/dl
14	12/10/19 1214	COE.HGK	VERIFIED in PHA
15	12/10/19 1214	COE.HGK	VIEWED LAB TEST RESULTS in PHA
16	12/10/19 1214	COE.HGK	VIEWED LAB TEST RESULTS
17	12/10/19 1214	COE.HGK	Test Group C.SCRHHPLT
18	12/10/19 1214	COE.HGK	LABORATORY
19	12/10/19 1214	COE.HGK	Date Time Test Result Flag Normal Range
20	12/10/19 1214	COE.HGK	12/10/19 0427 HEMOGLOBIN 12.2 L 14.0-18.0 gm/dL
21	12/10/19 1214	COE.HGK	12/10/19 0427 HEMATOCRIT 36.8 L 42.0-52.0 %
22	12/10/19 1214	COE.HGK	12/10/19 0427 PLT 139 130-400 K/mm3
23	12/10/19 1214	COE.HGK	12/10/19 0427 CREAT 0.72 0.55-1.3 mg/dl
24	12/10/19 1128	PHY.GRASA	Signed by Gray.Sanjiv MD
25	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
26	12/10/19 1800	PHY.GRASA	Signed by Gray.Sanjiv MD
27	12/10/19 2353	NICGV	Order RECEIVE in NUR
28	12/10/19 2353	NICGV	Ordering Doctor: Gray.Sanjiv MD
29	12/10/19 2353	NICGV	Order Source: EPOM
30	12/10/19 2353	NICGV	Order continued upon patient transfer.
31	12/10/19 2354	NICGV	order acknowledged
32	12/11/19 1927	NRXMW1	DEACTIVATE in PHA
33	12/11/19 1927	NRXMW1	DEACTIVATE
34	12/11/19 1927	NRXMW1	Edit Dr: Gray.Sanjiv MD Edit Source: Dpt Process/Procedur
35	12/11/19 1927	NRXMW1	DEACTIVATE: 12/11 1927 REACTIVATE: EVENT:
36	12/11/19 1927	NRXMW1	DEACTIVATE/REACTIVATE COMMENTS:
37	12/11/19 1927	NRXMW1	DEACTIVATED WHILE ON HEPARIN DRIP
38	12/11/19 2126	NICRXR	order acknowledged
39	12/13/19 0858	PHY.GRASA	Order DC in POM
40	12/13/19 0858	PHY.GRASA	Ordering Doctor: Gray.Sanjiv MD
41	12/13/19 0858	PHY.GRASA	Order Source: EPOM
42	12/13/19 0858	PHY.GRASA	Order's Rx has been discontinued.
43	12/13/19 0858	PHY.GRASA	Signed by Gray.Sanjiv MD
44	12/13/19 0929	NICAKC	order acknowledged

Electronically signed by Gray.Sanjiv MD on 12/13/19 at 0858

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Electronically signed by Knobl,Thomas APRN on 12/10/19 at 1209

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED,COCOS	Automated Dispense Machine-Med	20191210-2386	12/10/19	13:5	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18406261 Start: 12/10/19 1315 ONE CMP
Stop:

fentaNYL Inj (Sublimaze Inj)
Dose: 0 MCG
Route: ,ROUTE Direction: ,STK-MED

Order's Audit Trail of Events
1 12/10/19 1316 PHA ORDER Order ENTER in PHA
2 12/10/19 1316 PHA ORDER Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1316 PHA ORDER Order Source: DISPENSE
4 12/10/19 1316 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED,COCOS	Automated Dispense Machine-IV	20191210-2387	12/10/19	13:6	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18406262 Start: 12/10/19 1316 ONE CMP
Route: IV Stop:
Propofol Drip 200mg/20mL Volume: 20 ML
Rate: ASDIRECTED Direction: ,STK-MED
Bag Duration: ASDIRECTED
Rx Duration: No Stop Date/Time

Order's Audit Trail of Events
1 12/10/19 1316 PHA ORDER Order ENTER in PHA
2 12/10/19 1316 PHA ORDER Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1316 PHA ORDER Order Source: DISPENSE
4 12/10/19 1316 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED,COCOS	Automated Dispense Machine-Med	20191210-2396	12/10/19	13:6	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18406267 Start: 12/10/19 1316 ONE CMP
Stop:

Rocuronium Inj (Zemuron Inj)
Dose: 0 MG
Route: IV Direction: STK-MED

Order's Audit Trail of Events
1 12/10/19 1317 PHA ORDER Order ENTER in PHA
2 12/10/19 1317 PHA ORDER Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1317 PHA ORDER Order Source: DISPENSE
4 12/10/19 1317 STK MED DISCONTINUE in PHA

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PRU
RM: N A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/11/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED COCOS	Automated Dispense Machine-Med	20191210-2397	12/10/19	1316	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :

RX: 18406268 Start: 12/10/19 1316 ONE CMP
Stop:

Lidocaine 2% Inj 5mL (Xylocaine 2% Inj 5mL)
Dose: 0 ML
Route: ROUTE Direction: STK-MED

Order's Audit Trail of Events

1 12/10/19 1317 PHA ORDER Order ENTER in PHA
2 12/10/19 1317 PHA ORDER Ordering Doctor Gray,Sanjiv MD
3 12/10/19 1317 PHA ORDER Order Source DISPENSE
4 12/10/19 1317 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RAD	XR Fluoroscopy 60 + Min	20191210-0154	12/10/19	1400	R	1	Z	CMP	BLDER

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events

1 12/10/19 1423 Interface Order ENTER in RAD
2 12/10/19 1423 Interface Ordering Doctor Block,Ernest F MD
3 12/10/19 1423 Interface Order Source Opt Process Procedur
4 12/10/19 1424 Interface cc d doctors edited in RAD
5 12/10/19 1731 Interface order's status changed from OGGED to COMP by RAD

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED COCOS	Automated Dispense Machine-Med	20191210-2977	12/10/19	1535	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :

RX: 18406917 Start: 12/10/19 1535 ONE CMP
Stop:

Phenylephrine Inj (Neo-Synephrine Inj)
Dose: 0 MG
Route: ROUTE Direction: STK-MED

Order's Audit Trail of Events

1 12/10/19 1536 PHA ORDER Order ENTER in PHA
2 12/10/19 1536 PHA ORDER Ordering Doctor Gray,Sanjiv MD
3 12/10/19 1536 PHA ORDER Order Source DISPENSE
4 12/10/19 1536 STK MED DISCONTINUE in PHA

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD AZIZ A/S: 69 M ADMIT: 12/10/19
ACCOUNT NO: N00101730890 LOC: N PCU DISCH/DEP: 12/17/19
RM: N A419 STATUS: IN
ATTEND DR: Block, Ernest H MD BD: 1 UNIT NO: N000880775
REPORT STATUS: FINAL

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED COCOS	Automated Dispense Machine Med	20191210 2982	12/10/19	1538	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18406931 Start: 12/10/19 1538 ONE CMP
Stop:

fentaNYL Inj (Sublimaze Inj)
Dose: 0 MCG
Route: ROUTE Direction: STK MED

Order's Audit Trail of Events
1 12/10/19 1539 PHA ORDER Order ENTER in PHA
2 12/10/19 1539 PHA ORDER Ordering Doctor Gray Sanjiv MD
3 12/10/19 1539 PHA ORDER Order Source DISPENSE
4 12/10/19 1539 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED COCOS	Automated Dispense Machine Med	20191210 2995	12/10/19	1543	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18406961 Start: 12/10/19 1543 ONE CMP
Stop:

ANES Ephedrine Inj 50mg/ml (Ephedrine Inj)
Dose: 0 MG
Route: ROUTE Direction: STK MED

Order's Audit Trail of Events
1 12/10/19 1544 PHA ORDER Order ENTER in PHA
2 12/10/19 1544 PHA ORDER Ordering Doctor Gray Sanjiv MD
3 12/10/19 1544 PHA ORDER Order Source DISPENSE
4 12/10/19 1544 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED COCOS	Automated Dispense Machine Med	20191210 3049	12/10/19	1552	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18407019 Start: 12/10/19 1552 ONE CMP
Stop:

Ondansetron Inj (Zofran Inj)
Dose: 0 MG
Route: ROUTE Direction: STK MED

Order's Audit Trail of Events
1 12/10/19 1553 PHA ORDER Order ENTER in PHA
2 12/10/19 1553 PHA ORDER Ordering Doctor Gray Sanjiv MD
3 12/10/19 1553 PHA ORDER Order Source DISPENSE
4 12/10/19 1553 STK MED DISCONTINUE in PHA

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Automated Dispense Machine-Med	20191210-3050	12/10/19	1552	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :

RX: 18407020 Start: 12/10/19 1552 ONE CMP
Stop:

Dexamethasone Na 4mg/mL Inj (Decadron 4mg/mL Inj)
Dose: 0 MG
Route: .ROUTE Direction: .STK-MED

Order's Audit Trail of Events

1 12/10/19 1553 PHA ORDER Order ENTER in PHA
2 12/10/19 1553 PHA ORDER Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1553 PHA ORDER Order Source: DISPENSE
4 12/10/19 1553 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
BB	Leukopoor RBC	20191210-0073	12/10/19	1630	U	2	V	CMP	MEZTH

Other Provider : Sig Lvl Provider :

Patients Religion:	CHRISTIAN
Current Hgb:	12.2 12/10/19 L 0427
Transfusion Reason:	>7 AND <8
Transfuse Now?	NO
Hx Sickle Cell?	
Reason Hgb >7 and <8	ZOTHER
Reason Hgb >8:	
Keep Ahead #:	
Other:	SURGERY
PreOp/Surgery Date:	12/10/19
Transfuse Date:	12/10/19
Comment:	ON CALL FOR SURGERY

*Required for Critical Neonates or Peds - volume to be infused in ml:

Order's Audit Trail of Events

1 12/10/19 1555 NORMK Order ENTER in OM
2 12/10/19 1555 NORMK Ordering Doctor: Mezzanotte,Thomas MD
3 12/10/19 1555 NORMK Order Source: Verbal-ReadBk/Verify
4 12/10/19 1555 interface order's status changed from TRANS to IN PRO by LAB
5 12/10/19 1736 PHYMEZTH Signed by Mezzanotte,Thomas MD
6 12/10/19 2354 NICGV order acknowledged
7 12/11/19 0522 interface order's status changed from IN PRO to COMP by LAB
8 12/12/19 0616 interface order's status changed from COMP to IN PRO by LAB
9 12/12/19 0616 interface cc'd doctors edited in LAB
10 12/12/19 0852 interface order's status changed from IN PRO to COMP by LAB
11 12/12/19 1613 interface order's status changed from COMP to IN PRO by LAB
12 12/12/19 2300 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Mezzanotte,Thomas MD on 12/10/19 at 1736

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest H MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/12/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED COCOS	Automated Dispense Machine Med	20191210 3127	12/10/19	1613	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18407094 Start: 12/10/19 1613 ONE CMP
Stop:

Esmo'ol Inj (Brev'bloc Inj)
Dose: 0 MG
Route: IV Direction: STK MED

Order's Audit Trail of Events
1 12/10/19 1614 PHA ORDER Order ENTER in PHA
2 12/10/19 1614 PHA ORDER Ordering Doctor Gray,Sanjiv MD
3 12/10/19 1614 PHA ORDER Order Source DISPENSE
4 12/10/19 1614 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED COCOS	Automated Dispense Machine Med	20191210 3265	12/10/19	1648	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18407221 Start: 12/10/19 1648 ONE CMP
Stop:

ANES Neostigmine 1/1000 Inj (ANES Neostigmine 1/1000 Inj)
Dose: 0 MG
Route: ROUTE Direction: STK MED

Order's Audit Trail of Events
1 12/10/19 1649 PHA ORDER Order ENTER in PHA
2 12/10/19 1649 PHA ORDER Ordering Doctor Gray,Sanjiv MD
3 12/10/19 1649 PHA ORDER Order Source DISPENSE
4 12/10/19 1649 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED COCOS	Automated Dispense Machine Med	20191210 3266	12/10/19	1648	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18407222 Start: 12/10/19 1648 ONE CMP
Stop:

ANES Glycopyrrolat Inj 1mg/5ml (ANES Robinul Inj 1mg/5ml)
Dose: 0 MG
Route: INJ Direction: STK MED

Order's Audit Trail of Events
1 12/10/19 1649 PHA ORDER Order ENTER in PHA
2 12/10/19 1649 PHA ORDER Ordering Doctor Gray,Sanjiv MD
3 12/10/19 1649 PHA ORDER Order Source DISPENSE
4 12/10/19 1649 STK MED DISCONTINUE in PHA

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ A/S: 69 M ADMIT: 12/10/19
ACCOUNT NO: N00101730890 LOC: N PCU DISCH/DEP: 12/17/19
RM: N.A419 STATUS: IN
ATTEND DR: Block,Ernest F MD BD: 1 UNIT NO: N000880775
REPORT STATUS: FINAL

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Automated Dispense Machine-Med	20191210-3275	12/10/19	1651	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18407229 Start: 12/10/19 1651 ONE CMP
Stop:

fentaNYL Inj (Sublimaze Inj)
Dose: 0 MCG
Route: ROUTE Direction: STK-MED

Order's Audit Trail of Events
1 12/10/19 1652 PHA ORDER Order ENTER in PHA
2 12/10/19 1652 PHA ORDER Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1652 PHA ORDER Order Source: DISPENSE
4 12/10/19 1652 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Automated Dispense Machine-IV	20191210-3292	12/10/19	1654	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18407236 Start: 12/10/19 1654 ONE CMP
Route: IV Stop:
Albumin Human Soln 5% Volume: 250 ML
Rate: ASDIRECTED Direction: STK-MED
Bag Duration: ASDIRECTED
Rx Duration: No Stop Date/Time

Order's Audit Trail of Events
1 12/10/19 1655 PHA ORDER Order ENTER in PHA
2 12/10/19 1655 PHA ORDER Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1655 PHA ORDER Order Source: DISPENSE
4 12/10/19 1655 STK MED DISCONTINUE in PHA

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Automated Dispense Machine-Med	20191210-3320	12/10/19	1704	R	1	disp	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18407275 Start: 12/10/19 1704 ONE CMP
Stop:

ANES Ephedrine Inj 50mg/1ml (Ephedrine Inj)
Dose: 0 MG
Route: ROUTE Direction: STK-MED

Order's Audit Trail of Events
1 12/10/19 1705 PHA ORDER Order ENTER in PHA
2 12/10/19 1705 PHA ORDER Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1705 PHA ORDER Order Source: DISPENSE
4 12/10/19 1705 STK MED DISCONTINUE in PHA

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
BB	Blood Bank Pick-Up	20191210-0076	12/10/19	1715	S			TRN	MEZTH

Other Provider : Sig Lvl Provider :

Current Hgb: 12.2 12/10/19 L 0427
Current PLT: 139 12/10/19 0427
Current Fibrinogen: No Result
Current INR: No Result
Nurse's name: Kesler-baby,Mckenzie
Nurse's extension # 3677
HAS A BLOOD CONSENT BEEN SIGNED? Y
Product: Leukopoor RBC
PATIENT TEMPERATURE-

Order's Audit Trail of Events

1 12/10/19 1715 NORMK Order ENTER in OM
2 12/10/19 1715 NORMK Ordering Doctor: Mezzanotte,Thomas MD
3 12/10/19 2354 NICGV order acknowledged
4 12/11/19 1806 NICMLS order viewed from Order Management

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Troponin-I	20191210-2134	12/10/19	1731	R		E	CMP	RODDA1

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/10/19 1731 PHYRODDA Order ENTER in POM
2 12/10/19 1731 PHYRODDA Ordering Doctor: Rodriguez-Morveli,Dante MD
3 12/10/19 1731 PHYRODDA Order Source: EPOM
4 12/10/19 1731 PHYRODDA Signed by Rodriguez-Morveli,Dante MD
5 12/10/19 1732 interface cc'd doctors edited in LAB
6 12/10/19 1732 interface order's status changed from TRANS to LOGGED by LAB
7 12/10/19 1752 interface order's status changed from LOGGED to IN PRO by LAB
8 12/10/19 1831 interface order's status changed from IN PRO to COMP by LAB
9 12/10/19 2354 NICGV order acknowledged

Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1731

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
EKG	EKG	20191210-0115	12/10/19		R		E	TRN	RODDA1

Other Provider : Sig Lvl Provider :

EKG Reason: Other (Specify)
If OTHER, specify: st changes
Comment: st changes in OR

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order's Audit Trail of Events

1	12/10/19 1731	PHYRODDA	Order ENTER in POM
2	12/10/19 1731	PHYRODDA	Ordering Doctor: Rodriguez-Morveli,Dante MD
3	12/10/19 1731	PHYRODDA	Order Source: EPOM
4	12/10/19 1731	PHYRODDA	Signed by Rodriguez-Morveli,Dante MD
5	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
6	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
7	12/10/19 2353	NICGV	Order RECEIVE in NUR
8	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order Source: EPOM
10	12/10/19 2353	NICGV	Order continued upon patient transfer.
11	12/10/19 2354	NICGV	order acknowledged

Electronically signed by Gray,Sanjiv MD on 12/30/19 at 1800

Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1731

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RTPOM	Oxygen	20191210-0151	12/10/19		R			TRN	RODDA1

Other Provider : Sig Lvl Provider :

Press ENTER for Order Details Below

.

Delivery method/device:	Nasal Cannula
Liters per minute/percentage:	4
Maintain O2 Sat% >	93

.

Comment: Prior to discharge, wean O2 to room air with SAT =>93%.
Notify ansesthesiologist if <93%

Order's Audit Trail of Events

1	12/10/19 1732	PHYRODDA	Order ENTER in POM
2	12/10/19 1732	PHYRODDA	Order from set: Anesthesia PACU Adult v2
3	12/10/19 1732	PHYRODDA	Ordering Doctor: Rodriguez-Morveli,Dante MD
4	12/10/19 1732	PHYRODDA	Signed by Rodriguez-Morveli,Dante MD
5	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
6	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
7	12/10/19 2353	NICGV	Order RECEIVE in NUR
8	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order Source: EPOM
10	12/10/19 2353	NICGV	Order continued upon patient transfer.
11	12/10/19 2354	NICGV	order acknowledged

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Assess Respiratory Status	20191210-2160	12/10/19			E		IPR	RODDA1

Other Provider : Sig Lvl Provider :

Press (ENTER) for Order Details below

.

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Comment: If respiratory rate <9, not arousable and O2 sat's >90%, notify anesthesiologist and give Naloxone/Narca 0.1 mg IV x 1 dose

Order's Audit Trail of Events

1	12/10/19 1732	PHYRODDA	Order ENTER in POM
2	12/10/19 1732	PHYRODDA	Order from set: Anesthesia PACU Adult v2
3	12/10/19 1732	PHYRODDA	Ordering Doctor: Rodriguez-Morveli,Dante MD
4	12/10/19 1732	PHYRODDA	Order Source: EPOM
5	12/10/19 1732	PHYRODDA	Signed by Rodriguez-Morveli,Dante MD
6	12/10/19 1732	interface	order's status changed from TRANS to ACTIVE by NUR
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order RECEIVE in NUR
10	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
11	12/10/19 2353	NICGV	Order Source: EPOM
12	12/10/19 2353	NICGV	Order continued upon patient transfer.
13	12/10/19 2354	NICGV	order acknowledged
14	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
15	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
16	12/13/19 0930	NICAKC	Order RECEIVE in NUR
17	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
18	12/13/19 0930	NICAKC	Order Source: EPOM
19	12/13/19 0930	NICAKC	Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1732

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Blood Glucose Monitoring	20191210-2161	12/10/19				E	IPR	RODDA1

Other Provider : Sig Lvl Provider :

Press ENTER for Order Details Below

Frequency: ZOTHER
Additional instructions: Prior to discharge to home, Notify anesthesia if blood sugar <90 or >200.

Order's Audit Trail of Events

1	12/10/19 1732	PHYRODDA	Order ENTER in POM
2	12/10/19 1732	PHYRODDA	Order from set: Anesthesia PACU Adult v2
3	12/10/19 1732	PHYRODDA	Ordering Doctor: Rodriguez-Morveli,Dante MD
4	12/10/19 1732	PHYRODDA	Order Source: EPOM
5	12/10/19 1732	PHYRODDA	Signed by Rodriguez-Morveli,Dante MD
6	12/10/19 1732	interface	order's status changed from TRANS to ACTIVE by NUR
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order RECEIVE in NUR
10	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
11	12/10/19 2353	NICGV	Order Source: EPOM
12	12/10/19 2353	NICGV	Order continued upon patient transfer.
13	12/10/19 2354	NICGV	order acknowledged

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

14 12/11/19 0658 NICMLS order viewed from Order Management
15 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
16 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
17 12/13/19 0930 NICAKC Order RECEIVE in NUR
18 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
19 12/13/19 0930 NICAKC Order Source: EPOM
20 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1732

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Post Procedure Release Instr	20191210-2162	12/10/19				E	IPR	RODDA1

Other Provider : Sig Lvl Provider :
Press (ENTER) for Order Details below

Comment: Discharge to nursing unit or home per following criteria: Blood pressure stable, O2 sat >90%. Notify anesthesiologist if patients doe not meet criteria.

Order's Audit Trail of Events
1 12/10/19 1732 PHYRODDA Order ENTER in POM
2 12/10/19 1732 PHYRODDA Order from set: Anesthesia PACU Adult v2
3 12/10/19 1732 PHYRODDA Ordering Doctor: Rodriguez-Morveli,Dante MD
4 12/10/19 1732 PHYRODDA Order Source: EPOM
5 12/10/19 1732 PHYRODDA Signed by Rodriguez-Morveli,Dante MD
6 12/10/19 1732 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
8 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
9 12/10/19 2353 NICGV Order RECEIVE in NUR
10 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
11 12/10/19 2353 NICGV Order Source: EPOM
12 12/10/19 2353 NICGV Order continued upon patient transfer.
13 12/10/19 2354 NICGV order acknowledged
14 12/11/19 0847 NICMLS order viewed from Order Management
15 12/12/19 0201 NICRXR order viewed from Order Management
16 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
17 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
18 12/13/19 0930 NICAKC Order RECEIVE in NUR
19 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
20 12/13/19 0930 NICAKC Order Source: EPOM
21 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1732

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Vital Signs	20191210-2163	12/10/19				E	IPR	RODDA1

Other Provider : Sig Lvl Provider :

Nursing Frequency: OTHER (SEE BELOW)
Other Frequency: Q15min x 4, Q30min x 2 and Q1h x 2.
Comment:
Please do not use to enter medications

Order's Audit Trail of Events

1 12/10/19 1732 PHYRODDA Order ENTER in POM
2 12/10/19 1732 PHYRODDA Order from set: Anesthesia PACU Adult v2
3 12/10/19 1732 PHYRODDA Ordering Doctor: Rodriguez-Morveli,Dante MD
4 12/10/19 1732 PHYRODDA Order Source: EPOM
5 12/10/19 1732 PHYRODDA Signed by Rodriguez-Morveli,Dante MD
6 12/10/19 1732 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
8 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
9 12/10/19 2353 NICGV Order RECEIVE in NUR
10 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
11 12/10/19 2353 NICGV Order Source: EPOM
12 12/10/19 2353 NICGV Order continued upon patient transfer.
13 12/10/19 2354 NICGV order acknowledged
14 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
15 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
16 12/13/19 0930 NICAKC Order RECEIVE in NUR
17 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
18 12/13/19 0930 NICAKC Order Source: EPOM
19 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1732

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Notify Vital Sign Parameters	20191210-2164	12/10/19				E	IPR	RODDA1

Other Provider : Sig Lvl Provider :

Press (ENTER) for Order Details below

Notify Physician:
Temperature >: 38.3
degrees C
HR <: 50
HR >: 110
Oxygen Saturation <: 92
percent
SBP <: 90

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

mmhg
SBP >: 170
mmHg
RR <: 12
RR >: 28
MAP <: 60
mmHg
DBP >: 100
mmHg
Comment:

Order's Audit Trail of Events

1	12/10/19 1732	PHYRODDA	Order ENTER in POM
2	12/10/19 1732	PHYRODDA	Order from set: Anesthesia PACU Adult v2
3	12/10/19 1732	PHYRODDA	Ordering Doctor: Rodriguez-Morveli,Dante MD
4	12/10/19 1732	PHYRODDA	Order Source: EPOM
5	12/10/19 1732	PHYRODDA	Signed by Rodriguez-Morveli,Dante MD
6	12/10/19 1732	interface	order's status changed from TRANS to ACTIVE by NUR
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order RECEIVE in NUR
10	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
11	12/10/19 2353	NICGV	Order Source: EPOM
12	12/10/19 2353	NICGV	Order continued upon patient transfer.
13	12/10/19 2354	NICGV	order acknowledged
14	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
15	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
16	12/13/19 0930	NICAKC	Order RECEIVE in NUR
17	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
18	12/13/19 0930	NICAKC	Order Source: EPOM
19	12/13/19 0930	NICAKC	Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0925

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1732

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Monitor Core Temperature	20191210-2165	12/10/19				E	IPR	RODDA1

Other Provider : Sig Lvl Provider :

Comments: Maintain temperature no less than 36C.

Order's Audit Trail of Events

1	12/10/19 1732	PHYRODDA	Order ENTER in POM
2	12/10/19 1732	PHYRODDA	Order from set: Anesthesia PACU Adult v2
3	12/10/19 1732	PHYRODDA	Ordering Doctor: Rodriguez-Morveli,Dante MD
4	12/10/19 1732	PHYRODDA	Order Source: EPOM
5	12/10/19 1732	PHYRODDA	Signed by Rodriguez-Morveli,Dante MD
6	12/10/19 1732	interface	order's status changed from TRANS to ACTIVE by NUR
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
9	12/10/19 2353	NICGV	Order RECEIVE in NUR
10	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

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11   12/10/19 2353 NICGV      Order Source: EPOM
12   12/10/19 2353 NICGV      Order continued upon patient transfer.
13   12/10/19 2354 NICGV      order acknowledged
14   12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
15   12/13/19 0926 PHY.BAWSH  Signed by Bawany,Sheila MD R3
16   12/13/19 0930 NICAKC     Order RECEIVE in NUR
17   12/13/19 0930 NICAKC     Ordering Doctor: Bawany,Sheila MD R3
18   12/13/19 0930 NICAKC     Order Source: EPOM
19   12/13/19 0930 NICAKC     Order continued upon patient transfer.

                 Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

                 Electronically signed by Gray,Sandiv MD on 12/10/19 at 1800

                 Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1732
```

```
Order Date: 12/10/19                                        ---Service---
 Category   Procedure Name                Order Number  Date     Time Pri Qty Ord Source Status   Ordered By
 MED.COCOS  IV Dispense by Sig            20191210-3440 12/10/19 1732 R       E          CMP      RODDA1
 Other Provider :              Sig Lvl Provider :
RX: 18407425                                   Start: 12/10/19  1732   SCH  CMP
     Route: IV                                  Stop: 12/10/19  2332
  Lactated Ringer          1000ml          Volume: 1000 ML
  Rate: 125 MLS/HR                                        Direction: PACU
  Bag Duration: 8 HR
      Rx Duration: 6.00 Hrs

  Order's Audit Trail of Events
1    12/10/19 1732 PHYRODDA   Order ENTER in POM
2    12/10/19 1732 PHYRODDA   Order from set: Anesthesia PACU Adult       v2
3    12/10/19 1732 PHYRODDA   Ordering Doctor: Rodriguez-Morveli,Dante  MD
4    12/10/19 1732 PHYRODDA   Order Source: EPOM
5    12/10/19 1732 PHYRODDA   Signed by Rodriguez-Morveli,Dante MD
6    12/10/19 1737 COE.VQT    VERIFIED in PHA
7    12/10/19 1800 PHY.GRASA  Order marked to be continued upon patient transfer.
8    12/10/19 1800 PHY.GRASA  Signed by Gray,Sandiv MD
9    12/10/19 2332 SCHEDULER  DISCONTINUE in PHA
10   12/10/19 2332 interface  Order removed from patient transfer upon Completion.
11   12/10/19 2332 interface  order's status changed from XFR to DC by PHA
12   12/10/19 2354 NICGV      order acknowledged

                 Electronically signed by Gray,Sandiv MD on 12/10/19 at 1800

                 Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1732
```

```
Order Date: 12/10/19                                        ---Service---
 Category   Procedure Name                Order Number  Date     Time Pri Qty Ord Source Status   Ordered By
 MED.COCOS  Medication                    20191210-3441 12/10/19 1732 R       E          CMP      RODDA1
 Other Provider :              Sig Lvl Provider :
```

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

RX: 18407431 Start: 12/10/19 1732 PRN CMP
Stop: 12/10/19 2332

HYDROmorphone Inj (Dilaudid Inj)
Dose: 0.5 MG
Route: IV Direction: Q5M PRN
PRN Reason: PAIN SCALE 1-6

Order's Audit Trail of Events

1	12/10/19 1732	PHYRODDA	Order ENTER in POM
2	12/10/19 1732	PHYRODDA	Order from set: Anesthesia PACU Adult v2
3	12/10/19 1732	PHYRODDA	Ordering Doctor: Rodriguez-Morveli,Dante MD
4	12/10/19 1732	PHYRODDA	Order Source: EPOM
5	12/10/19 1732	PHYRODDA	Signed by Rodriguez-Morveli,Dante MD
6	12/10/19 1737	COE.VQT	VERIFIED in PHA
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sandra MD
9	12/10/19 1927	NRCPAW	order acknowledged
10	12/10/19 2332	SCHEDULER	DISCONTINUE in PHA
11	12/10/19 2332	interface	Order removed from patient transfer upon Completion.
12	12/10/19 2332	interface	order's status changed from XFR to DC by PHA

Electronically signed by Gray,Sandra MD on 12/10/19 at 1800

Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1732

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
			—Service—						
MED.COCOS	Medication	20191210-3442	12/10/19	1732	R		E	CMP	RODDA1

Other Provider : Sig Lvl Provider :

RX: 18407429 Start: 12/10/19 1732 PRN CMP
Stop: 12/10/19 2332

fentaNYL Inj (Sublimaze Inj)
Dose: 50 MCG
Route: IV Direction: Q5M PRN
PRN Reason: PAIN SCALE 7-10

Order's Audit Trail of Events

1	12/10/19 1732	PHYRODDA	Order ENTER in POM
2	12/10/19 1732	PHYRODDA	Order from set: Anesthesia PACU Adult v2
3	12/10/19 1732	PHYRODDA	Ordering Doctor: Rodriguez-Morveli,Dante MD
4	12/10/19 1732	PHYRODDA	Order Source: EPOM
5	12/10/19 1732	PHYRODDA	Signed by Rodriguez-Morveli,Dante MD
6	12/10/19 1737	COE.VQT	VERIFIED in PHA
7	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
8	12/10/19 1800	PHY.GRASA	Signed by Gray,Sandra MD
9	12/10/19 2332	SCHEDULER	DISCONTINUE in PHA
10	12/10/19 2332	interface	Order removed from patient transfer upon Completion.
11	12/10/19 2332	interface	order's status changed from XFR to DC by PHA
12	12/10/19 2354	NICGV	order acknowledged

Electronically signed by Gray,Sandra MD on 12/10/19 at 1800

Electronically signed by Rodriguez-Morveli,Dante MD on 12/10/19 at 1732

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-3443	12/10/19	1732	R		E	CMP	RODDA1

Other Provider : Sig Lvl Provider :

RX: 18407432 Start: 12/10/19 1732 PRN CMP
Stop: 12/10/19 2332

Ondansetron Inj (Zofran Inj)
Dose: 4 MG
Route: IV Direction: PACU
PRN Reason: NAUSEA AND VOMITING

Order's Audit Trail of Events

1 12/10/19 1732 PHYRODDA Order ENTER in POM
2 12/10/19 1732 PHYRODDA Order from set: Anesthesia PACU Adult v2
3 12/10/19 1732 PHYRODDA Ordering Doctor: Rodriguez-Morveli.Dante MD
4 12/10/19 1732 PHYRODDA Order Source: EPOM
5 12/10/19 1732 PHYRODDA Signed by Rodriguez-Morveli.Dante MD
6 12/10/19 1737 COE.VQT VERIFIED in PHA
7 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
8 12/10/19 1800 PHY.GRASA Signed by Gray.Sanjiv MD
9 12/10/19 2332 SCHEDULER DISCONTINUE in PHA
10 12/10/19 2332 interface Order removed from patient transfer upon Completion.
11 12/10/19 2332 interface order's status changed from XFR to DC by PHA
12 12/10/19 2354 NICGV order acknowledged

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1800

Electronically signed by Rodriguez-Morveli.Dante MD on 12/10/19 at 1732

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
ECHO	Echo2D Comp w CF Dop	20191210-0053	12/10/19	1755	S	1	E	TRN	GRASA

Other Provider : Sig Lvl Provider :

Reason for Exam: ST changes postop
Comment

Order's Audit Trail of Events

1 12/10/19 1755 PHY.GRASA Order ENTER in POM
2 12/10/19 1755 PHY.GRASA Ordering Doctor: Gray.Sanjiv MD
3 12/10/19 1755 PHY.GRASA Order Source: EPOM
4 12/10/19 1755 PHY.GRASA Signed by Gray.Sanjiv MD
5 12/10/19 2354 NICGV order acknowledged
6 12/11/19 0659 NCVMP order viewed

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1755

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
CONS	Phy Cardiology Consult	20191210-0265	12/10/19		R		E	TRN	GRASA

Other Provider : Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Press <ENTER> for additional order detail

Consult Reason:	Other (requires reason)
Other Reason:	ST changes, +TROPONINS
Doctor to be consulted	Din,Salah U MD
PHONE :	(407)351-8222
DATE Notified:	12/11/19
Notified	
TIME:	1055
Person Notified:	JOYCE

Order's Audit Trail of Events

1	12/10/19	1755	PHY.GRASA	Order ENTER in POM
2	12/10/19	1755	PHY.GRASA	Ordering Doctor: Gray,Sanjiv MD
3	12/10/19	1755	PHY.GRASA	Order Source: EPOM
4	12/10/19	1755	PHY.GRASA	Signed by Gray,Sanjiv MD
5	12/10/19	1800	PHY.GRASA	Order marked to be continued upon patient transfer.
6	12/10/19	1800	PHY.GRASA	Signed by Gray,Sanjiv MD
7	12/10/19	2353	NICGV	Order RECEIVE in NUR
8	12/10/19	2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
9	12/10/19	2353	NICGV	Order Source: EPOM
10	12/10/19	2353	NICGV	Order continued upon patient transfer.
11	12/10/19	2354	NICGV	order ackrowledged
12	12/11/19	0659	NCVMP	order viewed
13	12/11/19	0727	NNAMGM	order viewed from Provider Order Management
14	12/11/19	1057	NICMLS	Order EDIT in OM
15	12/11/19	1057	NICMLS	Ordering Doctor: Bilski,Tracy MD
16	12/11/19	1057	NICMLS	Order Source: Telephone-read/verif
17	12/11/19	1057	NICMLS	Query: PHONE:
18	12/11/19	1057	NICMLS	old response -
19	12/11/19	1057	NICMLS	new response - DINSA
20	12/11/19	1057	NICMLS	Query: DATE Notified:
21	12/11/19	1057	NICMLS	old response -
22	12/11/19	1057	NICMLS	new response - 12/11/2019
23	12/11/19	1057	NICMLS	Query: TIME:
24	12/11/19	1057	NICMLS	old response -
25	12/11/19	1057	NICMLS	new response - 1055
26	12/11/19	1057	NICMLS	Query: Person Notified:
27	12/11/19	1057	NICMLS	old response -
28	12/11/19	1057	NICMLS	new response - JOYCE
29	12/11/19	1057	NICMLS	Query: Other Reason:
30	12/11/19	1057	NICMLS	old response - ST changes
31	12/11/19	1057	NICMLS	new response - ST changes, +TROPONINS
32	12/11/19	1058	NICMLS	order ackrowledged
33	12/14/19	1958	NPGALC	order viewed from Order Management
34	12/15/19	0029	NNUR.RV	order viewed from Order Management
35	12/17/19	0722	PHY.BILTR	Signed by Bilski,Tracy MD

Electronically signed by Bilski,Tracy MD on 12/17/19 at 0722

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Troponin-I	20191210-2163	12/10/19	1755	R		E	CNC	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
COMMENTS TO PHLEBOTOMIST

Order's Audit Trail of Events

1 12/10/19 1755 PHY.GRASA Order ENTER in POM
2 12/10/19 1755 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1755 PHY.GRASA Order Source: EPOM
4 12/10/19 1755 PHY.GRASA Order created as part of series
5 12/10/19 1755 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 1756 interface cc'd doctors edited in LAB
7 12/10/19 1756 interface order's status changed from TRANS to LOGGED by LAB
8 12/10/19 1759 interface order's specimen number changed from 1210:OS:C01291R to 1210:OS:C01291S
9 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
10 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
11 12/10/19 1930 interface order's specimen number changed from 1210:OS:C01291S to 1210:OS:C01291R
12 12/10/19 2232 interface Order removed from patient transfer upon Cancel.
13 12/10/19 2354 NICGV Cancelled order acknowledged
14 12/11/19 1059 NICMLS order viewed from Order Management
15 12/11/19 1510 NICMLS order viewed from Order Management
16 12/11/19 1806 NICMLS order viewed from Order Management
17 12/12/19 0721 NICMLS order viewed from Order Management

Duplicate reason: new
Cancel comment: DUPLICATED
Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Troponin-I	20191210-2164	12/10/19	2355	R		E	CNC	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
COMMENTS TO PHLEBOTOMIST

Order's Audit Trail of Events

1 12/10/19 1755 PHY.GRASA Order ENTER in POM
2 12/10/19 1755 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1755 PHY.GRASA Order Source: EPOM
4 12/10/19 1755 PHY.GRASA Order created as part of series
5 12/10/19 1755 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 1756 interface cc'd doctors edited in LAB
7 12/10/19 1756 interface order's status changed from TRANS to LOGGED by LAB
8 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
9 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order RECEIVE in NUR
11 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
12 12/10/19 2353 NICGV Order Source: EPOM
13 12/10/19 2353 NICGV Order continued upon patient transfer.
14 12/10/19 2354 NICGV order ackrowledged
15 12/11/19 0012 interface order's status changed from LOGGED to IN PRO by LAB
16 12/11/19 0020 interface order's specimen number changed from 1210:OS:C01292R to 1211:OS:C00295R

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

17 12/14/19 0001 interface order's status changed from IN PRO to CANCEL by LAB

Cancel comment: Auto-cancelled after 2 days.
Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Troponin-I	20191211-0547	12/11/19	0555	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/10/19 1755 PHY.GRASA Order ENTER in POM
2 12/10/19 1755 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1755 PHY.GRASA Order Source: EPOM
4 12/10/19 1755 PHY.GRASA Order created as part of series
5 12/10/19 1755 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
7 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
8 12/10/19 2353 NICGV Order RECEIVE in NUR
9 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order Source: EPOM
11 12/10/19 2353 NICGV Order continued upon patient transfer.
12 12/10/19 2354 NICGV order acknowledged
13 12/11/19 0002 interface cc'd doctors edited in LAB
14 12/11/19 0002 interface order's status changed from TRANS to LOGGED by LAB
15 12/11/19 0012 interface order's status changed from LOGGED to IN PRO by LAB
16 12/11/19 0531 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Troponin-I	20191211-0621	12/11/19	1155	R		E	CNC	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/10/19 1755 PHY.GRASA Order ENTER in POM
2 12/10/19 1755 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1755 PHY.GRASA Order Source: EPOM
4 12/10/19 1755 PHY.GRASA Order created as part of series
5 12/10/19 1755 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
7 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
8 12/10/19 2353 NICGV Order RECEIVE in NUR
9 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order Source: EPOM
11 12/10/19 2353 NICGV Order continued upon patient transfer.

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

12 12/10/19 2354 NICGV order acknowledged
13 12/11/19 0002 interface cc'd doctors edited in LAB
14 12/11/19 0002 interface order's status changed from TRANS to LOGGED by LAB
15 12/11/19 0013 interface order's status changed from LOGGED to IN PRO by LAB
16 12/11/19 1140 interface order's status changed from IN PRO to CANCEL by LAB

Cancel comment: DUPLICATE
Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Troponin-I	20191211-0633	12/11/19	1755	R		E	CNC	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/10/19 1755 PHY.GRASA Order ENTER in POM
2 12/10/19 1755 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1755 PHY.GRASA Order Source: EPOM
4 12/10/19 1755 PHY.GRASA Order created as part of series
5 12/10/19 1755 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
7 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
8 12/10/19 2353 NICGV Order RECEIVE in NUR
9 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
10 12/10/19 2353 NICGV Order Source: EPOM
11 12/10/19 2353 NICGV Order continued upon patient transfer.
12 12/10/19 2354 NICGV order acknowledged
13 12/11/19 0002 interface cc'd doctors edited in LAB
14 12/11/19 0002 interface order's status changed from TRANS to LOGGED by LAB
15 12/11/19 0013 interface order's status changed from LOGGED to IN PRO by LAB
16 12/14/19 0001 interface order's status changed from IN PRO to CANCEL by LAB

Cancel comment: Auto-cancelled after 2 days.
Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Basic Metabolic Panel	20191210-2176	12/10/19	1759	S		E	CNC	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/10/19 1759 PHY.GRASA Order ENTER in POM
2 12/10/19 1759 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1759 PHY.GRASA Order Source: EPOM
4 12/10/19 1759 PHY.GRASA Signed by Gray,Sanjiv MD
5 12/10/19 1759 interface order's status changed from TRANS to LOGGED by LAB
6 12/10/19 1821 interface order's status changed from LOGGED to CANCEL by LAB

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

7 12/10/19 2354 NICGV Cancelled order acknowledged

Cancel comment: Deleted from specimen by Laboratory
Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1759

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC,Platelets	20191210-2177	12/10/19	1759	S		E	CNC	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/10/19 1759 PHY.GRASA Order ENTER in POM
2 12/10/19 1759 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1759 PHY.GRASA Order Source: EPOM
4 12/10/19 1759 PHY.GRASA Signed by Gray,Sanjiv MD
5 12/10/19 1759 interface cc'd doctors edited in LAB
6 12/10/19 1759 interface order's status changed from TRANS to LOGGED by LAB
7 12/10/19 2354 NICGV order acknowledged
8 12/11/19 0013 interface order's status changed from LOGGED to IN PRO by LAB
9 12/11/19 0139 NICGV order viewed from Order Management
10 12/13/19 0001 interface order's status changed from IN PRO to CANCEL by LAB

Cancel comment: Auto-cancelled after 2 days.
Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1759

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Magnesium	20191210-2178	12/10/19	1759	S		E	CNC	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/10/19 1759 PHY.GRASA Order ENTER in POM
2 12/10/19 1759 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 1759 PHY.GRASA Order Source: EPOM
4 12/10/19 1759 PHY.GRASA Signed by Gray,Sanjiv MD
5 12/10/19 1759 interface cc'd doctors edited in LAB
6 12/10/19 1759 interface order's status changed from TRANS to LOGGED by LAB
7 12/10/19 1821 interface order's status changed from LOGGED to CANCEL by LAB
8 12/10/19 2354 NICGV Cancelled order acknowledged

Cancel comment:
Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1759

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Phosphorous	20191210-2179	12/10/19	1759	S		E	CNC	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/10/19 1759 PHY.GRASA Order ENTER in POM
2 12/10/19 1759 PHY.GRASA Ordering Doctor: Gray.Sanjiv MD
3 12/10/19 1759 PHY.GRASA Order Source: EPOM
4 12/10/19 1759 PHY.GRASA Signed by Gray.Sanjiv MD
5 12/10/19 1759 interface cc'd doctors edited in LAB
6 12/10/19 1759 interface order's status changed from TRANS to LOGGED by LAB
7 12/10/19 1821 interface order's status changed from LOGGED to CANCEL by LAB
8 12/10/19 2354 NICGV Cancelled order acknowledged

Cancel comment:

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1759

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RAD	XR Chest 1 V	20191210-0221	12/10/19	1917	S		E	CMP	GRASA

Other Provider : Sig Lvl Provider :

Order details below
Reason for Exam: hypotension postop
Comments:
Comments: pt is in pacu
Comments:

Order's Audit Trail of Events

1 12/10/19 1759 PHY.GRASA Order ENTER in POM
2 12/10/19 1759 PHY.GRASA Ordering Doctor: Gray.Sanjiv MD
3 12/10/19 1759 PHY.GRASA Order Source: EPOM
4 12/10/19 1759 PHY.GRASA Signed by Gray.Sanjiv MD
5 12/10/19 1759 interface order's status changed from TRANS to LOGGED by RAD
6 12/10/19 1917 interface order's status changed from LOGGED to IN PRO by RAD
7 12/10/19 1919 interface order service time edited: old value - 1759
8 12/10/19 1924 interface order's status changed from IN PRO to COMP by RAD
9 12/10/19 2354 NICGV order acknowledged

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1759

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
ADT	Transfer	20191210-0202	12/10/19	1759	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :

Bed Request for a Transfer:
Type of Room/Bed: NTICU

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Medical Reason: *postop hypotension*
Press ESC key to Exit
Any Special Considerations (ie Isolation)?:

Order's Audit Trail of Events

1	12/10/19 1800	PHY.GRASA	Order ENTER in POM during patient Transfer.
2	12/10/19 1800	PHY.GRASA	Ordering Doctor: Gray.Sanjiv MD
3	12/10/19 1800	PHY.GRASA	Order Source: EPOM
4	12/10/19 1800	PHY.GRASA	Signed by Gray.Sanjiv MD
5	12/10/19 1839	NICKT	order viewed from Order Management
6	12/10/19 2325	PHY.BAWSH	order viewed from Provider Order Management
7	12/10/19 2353	NICGV	Transfer Order has been completed upon Receive.
8	12/10/19 2354	NICGV	order acknowledged
9	12/12/19 0652	NMUSTR	order viewed from Order Management
10	12/13/19 0922	NMUSTR	order viewed from Order Management

Electronic[redacted]

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-3519	12/10/19	1800	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18407543 Start: 12/10/19 1800 SCH CMP
Stop: 01/09/20 1801

ASA Chewable Tab (Aspirin Chewable Tab)
Dose: 81 MG
Route: PO Direction: DAILY

Order's Audit Trail of Events

1	12/10/19 1801	PHY.GRASA	Order ENTER in POM
2	12/10/19 1801	PHY.GRASA	Ordering Doctor: Gray.Sanjiv MD
3	12/10/19 1801	PHY.GRASA	Order Source: EPOM
4	12/10/19 1801	PHY.GRASA	Signed by Gray.Sanjiv MD
5	12/10/19 1803	COE.NMV	REVIEW PROVIDER ACTIVITY in PHA
6	12/10/19 1803	COE.NMV	REVIEW PROVIDER ACTIVITY
7	12/10/19 1803	COE.NMV	RND UNV Now Dose 12/10/19 - 1800 by PHY.GRASA Ent: 12/10 1801
8	12/10/19 1803	COE.NMV	VERIFIED in PHA
9	12/10/19 2354	NICGV	order acknowledged
10	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
11	12/13/19 0926	PHY.BAWSH	Signed by Bawany.Sheila MD R3
12	12/13/19 0930	NICAKC	Order RECEIVE in NUR
13	12/13/19 0930	NICAKC	Ordering Doctor: Bawany.Sheila MD R3
14	12/13/19 0930	NICAKC	Order Source: EPOM
15	12/13/19 0930	NICAKC	Order continued upon patient transfer.
16	12/17/19 1623	DISCHARGE	DISCONTINUE in PHA

Electronic[redacted]

Electronic[redacted]

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Blood Glucose Monitoring	20191210-2220	12/10/19				E	IPR	GRASA

Other Provider : Sig Lvl Provider :
Press ENTER for Order Details Below

Frequency: Q4HRS

Order's Audit Trail of Events

1 12/10/19 1801 PHY.GRASA Order ENTER in POM
2 12/10/19 1801 PHY.GRASA Order from set: INSULIN SS Order Set
3 12/10/19 1801 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
4 12/10/19 1801 PHY.GRASA Order Source: EPOM
5 12/10/19 1801 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 1801 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 2354 NICGV order acknowledged
8 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
9 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R2
10 12/13/19 0930 NICAKC Order RECEIVE in NUR
11 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order Source: EPOM
13 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1801

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Notify - Results	20191210-2221	12/10/19				E	IPR	GRASA

Other Provider : Sig Lvl Provider :
Press (ENTER) for Order Details below

Comment: Notify physician for Potassium levels less than 4.

Order's Audit Trail of Events

1 12/10/19 1801 PHY.GRASA Order ENTER in POM
2 12/10/19 1801 PHY.GRASA Order from set: INSULIN SS Order Set
3 12/10/19 1801 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
4 12/10/19 1801 PHY.GRASA Order Source: EPOM
5 12/10/19 1801 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 1801 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 2354 NICGV order acknowledged
8 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
9 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R2
10 12/13/19 0930 NICAKC Order RECEIVE in NUR
11 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order Source: EPOM
13 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1801

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Assess Signs and Symptoms	20191210-2222	12/10/19				E	IPR	GRASA

Other Provider : Sig Lvl Provider :
Press (ENTER) for Order Details below

Comment: If patient is shaking, sweating, confused, or if patient/caregiver thinks patient is having a hypoglycemic reaction, then obtain STAT fingerstick glucose.

Order's Audit Trail of Events
1 12/10/19 1801 PHY.GRASA Order ENTER in POM
2 12/10/19 1801 PHY.GRASA Order from set: INSULIN SS Order Set
3 12/10/19 1801 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
4 12/10/19 1801 PHY.GRASA Order Source: EPOM
5 12/10/19 1801 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 1801 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 2354 NICGV order acknowledged
8 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
9 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
10 12/13/19 0930 NICAKC Order RECEIVE in NUR
11 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order Source: EPOM
13 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1801

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:PRN LAB TEST	20191210-2223	12/10/19				E	IPR	GRASA

Other Provider : Sig Lvl Provider :
Press (ENTER) for Order Details below

Comment: Repeat Fingerstick blood suger PRN for treatment or suspicion of hypoglycemia.

Order's Audit Trail of Events
1 12/10/19 1801 PHY.GRASA Order ENTER in POM
2 12/10/19 1801 PHY.GRASA Order from set: INSULIN SS Order Set
3 12/10/19 1801 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
4 12/10/19 1801 PHY.GRASA Order Source: EPOM
5 12/10/19 1801 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 1801 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 2354 NICGV order acknowledged
8 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
9 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
10 12/13/19 0930 NICAKC Order RECEIVE in NUR
11 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

12 12/13/19 0930 NICAKC Order Source: EPOM
13 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1801

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Notify - Blood Glucose	20191210-2224	12/10/19				E	IPR	GRASA

Other Provider : Sig Lvl Provider :
Press (ENTER) for Order Details below

Comment: *Cal MD if 2 consecutive fingerstick glucose resul
t are less than 70 mg/dl or greater than 180 mg/dl
*Notify MD for 3 consecutive insulin injections or
for any glucose less than 60 over 400.

Order's Audit Trail of Events
1 12/10/19 1801 PHY.GRASA Order ENTER in POM
2 12/10/19 1801 PHY.GRASA Order from set: INSULIN SS Order Set
3 12/10/19 1801 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
4 12/10/19 1801 PHY.GRASA Order Source: EPOM
5 12/10/19 1801 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/10/19 1802 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 2354 NICGV order acknowledged
8 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
9 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
10 12/13/19 0930 NICAKC Order RECEIVE in NUR
11 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order Source: EPOM
13 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1801

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Meal Monitoring	20191210-2225	12/10/19				E	IPR	GRASA

Other Provider : Sig Lvl Provider :

Comments: for changes in glucose sources (NPO, Holding tube
feedings, IV/IVPB's with dextrose, TPN, etc.) and
any corticosteroid use.

Order's Audit Trail of Events
1 12/10/19 1801 PHY.GRASA Order ENTER in POM
2 12/10/19 1801 PHY.GRASA Order from set: INSULIN SS Order Set
3 12/10/19 1801 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
4 12/10/19 1801 PHY.GRASA Order Source: EPOM
5 12/10/19 1801 PHY.GRASA Signed by Gray,Sanjiv MD

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

6 12/10/19 1802 interface order's status changed from TRANS to ACTIVE by NUR
7 12/10/19 2020 NRCPAW order viewed from Order Management
8 12/10/19 2354 NICGV order acknowledged
9 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
10 12/13/19 0926 PHY.BAWSH Signed by Bawany.Sheila MD R3
11 12/13/19 0930 NICAKC Order RECEIVE in NUR
12 12/13/19 0930 NICAKC Ordering Doctor: Bawany.Sheila MD R3
13 12/13/19 0930 NICAKC Order Source: EPOM
14 12/13/19 0930 NICAKC Order continued upon patient transfer.

Electronically signed by Bawany.Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1801

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Basic Metabolic Panel	20191210-2195	12/10/19	1740	R	1		CMP	RODDA1

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/10/19 1821 NLAB.JZS Order ENTER in LAB
2 12/10/19 1821 NLAB.JZS Ordering Doctor: Rodriguez-Morveli.Dante MD
3 12/10/19 1831 interface order's status changed from IN PRO to COMP by LAB

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Magnesium	20191210-2196	12/10/19	1740	R	1		CMP	RODDA1

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/10/19 1821 NLAB.JZS Order ENTER in LAB
2 12/10/19 1821 NLAB.JZS Ordering Doctor: Rodriguez-Morveli.Dante MD
3 12/10/19 1831 interface order's status changed from IN PRO to COMP by LAB

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Phosphorous	20191210-2197	12/10/19	1740	R	1		CMP	RODDA1

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/10/19 1821 NLAB.JZS Order ENTER in LAB
2 12/10/19 1821 NLAB.JZS Ordering Doctor: Rodriguez-Morveli.Dante MD
3 12/10/19 1831 interface order's status changed from IN PRO to COMP by LAB

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RTPOM	Arterial Blood Gas - ABG	20191210-0179	12/10/19		R		E	TRN	GRASA

Other Provider :
Sig Lvl Provider :
Press ENTER for Order Details Below

Test Requested:
G3: ABG
CG4: ABG + Lactic
Room Air:
On 2 Liters:
On Other:
Comment:

Order's Audit Trail of Events

1 12/10/19 2216 PHY.GRASA Order ENTER in POM
2 12/10/19 2216 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/10/19 2216 PHY.GRASA Order Source: EPOM
4 12/10/19 2216 PHY.GRASA Signed by Gray,Sanjiv MD
5 12/10/19 2354 NICGV order acknowledged

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 2216

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-0247	12/11/19	1000	R		E	CMP	GRASA

Other Provider :
Sig Lvl Provider :
RX: 18408676
Start: 12/11/19 1000 SCH CMP
Stop: 01/10/20 1001

Tamsulosin Cap (Flomax Cap)
Dose: 0.4 MG
Route: PO
Direction: DAILY

Order's Audit Trail of Events

1 12/10/19 1800 PHY.GRASA New-xfer order created
2 12/10/19 2353 NICGV Order RECEIVE in NUR
3 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
4 12/10/19 2353 NICGV Order Source: EPOM
5 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD when order queued for transfer.
6 12/10/19 2353 NICGV New order created upon patient Transfer.
7 12/10/19 2353 PHY.GRASA POM TRANSFER ORDER
8 12/10/19 2353 PHY.GRASA Order entered to start upon patient transfer on 12/10/19 1800
9 12/10/19 2353 PHY.GRASA Order transmitted upon receive by NICGV on 12/10/19 2353
10 12/11/19 0006 COE.MAW VERIFIED in PHA
11 12/11/19 0810 NICMLS order acknowledged
12 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
13 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
14 12/13/19 0930 NICAKC Order RECEIVE in NUR
15 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
16 12/13/19 0930 NICAKC Order Source: EPOM
17 12/13/19 0930 NICAKC Order continued upon patient transfer.
18 12/16/19 1148 APFENCH Order DC in POM
19 12/16/19 1148 APFENCH Ordering Doctor: Skattum,Andrew C DO
20 12/16/19 1148 APFENCH Order Source: EPOM
21 12/16/19 1148 APFENCH Other Doctor: Fenar,Christopher S PA-C
22 12/16/19 1148 APFENCH Order's Rx has been discontinued.

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

23 12/16/19 1148 APFENCH Signed by Fenar,Christopher S PA-C
24 12/16/19 1216 NPGBM2 order acknowledged
25 12/16/19 1300 PHY.SKANN Signed by Skantha,Andrew C DO

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at [illegible]

Electronically signed by Fenar,Christopher S PA-C on 12/16/19 at [illegible]

Electronically signed by Gray,Sanjiv MD on 12/10/19 at [illegible]

Electronically signed by Skantha,Andrew C DO on 12/16/19 at [illegible]

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191210-4575	12/10/19	2200	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18408679 Start: 12/10/19 2200 SCH CMP
Stop: 01/09/20 2201

Atorvastatin Tab (Lipitor Tab)
Dose: 80 MG
Route: PO Direction: BEDTIME

Order's Audit Trail of Events

1 12/10/19 1800 PHY.GRASA New-xfer order created
2 12/10/19 2353 NICGV Order RECEIVE in NUR
3 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
4 12/10/19 2353 NICGV Order Source: EPOM
5 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD when order queued for transfer.
6 12/10/19 2353 NICGV New order created upon patient Transfer.
7 12/10/19 2353 PHY.GRASA POM TRANSFER ORDER
8 12/10/19 2353 PHY.GRASA Order entered to start upon patient transfer on 12/10/19 1800
9 12/10/19 2353 PHY.GRASA Order transmitted upon receive by NICGV on 12/10/19 2353
10 12/11/19 0007 COE.MAW VERIFIED in PHA
11 12/11/19 0007 COE.MAW VIEWED LAB TEST RESULTS in PHA
12 12/11/19 0007 COE.MAW VIEWED LAB TEST RESULTS
13 12/11/19 0007 COE.MAW Test Group C.STATIN
14 12/11/19 0007 COE.MAW LABORATORY
15 12/11/19 0007 COE.MAW Date Time Test Result Flag Normal Range
16 12/11/19 0007 COE.MAW 12/10/19 0427 AST 60 H 10-37 unit/L
17 12/11/19 0007 COE.MAW Disclaimer
18 12/11/19 0007 COE.MAW Falsely depressed results may occur on samples drawn from
19 12/11/19 0007 COE.MAW patients receiving Sulfasalazine.
20 12/11/19 0007 COE.MAW Reference: Siemens Healthcare Diagnostics
21 12/11/19 0007 COE.MAW 12/10/19 0427 ALT 35 12-78 unit/L
22 12/11/19 0007 COE.MAW Disclaimer
23 12/11/19 0007 COE.MAW Falsely depressed results may occur on samples drawn
24 12/11/19 0007 COE.MAW from patients receiving Sulfasalazine.
25 12/11/19 0007 COE.MAW Reference: Siemens Healthcare Diagnostics
26 12/11/19 0007 COE.MAW 12/10/19 0427 ALKP TOTAL 89 45-117 unit/L
27 12/11/19 0035 NICGV order acknowledged
28 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
29 12/13/19 0928 PHY.BAWSH Signed by Bawany,Sheila MD R3
30 12/13/19 0930 NICAKC Order RECEIVE in NUR
31 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
32 12/13/19 0930 NICAKC Order Source: EPOM
33 12/13/19 0930 NICAKC Order continued upon patient transfer.

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

34 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1800

Order Date: 12/10/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-0248	12/11/19	1000	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18408678
Start: 12/11/19 1000 SCH CMP
Stop: 01/10/20 1001

Lisinopril Tab (Prinivil Tab)
Dose: 40 MG
Route: PO Direction: DAILY

Order's Audit Trail of Events

1 12/10/19 1800 PHY.GRASA New-xfer order created
2 12/10/19 2353 NICGV Order RECEIVE in NUR
3 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
4 12/10/19 2353 NICGV Order Source: EPOM
5 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD when order queued for transfer.
6 12/10/19 2353 NICGV New order created upon patient Transfer.
7 12/10/19 2353 PHY.GRASA POM TRANSFER ORDER
8 12/10/19 2353 PHY.GRASA Order entered to start upon patient transfer on 12/10/19 1800
9 12/10/19 2353 PHY.GRASA Order transmitted upon receive by NICGV on 12/10/19 2353
10 12/11/19 0007 COE.MAW VERIFIED in PHA
11 12/11/19 0007 COE.MAW VIEWED LAB TEST RESULTS in PHA
12 12/11/19 0007 COE.MAW VIEWED LAB TEST RESULTS
13 12/11/19 0007 COE.MAW Test Group C.RENALK
14 12/11/19 0007 COE.MAW LABORATORY
15 12/11/19 0007 COE.MAW Date Time Test Result Flag Normal Range
16 12/11/19 0007 COE.MAW 12/11/19 0400 K PENDING RECEIPT 3.7-5.1 mmol/l
17 12/11/19 0007 COE.MAW 12/10/19 1740 K 3.6 L 3.7-5.1 mmol/l
18 12/11/19 0007 COE.MAW
19 12/11/19 0007 COE.MAW SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
20 12/11/19 0007 COE.MAW BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
21 12/11/19 0007 COE.MAW AND POTASSIUM MEASUREMENTS.
22 12/11/19 0007 COE.MAW Reference: SIEMENS HEALTHCARE DIAGNOSTICS
23 12/11/19 0007 COE.MAW 12/10/19 0427 K 3.2 L 3.7-5.1 mmol/l
24 12/11/19 0007 COE.MAW
25 12/11/19 0007 COE.MAW SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
26 12/11/19 0007 COE.MAW BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
27 12/11/19 0007 COE.MAW AND POTASSIUM MEASUREMENTS.
28 12/11/19 0007 COE.MAW Reference: SIEMENS HEALTHCARE DIAGNOSTICS
29 12/11/19 0007 COE.MAW 12/10/19 0427 K 3.3 L 3.7-5.1 mmol/l
30 12/11/19 0007 COE.MAW
31 12/11/19 0007 COE.MAW SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
32 12/11/19 0007 COE.MAW BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
33 12/11/19 0007 COE.MAW AND POTASSIUM MEASUREMENTS.
34 12/11/19 0007 COE.MAW Reference: SIEMENS HEALTHCARE DIAGNOSTICS
35 12/11/19 0007 COE.MAW 12/11/19 0400 CREAT PENDING RECEIPT 0.55-1.3 mg/dl
36 12/11/19 0007 COE.MAW 12/10/19 1740 CREAT 0.73 0.55-1.3 mg/dl
37 12/11/19 0007 COE.MAW 12/10/19 0427 CREAT 0.72 0.55-1.3 mg/dl
38 12/11/19 0826 NICMLS order ackrowledged
39 12/11/19 0917 PHY.BAWSH Order HOLD in POM

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

40 12/11/19 0917 PHY.BAWSH Ordering Doctor: Bawany.Sheila MD R3
41 12/11/19 0917 PHY.BAWSH Order Source: EPOM
42 12/11/19 0917 PHY.BAWSH Rx's Hold/Resume dates edited.
43 12/11/19 0917 PHY.BAWSH Signed by Bawany.Sheila MD R3
44 12/11/19 0917 PHY.BAWSH DEACTIVATE
45 12/11/19 0917 PHY.BAWSH DEACTIVATE: 12/11 1000 REACTIVATE: EVENT:
46 12/11/19 0918 NICMLS order acknowledged
47 12/11/19 1055 NNAMGM Order DC in POM
48 12/11/19 1055 NNAMGM Ordering Doctor: Din.Salah U MD
49 12/11/19 1055 NNAMGM Order Source: EPOM
50 12/11/19 1055 NNAMGM Other Doctor: Montanez.Maria G APRN
51 12/11/19 1055 NNAMGM Order's Rx has been discontinued.
52 12/11/19 1055 NNAMGM Signed by Montanez.Maria G APRN
53 12/11/19 1058 NICMLS order acknowledged
54 12/19/19 2384 PHY.DINSA Signed by Din.Salah U MD

Electronically signed by Bawany.Sheila MD R3 on 12/11/19 at 0917

Electronically signed by Din.Salah U MD on 12/19/19 at 2384

Electronically signed by Gray.Sanjiv MD on 12/10/19 at 1800

Electronically signed by Montanez.Maria G APRN on 12/11/19 at 1055

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-0249	12/11/19	1000	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18408677 Start: 12/11/19 1000 SCH CMP
Stop: 01/10/20 1001

Sertraline Tab (Zoloft Tab)
Dose: 100 MG
Route: PO Direction: DAILY

Order's Audit Trail of Events
1 12/10/19 1800 PHY.GRASA New-xfer order created
2 12/10/19 2353 NICGV Order RECEIVE in NUR
3 12/10/19 2353 NICGV Ordering Doctor: Gray.Sanjiv MD
4 12/10/19 2353 NICGV Order Source: EPOM
5 12/10/19 1800 PHY.GRASA Signed by Gray.Sanjiv MD Plan/order queued for transfer
6 12/10/19 2353 NICGV New order created upon patient Transfer.
7 12/10/19 2353 PHY.GRASA POM TRANSFER ORDER
8 12/10/19 2353 PHY.GRASA Order entered to start upon patient transfer on 12/10/19 1800
9 12/10/19 2353 PHY.GRASA Order transmitted upon receive by NICGV on 12/10/19 2353
10 12/11/19 0006 COE.MAW VERIFIED in PHA
11 12/11/19 0307 PHY.BAWSH order viewed from Provider Order Management
12 12/11/19 0810 NICMLS order acknowledged
13 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
14 12/13/19 0926 PHY.BAWSH Signed by Bawany.Sheila MD R3
15 12/13/19 0930 NICAKC Order RECEIVE in NUR
16 12/13/19 0930 NICAKC Ordering Doctor: Bawany.Sheila MD R3
17 12/13/19 0930 NICAKC Order Source: EPOM
18 12/13/19 0930 NICAKC Order continued upon patient transfer.
19 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Electronically signed by Bawany.Sheila MD R3 on 12/13/19 at 0926

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Electronically signed by Gray,Sanjiv MD on 12/10/19 at 1000

Order Date: 12/10/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Comp Metabolic Panel	20191211	12/11/19	0400	R		E	CNC	BAWSH

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/10/19 2354 PHY.BAWSH Order ENTER in POM
2 12/10/19 2354 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/10/19 2354 PHY.BAWSH Order Source: EPOM
4 12/10/19 2354 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/10/19 2355 PHY.BAWSH Order DC in POM
6 12/10/19 2355 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
7 12/10/19 2355 PHY.BAWSH Order Source: EPOM
8 12/10/19 2355 PHY.BAWSH Signed by Bawany,Sheila MD R3
9 12/10/19 2355 PHY.BAWSH order cancelled
10 12/10/19 2355 NICGV Cancelled order acknowledged

Cancel comment: Physician Decision
Electronically signed by Bawany,Sheila MD R3 on 12/10/19 at 2355

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
FNS	CLEAR LIQUID DIET	20191211-0088	12/11/19	B			T	CMP CNC?	GRASA

Other Provider : Sig Lvl Provider :

Add'l Diet Order:
Carb servings per meal:
Thickened Liquid:

Fluid Restriction:

Order's Audit Trail of Events

1 12/11/19 0000 NICGV Order ENTER in OM
2 12/11/19 0000 NICGV Ordering Doctor: Gray,Sanjiv MD
3 12/11/19 0000 NICGV Order Source: Telephone-read/verif
4 12/11/19 0142 NNAYF1 order acknowledged
5 12/11/19 0288 PHY.GRASA Signed by Gray,Sanjiv MD
6 12/11/19 1508 NICMLS Order DC in OM
7 12/11/19 1508 NICMLS Ordering Doctor: Bilski,Tracy MD
8 12/11/19 1508 NICMLS Order Source: Telephone-read/verif
9 12/11/19 1508 NICMLS order cancel requested by Provider BILTR
10 12/11/19 1508 System order's status changed from TRANS to COMP
11 12/11/19 1508 System Order Replaced with New Diet
12 12/11/19 1509 NICMLS order acknowledged
13 12/11/19 0792 PHY.BILTR Signed by Bilski,Tracy MD

Cancel request comment: Completed

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Electronically signed by Bilski,Tracy MD on 12/17/19 at 0722

Electronic[redacted]

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Magnesium	20191211-0839	12/11/19	0400	R		P	CNC	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/11/19 0240 NNAYF1 Order ENTER in OM
2 12/11/19 0240 NNAYF1 Ordering Doctor: Gray,Sanjiv MD
3 12/11/19 0240 NNAYF1 Order Source: Protocol
4 12/11/19 0240 NNAYF1 order acknowledged
5 12/11/19 0240 interface cc'd doctors edited in LAB
6 12/11/19 0240 interface order's status changed from TRANS to LOGGED by LAB
[redacted]
8 12/11/19 0457 interface order's status changed from LOGGED to CANCEL by LAB

Cancel comment:

Electronic[redacted]

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Phosphorous	20191211-0840	12/11/19	0400	R		P	CNC	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/11/19 0240 NNAYF1 Order ENTER in OM
2 12/11/19 0240 NNAYF1 Ordering Doctor: Gray,Sanjiv MD
3 12/11/19 0240 NNAYF1 Order Source: Protocol
4 12/11/19 0240 NNAYF1 order acknowledged
5 12/11/19 0240 interface cc'd doctors edited in LAB
6 12/11/19 0240 interface order's status changed from TRANS to LOGGED by LAB
[redacted]
8 12/11/19 0457 interface order's status changed from LOGGED to CANCEL by LAB

Cancel comment:

Electronic[redacted]

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-0564	12/11/19	0315	R	1	E	CMP	BAWSH

Other Provider : Sig Lvl Provider :
RX: 18408974 Start: 12/11/19 0315 PRN CMP
Stop: 01/10/20 0309

Gabapentin Cap (Neurontin Cap)
Dose: 300 MG
Route: PO Direction: Q8H PRN
PRN Reason: PAIN SCALE 1-3

Order's Audit Trail of Events

1	12/10/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/10/19 0536	PHY.BAWSH	Order from set: Trauma Admission
3	12/10/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/10/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/10/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/10/19 0536	PHY.BAWSH	VIEWED LAB TEST RESULTS
7	12/10/19 0536	PHY.BAWSH	Test Group C.RENAL
8	12/10/19 0536	PHY.BAWSH	LABORATORY
9	12/10/19 0536	PHY.BAWSH	Date Time Test Result Flag Normal Range
10	12/10/19 0536	PHY.BAWSH	12/10/19 0427 CREAT PENDING 0.55-1.3 mg/dl
11	12/10/19 0552	COE.MAW	VERIFIED in PHA
12	12/10/19 0552	COE.MAW	VIEWED LAB TEST RESULTS in PHA
13	12/10/19 0552	COE.MAW	VIEWED LAB TEST RESULTS
14	12/10/19 0552	COE.MAW	Test Group C.RENAL
15	12/10/19 0552	COE.MAW	LABORATORY
16	12/10/19 0552	COE.MAW	Date Time Test Result Flag Normal Range
17	12/10/19 0552	COE.MAW	12/10/19 0427 CREAT 0.72 0.55-1.3 mg/dl
18	12/10/19 0611	NEDJF	order acknowledged
19	12/10/19 1800	PHY.GRASA	Order marked to be continued upon patient transfer.
20	12/10/19 1800	PHY.GRASA	Signed by Gray,Sanjiv MD
21	12/10/19 2353	NICGV	Order RECEIVE in NUR
22	12/10/19 2353	NICGV	Ordering Doctor: Gray,Sanjiv MD
23	12/10/19 2353	NICGV	Order Source: EPOM
24	12/10/19 2353	NICGV	Order continued upon patient transfer.
25	12/11/19 0307	PHY.BAWSH	order viewed from Provider Order Management
26	12/11/19 0309	PHY.BAWSH	Order EDIT in POM
27	12/11/19 0309	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
28	12/11/19 0309	PHY.BAWSH	Order Source: EPOM
29	12/11/19 0309	PHY.BAWSH	Order's Rx has been edited.
30	12/11/19 0309	PHY.BAWSH	Signed by Bawany,Sheila MD R3
31	12/11/19 0309	interface	Order copied from: 1210-4579
32	12/11/19 0309	PHY.BAWSH	Order EDIT in PHA
33	12/11/19 0309	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
34	12/11/19 0309	PHY.BAWSH	Order Source: EPOM
35	12/11/19 0312	NRXSB	REVIEW PROVIDER ACTIVITY in PHA
36	12/11/19 0312	NRXSB	REVIEW PROVIDER ACTIVITY
37	12/11/19 0312	NRXSB	RSS UNV Sig/Sch Edit Generated New Order by PHY.BAWSH Ent: 12/11 0309
38	12/11/19 0312	NRXSB	Ordering Doctor: BAWSH
39	12/11/19 0312	NRXSB	Last Scheduled Administration Time: 12/10/2019 2200
40	12/11/19 0312	NRXSB	Last Actual Administration Time: 12/11/2019 0005 (at time of filing)
41	12/11/19 0312	NRXSB	Old Times: TID Daily @ 0600,1400,2200 SCH
42	12/11/19 0312	NRXSB	New Times: Q8H PRN Daily @ EVERY 8 HOURS AS NEEDE PRN
43	12/11/19 0312	NRXSB	Old Order Stop Date: 12/11/2019 0308
44	12/11/19 0312	NRXSB	New Order Start Date: 12/11/2019 0308
45	12/11/19 0312	NRXSB	VERIFIED in PHA
46	12/11/19 0312	NRXSB	VIEWED LAB TEST RESULTS in PHA
47	12/11/19 0312	NRXSB	VIEWED LAB TEST RESULTS

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

48 12/11/19 0312 NRXSB Test Group C.RENAL
49 12/11/19 0312 NRXSB LABORATORY

50	12/11/19 0312 NRXSB	Date	Time	Test	Result Flag	Normal Range
51	12/11/19 0312 NRXSB	12/11/19	0400	CREAT	PENDING RECEIPT	0.55-1.3 mg/dl
52	12/11/19 0312 NRXSB	12/10/19	1740	CREAT	0.73	0.55-1.3 mg/dl
53	12/11/19 0312 NRXSB	12/10/19	0427	CREAT	0.72	0.55-1.3 mg/dl

54 12/11/19 0357 NNAYF1 order acknowledged
55 12/11/19 0902 PHY.BAWSH Signed by Bawany,Sheila MD R3
56 12/11/19 0927 NICMLS order acknowledged

Electronically signed by Bawany,Sheila MD R3 on 12/11/19 at 0922

Electronically signed by Gray,Sandy MD on 12/10/19 at 1900

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Magnesium	20191211-0963	12/11/19	0430	R	1		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/11/19 0457 NLAB.VFR Order ENTER in LAB
2 12/11/19 0457 NLAB.VFR Ordering Doctor: Bawany,Sheila MD R3
3 12/11/19 0531 interface order's status changed from IN PRO to COMP by LAB

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Phosphorous	20191211-0964	12/11/19	0430	R	1		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/11/19 0457 NLAB.VFR Order ENTER in LAB
2 12/11/19 0457 NLAB.VFR Ordering Doctor: Bawany,Sheila MD R3
3 12/11/19 0531 interface order's status changed from IN PRO to COMP by LAB

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Insulin Sliding Scale Protoc	20191211-0349	12/11/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/11/19 0536 PHY.BAWSH Order ENTER in POM
2 12/11/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/11/19 0536 PHY.BAWSH Order Source: EPOM
4 12/11/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/11/19 0536 PHY.BAWSH This procedure has reflexed the following order(s)
6 12/11/19 0536 PHY.BAWSH z:Blood Glucose Monitoring (NUR.PHYS)
7 12/11/19 0536 PHY.BAWSH Insulin Lispro Inj LOW SLIDING SCALE: SU...
8 12/11/19 0536 PHY.BAWSH z:Assess Signs and Symptoms (NUR.PHYS)
9 12/11/19 0536 PHY.BAWSH z:PRN LAB TEST (NUR.PHYS)

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

```
10   12/11/19 0536 PHY.BAWSH  z:Notify - Blood Glucose (NUR.PHYS)
11   12/11/19 0536 PHY.BAWSH  Dextrose 50% Inj 50ml Syr Glucose < 70 -...
12   12/11/19 0536 PHY.BAWSH  Glucagon Inj 1 MG SUBQ ASDIR PRN HYPOGLY...
13   12/11/19 0536 interface  order's status changed from TRANS to ACTIVE by NUR
14   12/11/19 0536 NNAYF1     order acknowledged
15   12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
16   12/13/19 0926 PHY.BAWSH  Signed by Bawany,Sheila MD R3
17   12/13/19 0930 NICAKC     Order RECEIVE in NUR
18   12/13/19 0930 NICAKC     Ordering Doctor: Bawany,Sheila MD R3
19   12/13/19 0930 NICAKC     Order Source: EPOM
20   12/13/19 0930 NICAKC     Order continued upon patient transfer.

                 Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926
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Order Date: 12/11/19                                   ---Service---
 Category   Procedure Name                Order Number  Date     Time Pri Qty Ord Source Status   Ordered By
 NUR.PHYS   z:Blood Glucose Monitoring    20191211-0350 12/11/19              E          IPR      BAWSH
 Other Provider :            Sig Lvl Provider :
   Press ENTER for Order Details Below

   Frequency:                        Q4HRS

  Order's Audit Trail of Events
1    12/11/19 0536 PHY.BAWSH  Order ENTER in POM
2    12/11/19 0536 PHY.BAWSH  Order from set: Insulin Sliding Scale (Reflex)
3    12/11/19 0536 PHY.BAWSH  Ordering Doctor: Bawany,Sheila MD R3
4    12/11/19 0536 PHY.BAWSH  Order Source: EPOM
5    12/11/19 0536 PHY.BAWSH  Signed by Bawany,Sheila MD R3
6    12/11/19 0536 PHY.BAWSH  This Procedure was triggered by :
7    12/11/19 0536 PHY.BAWSH  z:Insulin Sliding Scale Protoc (NUR.PHYS)
8    12/11/19 0536 interface  order's status changed from TRANS to ACTIVE by NUR
9    12/11/19 0536 NNAYF1     order acknowledged
10   12/11/19 0847 NICMLS     order viewed from Order Management
11   12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
12   12/13/19 0926 PHY.BAWSH  Signed by Bawany,Sheila MD R3
13   12/13/19 0930 NICAKC     Order RECEIVE in NUR
14   12/13/19 0930 NICAKC     Ordering Doctor: Bawany,Sheila MD R3
15   12/13/19 0930 NICAKC     Order Source: EPOM
16   12/13/19 0930 NICAKC     Order continued upon patient transfer.

                 Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926
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Order Date: 12/11/19                                   ---Service---
 Category   Procedure Name                Order Number  Date     Time Pri Qty Ord Source Status   Ordered By
 MED.COCOS  Medication                    20191211-0707 12/11/19 0730 R       E          CMP      BAWSH
 Other Provider :            Sig Lvl Provider :
```

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

RX: 18409148

Start: 12/11/19 0730 SCH CMP
Stop: 01/10/20 0731

Insulin Lispro Inj (HumaLOG Inj)
Dose: 0 UNITS
Route: SUBQ Direction: C MEALS HS
Dose Instructions: LOW SLIDING SCALE:
-
BS 110-150 =2 UNITS
BS 151-200 =4 UNITS
BS 201-250 =6 UNITS
BS 251-300 =8 UNITS
BS 301-350 =10 UNIT
BS 351-400 =12 UNIT
BS < 60 OR > 400 =
CALL MD

Order's Audit Trail of Events

1	12/11/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/11/19 0536	PHY.BAWSH	Order from set: Insulin Sliding Scale (Reflex)
3	12/11/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/11/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/11/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/11/19 0536	PHY.BAWSH	This Procedure was triggered by :
7	12/11/19 0536	PHY.BAWSH	z:Insulin Sliding Scale Protoc (NUR.PHYS)
8	12/11/19 0536	PHY.BAWSH	VIEWED LAB TEST RESULTS
9	12/11/19 0536	PHY.BAWSH	Test Group GLU
10	12/11/19 0536	PHY.BAWSH	LABORATORY
11	12/11/19 0536	PHY.BAWSH	Date Time Test Result Flag Normal Range
12	12/11/19 0536	PHY.BAWSH	12/11/19 0430 GLUCOSE 232 H 74-106 mg/dl
13	12/11/19 0536	PHY.BAWSH	Disclaimer
14	12/11/19 0536	PHY.BAWSH	Falsely depressed results may occur on samples drawn from
15	12/11/19 0536	PHY.BAWSH	patients receiving Sulfasalazine.
16	12/11/19 0536	PHY.BAWSH	Falsely elevated results may occur on samples drawn
17	12/11/19 0536	PHY.BAWSH	from patients receiving Sulfapyridine.
18	12/11/19 0536	PHY.BAWSH	Reference: Siemens Healthcare Diagnostics
19	12/11/19 0537	NNAYF1	order acknowledged
20	12/11/19 0548	COE.MAW	VERIFIED in PHA
21	12/11/19 0548	COE.MAW	VIEWED LAB TEST RESULTS in PHA
22	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
23	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
24	12/13/19 0930	NICAKC	Order RECEIVE in NUR
25	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
26	12/13/19 0930	NICAKC	Order Source: EPOM
27	12/13/19 0930	NICAKC	Order continued upon patient transfer.
28	12/17/19 1623	DISCHARGE	DISCONTINUE in PHA

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Assess Signs and Symptoms	20191211-0351	12/11/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :
Press (ENTER) for Order Details below

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Comment:

If patient is shaking, sweating, confused, or if patient/caregiver thinks patient is having a hypoglycemic reaction, then obtain STAT fingerstick glucose.
Treatment if glucose is < 70 mg/dL:
- Apple OR orange juice 1/2 cup (120 ml) OR skim milk 1 cup (240ml) DO NOT ADD SUGAR
- if patient is on fluid restrictions, give 1 Tablespoon of jelly or honey (do not spread on crackers) OR give 1/2 cup applesauce
-if patient is NPO, stuperous or comatose, give 50 ml (1amp) of 50% Dextrose IV
-if patient is NPO and NO IV access, give 1 mg glucagon subcutaneously (may cause vomiting).
Treatment if glucose is < 60 mg/dl:
-Apple OR orange juice 1 cup (240ml) OR skim milk 2 cups (480ml). DO NOT ADD SUGAR
-if patient is on fluid restrictions, give 2 Tablespoons of jelly or honey (do not spread on cracker) OR give 1 cup applesauce
-if patient is NPO, stuperous or comatose, give 50 ml (1amp) of 50% Dextrose IV
-if patient is NPO and NO IV access, give 1 mg glucagon subcutaneously (may cause vomiting)
Hypoglycemia Management
Repeat fingerstick glucose 15 minutes after any treatment for hypoglycemia. Repeat hypoglycemia treatmnet for any glucose < 70 mg/dl until glucose > 100 mg/dl. Do not fee solid food until blood sugar is over 100 mg/dl.

Order's Audit Trail of Events

1	12/11/19	0536 PHY.BAWSH	Order ENTER in POM
2	12/11/19	0536 PHY.BAWSH	Order from set: Insulin Sliding Scale (Reflex)
3	12/11/19	0536 PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/11/19	0536 PHY.BAWSH	Order Source: EPOM
5	12/11/19	0536 PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/11/19	0536 PHY.BAWSH	This Procedure was triggered by :
7	12/11/19	0536 PHY.BAWSH	z:Insulin Sliding Scale Protoc (NUR.PHYS)
8	12/11/19	0536 interface	order's status changed from TRANS to ACTIVE by NUR
9	12/11/19	0536 NNAYF1	order acknowledged
10	12/13/19	0926 PHY.BAWSH	Order marked to be continued upon patient transfer.
11	12/13/19	0926 PHY.BAWSH	Signed by Bawany,Sheila MD R3
12	12/13/19	0930 NICAKC	Order RECEIVE in NUR
13	12/13/19	0930 NICAKC	Ordering Doctor: Bawany,Sheila MD R3
14	12/13/19	0930 NICAKC	Order Source: EPOM
15	12/13/19	0930 NICAKC	Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:PRN LAB TEST	20191211-0352	12/11/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :
Press (ENTER) for Order Details below

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Comment: Repeat Fingerstick blood sugar PRN for treatment or suspicion of hypoglycemia.

Order's Audit Trail of Events

1	12/11/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/11/19 0536	PHY.BAWSH	Order from set: Insulin Sliding Scale (Reflex)
3	12/11/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/11/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/11/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/11/19 0536	PHY.BAWSH	This Procedure was triggered by :
7	12/11/19 0536	PHY.BAWSH	z:Insulin Sliding Scale Protoc (NUR.PHYS)
8	12/11/19 0536	interface	order's status changed from TRANS to ACTIVE by NUR
9	12/11/19 0536	NNAYF1	order acknowledged
10	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
11	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
12	12/13/19 0930	NICAKC	Order RECEIVE in NUR
13	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
14	12/13/19 0930	NICAKC	Order Source: EPOM
15	12/13/19 0930	NICAKC	Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Notify - Blood Glucose	20191211-0353	12/11/19				E	IPR	BAWSH

Other Provider : Sig Lvl Provider :
Press (ENTER) for Order Details below

Comment: Call physician if 2 consecutive fingerstick glucose results are less than 70 mg/dL or greater than 180 mg/dL.

Order's Audit Trail of Events

1	12/11/19 0536	PHY.BAWSH	Order ENTER in POM
2	12/11/19 0536	PHY.BAWSH	Order from set: Insulin Sliding Scale (Reflex)
3	12/11/19 0536	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/11/19 0536	PHY.BAWSH	Order Source: EPOM
5	12/11/19 0536	PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/11/19 0536	PHY.BAWSH	This Procedure was triggered by :
7	12/11/19 0536	PHY.BAWSH	z:Insulin Sliding Scale Protoc (NUR.PHYS)
8	12/11/19 0536	interface	order's status changed from TRANS to ACTIVE by NUR
9	12/11/19 0536	NNAYF1	order acknowledged
10	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
11	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
12	12/13/19 0930	NICAKC	Order RECEIVE in NUR
13	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
14	12/13/19 0930	NICAKC	Order Source: EPOM
15	12/13/19 0930	NICAKC	Order continued upon patient transfer.

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-0708	12/11/19	0534	R		E	CMP	BAWSH

Other Provider :
Sig Lvl Provider :
RX: 18409150
Start: 12/11/19 0534 PRN CMP
Stop: 01/10/20 0535

Dextrose 50% Inj 50ml Syr (D50W Inj)
Dose: 0 ML
Route: IV
Direction: ASDIR
Dose Instructions: Glucose < 70 = 25 mL
PRN Reason: HYPOGLYCEMIA PER PROTOCOL
Glucose < 60 = 50 mL
Special Instructions: If patient is NPO, stuporous, or comatose and serum glucose is:
1. Less than 70 mg/dl, give 25 ml D50W
2. Less than 60 mg/dl, give 50 ml D50W

Order's Audit Trail of Events

1	12/11/19	0536 PHY.BAWSH	Order ENTER in POM
2	12/11/19	0536 PHY.BAWSH	Order from set: Insulin Sliding Scale (Reflex)
3	12/11/19	0536 PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/11/19	0536 PHY.BAWSH	Order Source: EPOM
5	12/11/19	0536 PHY.BAWSH	Signed by Bawany,Sheila MD R3
6	12/11/19	0536 PHY.BAWSH	This Procedure was triggered by :
7	12/11/19	0536 PHY.BAWSH	z:Insulin Sliding Scale Protoc (NUR.PHYS)
8	12/11/19	0537 NNAYF1	order acknowledged
9	12/11/19	0548 COE.MAW	VERIFIED in PHA
10	12/13/19	0926 PHY.BAWSH	Order marked to be continued upon patient transfer.
11	12/13/19	0926 PHY.BAWSH	Signed by Bawany,Sheila MD R3
12	12/13/19	0930 NICAKC	Order RECEIVE in NUR
13	12/13/19	0930 NICAKC	Ordering Doctor: Bawany,Sheila MD R3
14	12/13/19	0930 NICAKC	Order Source: EPOM
15	12/13/19	0930 NICAKC	Order continued upon patient transfer.
16	12/17/19	1623 DISCHARGE	DISCONTINUE in PHA

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-0709	12/11/19	0534	R		E	CMP	BAWSH

Other Provider :
Sig Lvl Provider :
RX: 18409149
Start: 12/11/19 0534 PRN CMP
Stop: 01/10/20 0535

Glucagon Inj (Glucagon Inj)
Dose: 1 MG
Route: SUBQ
Direction: ASDIR
PRN Reason: HYPOGLYCEMIA PER PROTOCOL
Special Instructions: Give glucagon 1 mg if patient is NPO and NO IV access and serum glucose is less than 70 mg/dl.

Order's Audit Trail of Events

1	12/11/19	0536 PHY.BAWSH	Order ENTER in POM
2	12/11/19	0536 PHY.BAWSH	Order from set: Insulin Sliding Scale (Reflex)
3	12/11/19	0536 PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
4	12/11/19	0536 PHY.BAWSH	Order Source: EPOM
5	12/11/19	0536 PHY.BAWSH	Signed by Bawany,Sheila MD R3

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

6 12/11/19 0536 PHY.BAWSH This Procedure was triggered by :
7 12/11/19 0536 PHY.BAWSH z:Insulin Sliding Scale Protoc (NUR.PHYS)
8 12/11/19 0537 NNAYF1 order acknowledged
9 12/11/19 0548 COE.MAW VERIFIED in PHA
10 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
11 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order RECEIVE in NUR
13 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
14 12/13/19 0930 NICAKC Order Source: EPOM
15 12/13/19 0930 NICAKC Order continued upon patient transfer.
16 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
EKG	EKG	20191211-0028	12/11/19	0537	S		E	TRN	BAWSH

Other Provider : Sig Lvl Provider :

EKG Reason: Post Procedure
If OTHER, specify:
Comment:

Order's Audit Trail of Events
1 12/11/19 0537 PHY.BAWSH Order ENTER in POM
2 12/11/19 0537 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/11/19 0537 PHY.BAWSH Order Source: EPOM
4 12/11/19 0537 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/11/19 0538 NNAYF1 order acknowledged
6 12/11/19 1506 NICMLS order viewed from Order Management

Electronically signed by Bawany,Sheila MD R3 on 12/11/19 at 0537

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Piggyback	20191211-0752	12/11/19	0618	R		V	CMP	GRASA

Other Provider : DAVKE Sig Lvl Provider :
RX: 18409177 Start: 12/11/19 0618 PRN CMP
Route: IV Stop: 01/10/20 0619
Magnesium Sulfate Premix Volume: 50 ML
Rate: 25 MLS/HR Direction: PROTOCOL
PRN Reason: HYPOMAGNEIUM PER PROTOCOL
Bag Duration: 2 HR
Rx Duration: 30 Days

Order's Audit Trail of Events
1 12/11/19 0618 NNAYF1 Order ENTER in OM
2 12/11/19 0618 NNAYF1 Ordering Doctor: Gray,Sanjiv MD
3 12/11/19 0618 NNAYF1 Order Source: Verbal-ReadBk/Verify
4 12/11/19 0618 NNAYF1 Other Doctor: David,Kelly PA-C
5 12/11/19 0618 NNAYF1 order acknowledged
6 12/11/19 0623 COE.MAW VERIFIED in PHA
7 12/11/19 0748 DAVKE Signed by David,Kelly PA-C

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

8 12/11/19 0815 NRXMW DISCONTINUE in PHA
9 12/11/19 0834 NICMLS order acknowledged
10 12/11/19 0952 PHY.GRASA Signed by Gray,Sanjiv MD

Electronically signed by David,Kelly PA-C on 12/11/19 at 0748

Electronically signed by Gray,Sanjiv MD on 12/11/19 at 0952

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Initiate ICU MRSA Protocol	20191211-0382	12/11/19				Z	IPR	BLOER

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events

1 12/11/19 0645 NICRXR Order ENTER in OM
2 12/11/19 0645 NICRXR Ordering Doctor: Block,Ernest F MD
3 12/11/19 0645 NICRXR Order Source: Dpt Process/Procedur
4 12/11/19 0645 NICRXR This procedure has reflexed the following order(s)
5 12/11/19 0645 NICRXR z:Chlorhexidine Bath (NUR.PHYS)
6 12/11/19 0645 NICRXR Mupirocin Ointment 2% 1 APPLIC NASAL BID
7 12/11/19 0646 interface order's status changed from TRANS to ACTIVE by NUR
8 12/11/19 0726 NICMLS order acknowledged
9 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
10 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
11 12/13/19 0930 NICAKC Order RECEIVE in NUR
12 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
13 12/13/19 0930 NICAKC Order Source: EPOM
14 12/13/19 0930 NICAKC Order continued upon patient transfer.

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Chlorhexidine Bath	20191211-0383	12/11/19				Z	IPR	BLOER

Other Provider : Sig Lvl Provider :

Comments:

A. 2% Chlorhexidine gluconate (CHG) bathing cloths for all bathing needs (below jaw line) for the entire duration of ICU stay.
B. Discontinue 2% Chlorhexidine (CHG) bathing when patient is discharged or transferred out of ICU.
C. Exclude from CHG bathing intervention patient with known allergy to Chlorhexidine gluconate (CHG).
D. Document bathing exclusion reason in Meditech.

Order's Audit Trail of Events

1 12/11/19 0645 NICRXR Order ENTER in OM
2 12/11/19 0645 NICRXR Order from set: CHG Decolonization ICU
3 12/11/19 0645 NICRXR Ordering Doctor: Block,Ernest F MD
4 12/11/19 0645 NICRXR Order Source: Dpt Process/Procedur
5 12/11/19 0645 NICRXR This Procedure was triggered by :
6 12/11/19 0645 NICRXR z:Initiate ICU MRSA Protocol (NUR.PHYS)
7 12/11/19 0646 interface order's status changed from TRANS to ACTIVE by NUR

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

8 12/11/19 0726 NICMLS order ackrowledged
9 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
10 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
11 12/13/19 0930 NICAKC Order RECEIVE in NUR
12 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
13 12/13/19 0930 NICAKC Order Source: EPOM
14 12/13/19 0930 NICAKC Order continued upon patient transfer.

Order Date: 12/11/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-0790	12/11/19	1000	R		Z	CMP	BLOER

Other Provider : Sig Lvl Provider :
RX: 18409224 Start: 12/11/19 1000 SCH CMP
Stop: 12/15/19 2201 Total Doses: 10

Mupirocin Ointment 2% (Bactroban Ointment 2%)
Dose: 1 APPLIC
Route: NASAL Direction: BID

Order's Audit Trail of Events
1 12/11/19 0645 NICRXR Order ENTER in OM
2 12/11/19 0645 NICRXR Order from set: CHG Decolonization ICU
3 12/11/19 0645 NICRXR Ordering Doctor: Block,Ernest F MD
4 12/11/19 0645 NICRXR Order Source: Dpt Process/Procedur
5 12/11/19 0645 NICRXR This Procedure was triggered by :
6 12/11/19 0645 NICRXR z:Initiate ICU MRSA Protocol (NUR.PHYS)
7 12/11/19 0648 NRXSB EDIT in PHA
8 12/11/19 0648 NRXSB EDIT
9 12/11/19 0648 NRXSB Edit Dr: Block,Ernest F MD Edit Source: Dpt Process/Procedur
10 12/11/19 0648 NRXSB FROM:
11 12/11/19 0648 NRXSB DISPENSE: 1
12 12/11/19 0648 NRXSB TO:
13 12/11/19 0648 NRXSB DISPENSE: 0
14 12/11/19 0648 NRXSB VERIFIED in PHA
15 12/11/19 0648 NRXSB VERIFIED
16 12/11/19 0648 NRXSB Edit Dr: Block,Ernest F MD Edit Source: Dpt Process/Procedur
17 12/11/19 0726 NICMLS order acknowledged
18 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
19 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
20 12/13/19 0930 NICAKC Order RECEIVE in NUR
21 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
22 12/13/19 0930 NICAKC Order Source: EPOM
23 12/13/19 0930 NICAKC Order continued upon patient transfer.
24 12/15/19 2201 SCHEDULER DISCONTINUE in PHA

Order Date: 12/11/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NURRT	RT Chg: Oxygen Daily	20191211-0044	12/11/19	0813				CMP	BLOER

Other Provider : Sig Lvl Provider :
NUR DIRECTIONS: ----START----

	DATE	TIME	DIRECTIONS
1	12/11/19	0813	.per standard

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order's Audit Trail of Events

1	12/11/19 0813	NRTMRM	Order ENTER in NUR
2	12/11/19 0813	NRTMRM	Ordering Doctor: Block,Ernest F MD
3	12/11/19 0813	NRTMRM	order originated from NUR.
4	12/16/19 1204	interface	order's status changed from COMP to COMP by NUR

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Piggyback	20191211-1027	12/11/19	0815	R	1	V	CMP	GRASA

Other Provider :
Sig Lvl Provider :

RX: 18409443
Start: 12/11/19 0815 PRN CMP
Stop: 01/10/20 0816
Route: IV
Magnesium Sulfate Premix
Volume: 50 ML
Rate: 25 MLS/HR
Direction: PROTOCOL
PRN Reason: HYPOMAGNEIUM PER PROTOCOL
Bag Duration: 2 HR
Rx Duration: 30 Days

	Condition	Dose/Route/Rate	Instruction
1	Mag serum level 1.6-1.9 mg/dL	Give Mag Sulfate 2 gram	IVPB
2	Mag serum level 1.0-1.5 mg/dL	Give Mag Sulfate 4 gram	IVPB
3	Mag serum level < 1 mg/dL	Give Mag Sulfate 8 gram	IVPB and call physician

Treatment Text
** Repeat magnesium level 4 hours after infusion complete
AND in AM

* Exclusion Criteria: **CALL PHYSICIAN BEFORE IMPLEMENTATION
of electrolyte replacement and/or before administration
of dose if patient has one of the following below criteria.
Replacement dosage WILL REQUIRE ADJUSTMENT.
1. *Serum Creatinine is greater than 2 mg/dl and/or*
calculated creatinine clearance is less than 30 ml/min.
2. Receiving dialysis
3. Anuresis

* Cardiac Monitoring is recommended when potassium is less
than 3.0 mEq

Order's Audit Trail of Events

1	12/11/19 0815	NRXMW	Order ENTER in PHA
2	12/11/19 0815	NRXMW	Ordering Doctor: Gray,Sanjiv MD
3	12/11/19 0815	NRXMW	Order Source: Verbal-ReadBk/Verify
4	12/11/19 0834	NICMLS	order acknowledged
5	12/11/19 0952	PHY.GRASA	Signed by Gray,Sanjiv MD
6	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
7	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
8	12/13/19 0930	NICAKC	Order RECEIVE in NUR
9	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
10	12/13/19 0930	NICAKC	Order Source: EPOM
11	12/13/19 0930	NICAKC	Order continued upon patient transfer.
12	12/17/19 1623	DISCHARGE	DISCONTINUE in PHA

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/11/19 at 0952

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	IV Dispense by Sig	20191211-1184	12/11/19	0915	R	1	T	CMP	BILTR

Other Provider : Sig Lvl Provider :

RX: 18409605
Start: 12/11/19 0915 PRN CMP
Route: IV
Stop: 01/10/20 0916
Magnesium Sulfate Premix
Volume: 100 ML
Rate: 25 MLS/HR
Direction: ASDIR
PRN Reason: HYPOMAGNEIUM PER PROTOCOL
Bag Duration: 4 HR
Rx Duration: 30 Days

	Condition	Dose/Route/Rate	Instruction
1	Mag serum level 1.6-1.9 mg/dL	Give Mag Sulfate 2 gram	IVPB
2	Mag serum level 1.0-1.5 mg/dL	Give Mag Sulfate 4 gram	IVPB
3	Mag serum level < 1 mg/dL	Give Mag Sulfate 8 gram	IVPB and call physician

Treatment Text
** Repeat magnesium level 4 hours after infusion complete
AND in AM

* Exclusion Criteria **CALL PHYSICIAN BEFORE IMPLEMENTATION
of electrolyte replacement and/or before administration
of dose if patient has one of the following below criteria.
Replacement dosage WILL REQUIRE ADJUSTMENT.
1. Serum Creatinine is greater than 2 mg/dl and/or
calculated creatinine clearance is less than 30 ml/min.
2. Receiving dialysis
3. Anuresis

* Cardiac Monitoring is recommended when potassium is less
than 3.0 mEq

Order's Audit Trail of Events

1	12/11/19 0912	NRXMW	Order ENTER in PHA
2	12/11/19 0912	NRXMW	Ordering Doctor: Bilski,Tracy MD
3	12/11/19 0912	NRXMW	Order Source: Telephone-read/verif
4	12/11/19 0918	NICMLS	order ackrowledged
5	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer
6	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
7	12/13/19 0930	NICAKC	Order RECEIVE in NUR
8	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
9	12/13/19 0930	NICAKC	Order Source: EPOM
10	12/13/19 0930	NICAKC	Order continued upon patient transfer.
11	12/17/19 0722	PHY.BILTR	Signed by Bilski,Tracy MD
12	12/17/19 1623	DISCHARGE	DISCONTINUE in PHA

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Bilski,Tracy MD on 12/17/19 at 0722

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-1201	12/11/19	1200	R		E	CMP	BAWSH

Other Provider :
Sig Lvl Provider :
RX: 18409636
Start: 12/11/19 1200 SCH CMP
Stop: 12/18/19 1201

traMADol Tab (Ultram Tab)
Dose: 50 MG
Route: PO
Direction: Q6HR

Order's Audit Trail of Events

1 12/11/19 0918 PHY.BAWSH Order ENTER in POM
2 12/11/19 0918 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/11/19 0918 PHY.BAWSH Order Source: EPOM
4 12/11/19 0918 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/11/19 0918 PHY.BAWSH VIEWED LAB TEST RESULTS
6 12/11/19 0918 PHY.BAWSH Test Group C.RENAL
7 12/11/19 0918 PHY.BAWSH LABORATORY
8 12/11/19 0918 PHY.BAWSH Date Time Test Result Flag Normal Range
9 12/11/19 0918 PHY.BAWSH 12/11/19 0430 CREAT 0.91 0.55-1.3 mg/dl
10 12/11/19 0918 PHY.BAWSH 12/10/19 1740 CREAT 0.73 0.55-1.3 mg/dl
11 12/11/19 0919 NICMLS order acknowledged
12 12/11/19 0921 COE.MTN VERIFIED in PHA
13 12/11/19 0921 COE.MTN VIEWED LAB TEST RESULTS in PHA
14 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
15 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
16 12/13/19 0930 NICAKC Order RECEIVE in NUR
17 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
18 12/13/19 0930 NICAKC Order Source: EPOM
19 12/13/19 0930 NICAKC Order continued upon patient transfer.
20 12/13/19 1416 PHY.BRASA Signed by Gray,Sanjiv MD
21 12/13/19 1529 NICAKC order acknowledged

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 1416

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RAD	XR Chest 1 V	20191211-0078	12/11/19	1045	R		T	CMP	BILTR

Other Provider :
Sig Lvl Provider :
Order details below
Reason for Exam: Shortness Of Breath
Comments:
Comments:
Comments:

Order's Audit Trail of Events

1 12/11/19 0920 NICMLS Order ENTER in OM
2 12/11/19 0920 NICMLS Ordering Doctor: Bilski,Tracy MD
3 12/11/19 0920 NICMLS Order Source: Telephone-read/verif
4 12/11/19 0920 interface order's status changed from TRANS to LOGGED by RAD
5 12/11/19 0921 NICMLS order acknowledged
6 12/11/19 1207 interface order's status changed from LOGGED to IN PRO by RAD
7 12/11/19 1210 interface order service time edited: old value -

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

8 12/11/19 1258 interface order's status changed from IN PRO to COMP by RAD
9 12/17/19 0721 PHY.BILTR Signed by Bilski,Tracy MD

Electronically signed by Bilski,Tracy MD on 12/17/19 at 0721

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-1218	12/11/19	0930	R	1	E	CMP	BAWSH

Other Provider : Sig Lvl Provider :
RX: 18409724 Start: 12/11/19 0930 PRN CMP
Stop: 01/10/20 0922

Gabapentin Cap (Neurontin Cap)
Dose: 300 MG
Route: PO Direction: Q8H
PRN Reason: PAIN SCALE 1-3

Order's Audit Trail of Events

1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 PHY.BAWSH VIEWED LAB TEST RESULTS
7 12/10/19 0536 PHY.BAWSH Test Group C.RENAL
8 12/10/19 0536 PHY.BAWSH LABORATORY
9 12/10/19 0536 PHY.BAWSH Date Time Test Result Flag Normal Range
10 12/10/19 0536 PHY.BAWSH 12/10/19 C427 CREAT PENDING 0.55-1.3 mg/dl
11 12/10/19 0552 COE.MAW VERIFIED in PHA
12 12/10/19 0552 COE.MAW VIEWED LAB TEST RESULTS in PHA
13 12/10/19 0552 COE.MAW VIEWED LAB TEST RESULTS
14 12/10/19 0552 COE.MAW Test Group C.RENAL
15 12/10/19 0552 COE.MAW LABORATORY
16 12/10/19 0552 COE.MAW Date Time Test Result Flag Normal Range
17 12/10/19 0552 COE.MAW 12/10/19 C427 CREAT 0.72 0.55-1.3 mg/dl
18 12/10/19 0611 NEDJF order acknowledged
19 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
20 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
21 12/10/19 2353 NICGV Order RECEIVE in NUR
22 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
23 12/10/19 2353 NICGV Order Source: EPOM
24 12/10/19 2353 NICGV Order continued upon patient transfer.
25 12/11/19 0307 PHY.BAWSH order viewed from Provider Order Management
26 12/11/19 0309 PHY.BAWSH Order EDIT in POM
27 12/11/19 0309 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
28 12/11/19 0309 PHY.BAWSH Order Source: EPOM
29 12/11/19 0309 PHY.BAWSH Order's Rx has been edited.
30 12/11/19 0309 PHY.BAWSH Signed by Bawany,Sheila MD R3
31 12/11/19 0309 interface Order copied from: 1210-4579
32 12/11/19 0309 PHY.BAWSH Order EDIT in PHA
33 12/11/19 0309 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
34 12/11/19 0309 PHY.BAWSH Order Source: EPOM
35 12/11/19 0312 NRXSB REVIEW PROVIDER ACTIVITY in PHA
36 12/11/19 0312 NRXSB REVIEW PROVIDER ACTIVITY
37 12/11/19 0312 NRXSB RSS UNV Sig/Sch Edit Generated New Order by PHY.BAWSH Ent 12/11 0309
38 12/11/19 0312 NRXSB Ordering Doctor: BAWSH
39 12/11/19 0312 NRXSB Last Scheduled Administration Time 12/10/2019 2200

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ A/S: 69 M ADMIT: 12/10/19
ACCOUNT NO: N00101730890 LOC: N PCU DISCH/DEP: 12/17/19
RM: N.A419 STATUS: IN
ATTEND DR: Block,Ernest F MD BD: 1 UNIT NO: N000880775
REPORT STATUS: FINAL

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40  12/11/19 0312 NRXSB      Last Actual Administration Time: 12/11/2019 0005 (at time of filing)
41  12/11/19 0312 NRXSB      Old Times: TID Daily @ 0600,1400,2200 SCH
42  12/11/19 0312 NRXSB      New Times: Q8H PRN Daily @ EVERY 8 HOURS AS NEEDE PRN
43  12/11/19 0312 NRXSB      Old Order Stop Date: 12/11/2019 0308
44  12/11/19 0312 NRXSB      New Order Start Date: 12/11/2019 0308
45  12/11/19 0312 NRXSB      VERIFIED in PHA
46  12/11/19 0312 NRXSB      VIEWED LAB TEST RESULTS in PHA
47  12/11/19 0312 NRXSB      VIEWED LAB TEST RESULTS
48  12/11/19 0312 NRXSB      Test Group C.RENAL
49  12/11/19 0312 NRXSB      LABORATORY
50  12/11/19 0312 NRXSB      Date     Time Test            Result   Flag                    Normal Range
51  12/11/19 0312 NRXSB      12/11/19 0400 CREAT           PENDING RECEIPT                  0.55-1.3 mg/dl
52  12/11/19 0312 NRXSB      12/10/19 1740 CREAT           0.73                             0.55-1.3 mg/dl
53  12/11/19 0312 NRXSB      12/10/19 0427 CREAT           0.72                             0.55-1.3 mg/dl
54  12/11/19 0357 NNAYF1     order acknowledged
55  12/11/19 0922 PHY.BAWSH  Order EDIT in POM
56  12/11/19 0922 PHY.BAWSH  Ordering Doctor: Bawany,Sheila MD R3
57  12/11/19 0922 PHY.BAWSH  Order Source: EPOM
58  12/11/19 0922 PHY.BAWSH  Order's Rx has been edited.
59  12/11/19 0922 PHY.BAWSH  Signed by Bawany,Sheila MD R3
60  12/11/19 0922 PHY.BAWSH  COPY AND EDIT
61  12/11/19 0922 PHY.BAWSH  FROM: Rx #18408974
62  12/11/19 0922 PHY.BAWSH
63  12/11/19 0922 PHY.BAWSH  Ordering Doctor: BAWSH
64  12/11/19 0922 PHY.BAWSH  Last Scheduled Administration Time
65  12/11/19 0922 PHY.BAWSH  Last Actual Administration Time:
66  12/11/19 0922 PHY.BAWSH  Old Times: Q8H PRN Daily @ EVERY 8 HOURS AS NEEDE PRN
67  12/11/19 0922 PHY.BAWSH  New Times: Q8H  PRN
68  12/11/19 0922 PHY.BAWSH  Old Order Stop Date: 12/11/2019 0921
69  12/11/19 0922 PHY.BAWSH  New Order Start Date: 12/11/2019 0921
70  12/11/19 0927 NICMLS     order acknowledged
71  12/11/19 0929 COE.MTN    EDIT in PHA
72  12/11/19 0929 COE.MTN    EDIT
73  12/11/19 0929 COE.MTN    Edit Dr: Bawany,Sheila MD R3          Edit Source: Dpt Process/Procedur
74  12/11/19 0929 COE.MTN    FROM:
75  12/11/19 0929 COE.MTN    PENDING COMMENTS:
76  12/11/19 0929 COE.MTN    TO:
77  12/11/19 0929 COE.MTN    PENDING COMMENTS:
78  12/11/19 0929 COE.MTN    PLS DBL IF MD WANTS PRN OR ATC
79  12/11/19 0929 COE.MTN    PENDING FLAG SET in PHA
80  12/11/19 0948 NPHA.MSX   EDIT in PHA
81  12/11/19 0948 NPHA.MSX   EDIT
82  12/11/19 0948 NPHA.MSX   Edit Dr: Bawany,Sheila MD R3          Edit Source: Dpt Process/Procedur
83  12/11/19 0948 NPHA.MSX   FROM:
84  12/11/19 0948 NPHA.MSX   PENDING COMMENTS:
85  12/11/19 0948 NPHA.MSX   PLS DBL IF MD WANTS PRN OR ATC
86  12/11/19 0948 NPHA.MSX   TO:
87  12/11/19 0948 NPHA.MSX   PENDING COMMENTS:
88  12/11/19 0948 NPHA.MSX   PER MD.
89  12/11/19 0948 NPHA.MSX   PENDING FLAG REMOVED in PHA
90  12/11/19 0948 NPHA.MSX   REVIEW PROVIDER ACTIVITY in PHA
91  12/11/19 0948 NPHA.MSX   REVIEW PROVIDER ACTIVITY
92  12/11/19 0948 NPHA.MSX   RSS UNV Sig/Sch Edit Generated New Order          by PHY.BAWSH  Ent  12/11 0922
93  12/11/19 0948 NPHA.MSX   Ordering Doctor: BAWSH
94  12/11/19 0948 NPHA.MSX   Last Scheduled Administration Time
95  12/11/19 0948 NPHA.MSX   Last Actual Administration Time:
96  12/11/19 0948 NPHA.MSX   Old Times: Q8H PRN Daily @ EVERY 8 HOURS AS NEEDE PRN
97  12/11/19 0948 NPHA.MSX   New Times: Q8H  PRN
98  12/11/19 0948 NPHA.MSX   Old Order Stop Date: 12/11/2019 0921
```

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

```
99   12/11/19 0948 NPHA.MSX   New Order Start Date: 12/11/2019 0921
100  12/11/19 0948 NPHA.MSX   VERIFIED in PHA
101  12/11/19 0948 NPHA.MSX   VERIFIED
102  12/11/19 0948 NPHA.MSX   Edit Dr: Bawany,Sheila MD R3          Edit Source: Dpt Process/Procedur
103  12/11/19 0948 NPHA.MSX   VIEWED LAB TEST RESULTS in PHA
104  12/11/19 0948 NPHA.MSX   VIEWED LAB TEST RESULTS
105  12/11/19 0948 NPHA.MSX   Test Group C.RENAL
106  12/11/19 0948 NPHA.MSX   LABORATORY
107  12/11/19 0948 NPHA.MSX   Date     Time Test          Result   Flag                Normal Range
108  12/11/19 0948 NPHA.MSX   12/11/19 0430 CREAT         0.91                         0.55-1.3 mg/dl
109  12/11/19 0948 NPHA.MSX   12/10/19 1740 CREAT         0.73                         0.55-1.3 mg/dl
110  12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
111  12/13/19 0926 PHY.BAWSH  Signed by Bawany,Sheila MD R3
112  12/13/19 0930 NICAKC     Order RECEIVE in NUR
113  12/13/19 0930 NICAKC     Ordering Doctor: Bawany,Sheila MD R3
114  12/13/19 0930 NICAKC     Order Source: EPOM
115  12/13/19 0930 NICAKC     Order continued upon patient transfer.
116  12/13/19 1416 PHY.GRASA  Signed by Gray,Sanjiv MD
117  12/13/19 1529 NICAKC     order acknowledged

                 Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

                 Electronically signed by Gray,Sanjiv MD on 12/13/19 at 1416
```

```
Order Date: 12/11/19                                   ---Service---
 Category   Procedure Name                Order Number  Date     Time Pri Qty Ord Source Status   Ordered By
 MED.COCOS  Medication                    20191211-1224 12/11/19 1400 R       E          CMP      BAWSH
 Other Provider :            Sig Lvl Provider :
RX: 18409656                                Start: 12/11/19  1400     SCH  CMP
                                             Stop: 01/10/20  1401

     Methocarbamol  Tab (Robaxin  Tab)
     Dose: 750 MG
     Route: PO                      Direction: TID

  Order's Audit Trail of Events
1    12/11/19 0924 PHY.BAWSH  Order ENTER in POM
2    12/11/19 0924 PHY.BAWSH  Ordering Doctor: Bawany,Sheila MD R3
3    12/11/19 0924 PHY.BAWSH  Order Source: EPOM
4    12/11/19 0926 PHY.BAWSH  Signed by Bawany,Sheila MD R3
5    12/11/19 0927 NICMLS     order acknowledged
6    12/11/19 0930 COE.MTN    VERIFIED in PHA
7    12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
8    12/13/19 0926 PHY.BAWSH  Signed by Bawany,Sheila MD R3
9    12/13/19 0930 NICAKC     Order RECEIVE in NUR
10   12/13/19 0930 NICAKC     Ordering Doctor: Bawany,Sheila MD R3
11   12/13/19 0930 NICAKC     Order Source: EPOM
12   12/13/19 0930 NICAKC     Order continued upon patient transfer.
13   12/17/19 1623 DISCHARGE  DISCONTINUE in PHA

                 Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926
```

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Basic Metabolic Panel	20191212-0171	12/12/19	0400	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/11/19 1019 PHY.BAWSH Order ENTER in POM
2 12/11/19 1019 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/11/19 1019 PHY.BAWSH Order Source: EPOM
4 12/11/19 1019 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/11/19 1042 NICMLS order acknowledged
6 12/12/19 0001 interface cc'd doctors edited in LAB
7 12/12/19 0001 interface order's status changed from TRANS to LOGGED by LAB
8 12/12/19 0036 interface order's status changed from LOGGED to IN PRO by LAB
9 12/12/19 0517 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/11/19 at 1000

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC,PLT,Auto Diff	20191212-0172	12/12/19	0400	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/11/19 1019 PHY.BAWSH Order ENTER in POM
2 12/11/19 1019 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/11/19 1019 PHY.BAWSH Order Source: EPOM
4 12/11/19 1019 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/11/19 1042 NICMLS order acknowledged
6 12/12/19 0001 interface cc'd doctors edited in LAB
7 12/12/19 0001 interface order's status changed from TRANS to LOGGED by LAB
8 12/12/19 0036 interface order's status changed from LOGGED to IN PRO by LAB
9 12/12/19 0451 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/11/19 at 1000

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Weight Bearing Status	20191211-0901	12/11/19				E	IPR	MEZTH

Other Provider : HANRE Sig Lvl Provider :

Weight Bearing Status: TTWB to LLE with walker and assist
Mobility Restrictions: LLE knee immobilizer in place
(FREE TEXT)

Order's Audit Trail of Events

1 12/11/19 1035 AP.HANRE Order ENTER in POM
2 12/11/19 1035 AP.HANRE Ordering Doctor: Mezzanotte,Thomas MD

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

3 12/11/19 1035 AP.HANRE Order Source: EPOM
4 12/11/19 1035 AP.HANRE Other Doctor: Hanna, Rebecca PA
5 12/11/19 1035 AP.HANRE Signed by Hanna, Rebecca PA
6 12/11/19 1035 interface order's status changed from TRANS to ACTIVE by NUR
7 12/11/19 1037 MEZTHOMAS Signed by Mezzanotte,Thomas MD
8 12/11/19 1042 NICMLS order acknowledged
9 12/11/19 2127 NICRXR order viewed from Order Management
10 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
11 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order RECEIVE in NUR
13 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
14 12/13/19 0930 NICAKC Order Source: EPOM
15 12/13/19 0930 NICAKC Order continued upon patient transfer.
16 12/15/19 2233 NPGSM2 order viewed from Order Management

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Hanna, Rebecca PA on 12/11/19 at 1035

Electronically signed by Mezzanotte,Thomas MD on 12/11/19 at 1037

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PTPOM	PT Eval and Treat	20191211-0022	12/11/19		R		E	TRN	MEZTH

Other Provider : HANRE Sig Lvl Provider :

Weight Bearing Status:
Mobility Restrictions:
(FREE TEXT)

Order's Audit Trail of Events
1 12/11/19 1035 AP.HANRE Order ENTER in POM
2 12/11/19 1035 AP.HANRE Ordering Doctor: Mezzanotte,Thomas MD
3 12/11/19 1035 AP.HANRE Order Source: EPOM
4 12/11/19 1035 AP.HANRE Other Doctor: Hanna, Rebecca PA
5 12/11/19 1035 AP.HANRE Signed by Hanna, Rebecca PA
6 12/11/19 1037 MEZTHOMAS Signed by Mezzanotte,Thomas MD
7 12/11/19 1042 NICMLS order acknowledged

Electronically signed by Hanna, Rebecca PA on 12/11/19 at 1035

Electronically signed by Mezzanotte,Thomas MD on 12/11/19 at 1037

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
OTPOM	OT Eval And Treat	20191211-0015	12/11/19		R		E	TRN	MEZTH

Other Provider : HANRE Sig Lvl Provider :

Weight Bearing Status:
Mobility Restrictions:
(FREE TEXT)

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order's Audit Trail of Events

1	12/11/19 1035	AP.HANRE	Order ENTER in POM
2	12/11/19 1035	AP.HANRE	Ordering Doctor: Mezzanotte,Thomas MD
3	12/11/19 1035	AP.HANRE	Order Source: EPOM
4	12/11/19 1035	AP.HANRE	Other Doctor: Hanna, Rebecca PA
5	12/11/19 1035	AP.HANRE	Signed by Hanna, Rebecca PA
6	12/11/19 1037	PHYMEZTH	Signed by Mezzanotte,Thomas MD
7	12/11/19 1042	NICMLS	order acknowledged

Electronically signed by Hanna, Rebecca PA on 12/11/19 at 1035

Electronically signed by Mezzanotte,Thomas MD on 12/11/19 at 1037

Order Date: 12/11/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
EKG	EKG	20191211-0059	12/11/19	1055	S		E	TRN	DINSA

Other Provider : MONMA1 Sig Lvl Provider :

EKG Reason: CAD
If OTHER, specify: Abnormal EKG
Comment:

Order's Audit Trail of Events

1	12/11/19 1055	NNAMGM	Order ENTER in POM
2	12/11/19 1055	NNAMGM	Ordering Doctor: Din,Salah U MD
3	12/11/19 1055	NNAMGM	Order Source: EPOM
4	12/11/19 1055	NNAMGM	Other Doctor: Montanez,Maria G APRN
5	12/11/19 1058	NNAMGM	Signed by Montanez,Maria G APRN
6	12/11/19 1058	NICMLS	order acknowledged
7	12/11/19 1506	NICMLS	order viewed from Order Management
8	12/19/19 2304	PHY.DINSA	Signed by Din,Salah U MD

Electronically signed by Din,Salah U MD on 12/19/19 at 2304

Electronically signed by Montanez,Maria G APRN on 12/11/19 at 1058

Order Date: 12/11/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Cardiac Enzymes Profile I	20191211-1545	12/11/19	1055	U		E	CMP	DINSA

Other Provider : MONMA1 Sig Lvl Provider :

Use Blood already drawn? N
COMMENTS TO PHLEBOTOMIST: x 2 q 8 hrs

Order's Audit Trail of Events

1	12/11/19 1055	NNAMGM	Order ENTER in POM
2	12/11/19 1055	NNAMGM	Ordering Doctor: Din,Salah U MD
3	12/11/19 1055	NNAMGM	Order Source: EPOM
4	12/11/19 1055	NNAMGM	Other Doctor: Montanez,Maria G APRN
5	12/11/19 1058	NNAMGM	Signed by Montanez,Maria G APRN
6	12/11/19 1055	interface	cc'd doctors edited in LAB
7	12/11/19 1055	interface	order's status changed from TRANS to LOGGED by LAB
8	12/11/19 1058	NICMLS	order acknowledged

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

9 12/11/19 1059 NICMLS order viewed from Order Management
10 12/11/19 1140 interface order's status changed from LOGGED to IN PRO by LAB
11 12/11/19 1232 interface order's status changed from IN PRO to COMP by LAB
12 12/11/19 1502 NICMLS order viewed from Order Management
13 12/11/19 2300 PHY.DINSA Signed by Din,Salah U MD

Electronically signed by Din,Salah U MD on 12/11/19 at 2300

Electronically signed by Montanez,Maria G APRN on 12/11/19 at 1005

Order Date: 12/11/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-1648	12/11/19	1800	R		T	CMP	DINSA

Other Provider : MONMA1 Sig Lvl Provider :
RX: 18410121 Start: 12/11/19 1800 SCH CMP
Stop: 01/10/20 1801

Metoprolol Tartrate Tab (Lopressor Tab)
Dose: 25 MG
Route: PO Direction: BIDBP

Order's Audit Trail of Events
1 12/11/19 1055 NNAMGM Order ENTER in POM
2 12/11/19 1055 NNAMGM Ordering Doctor: Din,Salah U MD
3 12/11/19 1055 NNAMGM Order Source: EPOM
4 12/11/19 1055 NNAMGM Other Doctor: Montanez,Maria G APRN
5 12/11/19 1056 NNAMGM Signed by Montanez,Maria G APRN
6 12/11/19 1058 NICMLS order acknowledged
7 12/11/19 1115 COE.MTN VERIFIED in PHA
8 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
9 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
10 12/13/19 0930 NICAKC Order RECEIVE in NUR
11 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
12 12/13/19 0930 NICAKC Order Source: EPOM
13 12/13/19 0930 NICAKC Order continued upon patient transfer.
14 12/13/19 1151 NICAKC Order DC in OM
15 12/13/19 1151 NICAKC Ordering Doctor: Din,Salah U MD
16 12/13/19 1151 NICAKC Order Source: Telephone-read/verif
17 12/13/19 1151 NICAKC Order's Rx has been discontinued. by DINSA
18 12/13/19 1151 NICAKC order acknowledged
19 12/13/19 2300 PHY.DINSA Signed by Din,Salah U MD

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Din,Salah U MD on 12/13/19 at 2300

Electronically signed by Montanez,Maria G APRN on 12/11/19 at 1058

Order Date: 12/11/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191212-0038	12/12/19	1000	R	1	E	CMP	DINSA

Other Provider : MONMA1 Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

RX: 18410119

Start: 12/12/19 1000 SCH CMP
Stop: 01/11/20 1001

Lisinopril Tab (Prinivil Tab)
Dose: 10 MG
Route: PO Direction: DAILY

Order's Audit Trail of Events

```
12/11/19 1055 NNAMGM     Order ENTER in POM
12/11/19 1055 NNAMGM     Ordering Doctor: Din,Salah U MD
12/11/19 1055 NNAMGM     Order Source: EPOM
12/11/19 1055 NNAMGM     Other Doctor: Montanez,Maria G APRN
12/11/19 1055 NNAMGM     Signed by Montanez,Maria G APRN
12/11/19 1055 NNAMGM     VIEWED LAB TEST RESULTS
12/11/19 1055 NNAMGM     Test Group C.RENALK
12/11/19 1055 NNAMGM     LABORATORY
12/11/19 1055 NNAMGM     Date     Time Test            Result   Flag                Normal Range
12/11/19 1055 NNAMGM     12/11/19 0430 K               3.8                          3.7-5.1 mmol/l
12/11/19 1055 NNAMGM
12/11/19 1055 NNAMGM     SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
12/11/19 1055 NNAMGM     BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
12/11/19 1055 NNAMGM     AND POTASSIUM MEASUREMENTS.
12/11/19 1055 NNAMGM     Reference: SIEMENS HEALTHCARE DIAGNOSTICS
12/11/19 1055 NNAMGM     12/10/19 1740 K               3.6  L                       3.7-5.1 mmol/l
12/11/19 1055 NNAMGM
12/11/19 1055 NNAMGM     SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
12/11/19 1055 NNAMGM     BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
12/11/19 1055 NNAMGM     AND POTASSIUM MEASUREMENTS.
12/11/19 1055 NNAMGM     Reference: SIEMENS HEALTHCARE DIAGNOSTICS
12/11/19 1055 NNAMGM     12/10/19 0427 K               3.2  L                       3.7-5.1 mmol/l
12/11/19 1055 NNAMGM
12/11/19 1055 NNAMGM     SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
12/11/19 1055 NNAMGM     BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
12/11/19 1055 NNAMGM     AND POTASSIUM MEASUREMENTS.
12/11/19 1055 NNAMGM     Reference: SIEMENS HEALTHCARE DIAGNOSTICS
12/11/19 1055 NNAMGM     12/11/19 0430 CREAT           0.91                         0.55-1.3 mg/dl
12/11/19 1055 NNAMGM     12/10/19 1740 CREAT           0.73                         0.55-1.3 mg/dl
12/11/19 1055 NNAMGM     12/10/19 0427 CREAT           0.72                         0.55-1.3 mg/dl
12/11/19 1058 NICMLS     order acknowledged
12/11/19 1115 interface  Order copied from: 1211-1647
12/11/19 1115 COE.MTN    Order EDIT in PHA
12/11/19 1115 COE.MTN    Ordering Doctor: Din,Salah U MD
12/11/19 1115 COE.MTN    Order Source: Dpt Process/Procedur
12/11/19 1115 COE.MTN    Other Doctor: Montanez,Maria G APRN
12/11/19 1115 COE.MTN    EDIT in PHA
12/11/19 1115 COE.MTN    EDIT
12/11/19 1115 COE.MTN    Edit Dr: Din,Salah U MD                Edit Source: Dpt Process/Procedur
12/11/19 1115 COE.MTN    FROM:
12/11/19 1115 COE.MTN    START: 12/11/19-1053   STOP: 01/10/20-1054   SOFT STOP:
12/11/19 1115 COE.MTN    TO:
12/11/19 1115 COE.MTN    START: 12/12/19-1000   STOP: 01/11/20-1001   SOFT STOP:
12/11/19 1115 COE.MTN    REVIEW PROVIDER ACTIVITY in PHA
12/11/19 1115 COE.MTN    REVIEW PROVIDER ACTIVITY
12/11/19 1115 COE.MTN    RND UNV Now Dose 12/11/19 - 1053                    by NNAMGM     Ent: 12/11 1055
12/11/19 1115 COE.MTN    VERIFIED in PHA
12/11/19 1115 COE.MTN    VERIFIED
12/11/19 1115 COE.MTN    Edit Dr: Din,Salah U MD                Edit Source: Dpt Process/Procedur
12/11/19 1115 COE.MTN    VIEWED LAB TEST RESULTS in PHA
12/11/19 1117 NICMLS     order acknowledged
12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
```

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

53 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
54 12/13/19 0930 NICAKC Order RECEIVE in NUR
55 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
56 12/13/19 0930 NICAKC Order Source: EPOM
57 12/13/19 0930 NICAKC Order continued upon patient transfer.
58 12/13/19 1415 PHY.GRASA Signed by Gray,Sanjiv MD
59 12/13/19 1529 NICAKC order acknowledged
60 12/19/19 2204 PHY.DINSA Signed by Din,Satish U MD

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Din,Satish U MD on 12/19/19 at 2204

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 1415

Electronically signed by Montanez,Maria B ACNP on 12/11/19 at 1038

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PHAMSG	PHA - Missing Medication	20191211-0066	12/11/19		R			CNC	BILTR

Other Provider : Sig Lvl Provider :

Medications requested
Med name/dose: BACITRACIN
Time due: 1000
Reason for request? Dose missing
Phone/Ext.
If other please comment:

Order's Audit Trail of Events
1 12/11/19 1434 NICMLS Order ENTER in OM
2 12/11/19 1434 NICMLS Ordering Doctor: Bilski,Tracy MD
3 12/11/19 1536 NRXAW order's status changed from TRANS to CANCEL

Cancel comment: Wrong Patient

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Cardiac Enzymes Profile I	20191211-2046	12/11/19	1800	R		T	CMP	BILTR

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/11/19 1503 NICMLS Order ENTER in OM
2 12/11/19 1503 NICMLS Ordering Doctor: Bilski,Tracy MD
3 12/11/19 1503 NICMLS Order Source: Telephone-read/verif
4 12/11/19 1503 NICMLS order acknowledged
5 12/11/19 1503 interface cc'd doctors edited in LAB
6 12/11/19 1503 interface order's status changed from TRANS to LOGGED by LAB
7 12/11/19 1849 interface order's status changed from LOGGED to IN PRO by LAB
8 12/11/19 1950 interface order's status changed from IN PRO to COMP by LAB
9 12/12/19 0721 PHY.BILTR Signed by Bilski,Tracy MD

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Electronically signed by Bilski,Tracy MD on 12/17/19 at 0721

Order Date: 12/11/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
FNS	CARBOHYDRATE CONTROLLED DIET	20191211-0282	12/11/19		D		T	CMP	BILTR

Other Provider : Sig Lvl Provider :

Carb servings per meal: 4-5 servings (1800 cal)
Additional Diet Order: Heart Healthy

Additional Diet Modifiers:
Food Consistency:
Thickened Liquid:

Fluid Restriction:

Order's Audit Trail of Events

1 12/11/19 1508 NICMLS Order ENTER in OM
2 12/11/19 1508 NICMLS Ordering Doctor: Bilski,Tracy MD
3 12/11/19 1508 NICMLS Order Source: Telephone-read/verif
4 12/11/19 1509 NICMLS order acknowledged
5 12/11/19 1901 System order's status changed from TRANS to COMP
6 12/11/19 1901 System Order Replaced with New Diet
[illegible]

Electronic[illegible]

Order Date: 12/11/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
FNS	NOTHING BY MOUTH	20191212-0017	12/12/19		B		T	CNC	DINSA

Other Provider : Sig Lvl Provider :

When ordering NPO after Midnight change the service date to next day

and meal to breakfast.
NPO Order: NPO After Midnight
Comment:

Order's Audit Trail of Events

1 12/11/19 1509 NICMLS Order ENTER in OM
2 12/11/19 1509 NICMLS Ordering Doctor: Din,Salah U MD
3 12/11/19 1509 NICMLS Order Source: Telephone-read/verif
4 12/11/19 1509 NICMLS order acknowledged
5 12/11/19 1806 NICMLS Order DC in OM
6 12/11/19 1806 NICMLS Ordering Doctor: Din,Salah U MD
7 12/11/19 1806 NICMLS Order Source: Telephone-read/verif
8 12/11/19 1806 NICMLS order cancel requested by Provider DINSA
9 12/11/19 1835 NICMLS order acknowledged
10 12/11/19 2343 NICRXR order viewed from Order Management
11 12/12/19 0721 0 order cancelled: OVERWRITTEN BY NEW DIET ORDER
[illegible]

Cancel request comment: Physician Order

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Cancel comment: OVERWRITTEN BY NEW DIET ORDER
Electronically signed by Din,Salah U MD on 12/19/19 at 2304

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PT	Ther Activit Direct 15 min	20191211-0084	12/11/19		R	2		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/11/19 1601 NPTO.JXD order entered

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Magnesium	20191211-2418	12/11/19	1802	R		P	CMP	BILTR

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/11/19 1802 NICMLS Order ENTER in OM
2 12/11/19 1802 NICMLS Ordering Doctor: Bilski,Tracy MD
3 12/11/19 1802 NICMLS Order Source: Protocol
4 12/11/19 1802 NICMLS order acknowledged
5 12/11/19 1802 interface order's status changed from TRANS to LOGGED by LAB
6 12/11/19 1849 interface order's status changed from LOGGED to IN PRO by LAB
7 12/11/19 1950 interface order's status changed from IN PRO to COMP by LAB
8 12/17/19 0721 PHY BILTR Signed by Bilski,Tracy MD

Electronically signed by Bilski,Tracy MD on 12/17/19 at 0721

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:Assess Bleeding	20191211-2198	12/11/19				T	IPR	DINSA

Other Provider : Sig Lvl Provider :
Press (ENTER) for Order Details below

Comment: ANY SIGNS of bleeding, STOP HEPARIN, check aPTT and notify physician immediately, this includes if Platelets decreased less than 100,000 or by greater or equal to 50% from baseline

Order's Audit Trail of Events
1 12/11/19 1835 NICMLS Order ENTER in OM
2 12/11/19 1835 NICMLS Order from set: HEPARIN ACS
3 12/11/19 1835 NICMLS Ordering Doctor: Din,Salah U MD
4 12/11/19 1835 NICMLS Order Source: Telephone-read/verif
5 12/11/19 1835 interface order's status changed from TRANS to ACTIVE by NUR
6 12/11/19 1835 NICMLS order acknowledged

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

7 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
8 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
9 12/13/19 0930 NICAKC Order RECEIVE in NUR
10 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
11 12/13/19 0930 NICAKC Order Source: EPOM
12 12/13/19 0930 NICAKC Order continued upon patient transfer.
13 12/19/19 2304 PHY.DINSA Signed by Din,Salah U MD

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Din,Salah U MD on 12/19/19 at 2304

Order Date: 12/11/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.PHYS	z:No IM Injections	20191211-2199	12/11/19				T	IPR	DINSA

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/11/19 1835 NICMLS Order ENTER in OM
2 12/11/19 1835 NICMLS Order from set: HEPARIN ACS
3 12/11/19 1835 NICMLS Ordering Doctor: Din,Salah U MD
4 12/11/19 1835 NICMLS Order Source: Telephone-read/verif
5 12/11/19 1835 interface order's status changed from TRANS to ACTIVE by NLR
6 12/11/19 1835 NICMLS order ackrowledged
7 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
8 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
9 12/13/19 0930 NICAKC Order RECEIVE in NUR
10 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
11 12/13/19 0930 NICAKC Order Source: EPOM
12 12/13/19 0930 NICAKC Order continued upon patient transfer
13 12/15/19 2232 NPGSM2 order viewed from Order Management
14 12/19/19 2304 PHY.DINSA Signed by Din,Salah U MD

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Din,Salah U MD on 12/19/19 at 2304

Order Date: 12/11/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Thromboplastin Time Partial	20191211-24/6	12/11/19	1835	S		T	CMP	DINSA

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
IS PATIENT ON ANTICOAGULANTS? N
LIST ANTICOAGULANTS:
Comment:

Order's Audit Trail of Events
1 12/11/19 1835 NICMLS Order ENTER in OM
2 12/11/19 1835 NICMLS Order from set: HEPARIN ACS
3 12/11/19 1835 NICMLS Ordering Doctor: Din,Salah U MD
4 12/11/19 1835 NICMLS Order Source: Telephone-read/verif

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

5 12/11/19 1835 interface cc'd doctors edited in LAB
6 12/11/19 1835 interface order's status changed from TRANS to LOGGED by LAB
7 12/11/19 1835 NICMLS order acknowledged
8 12/11/19 1855 interface order's status changed from LOGGED to IN PRO by LAB
9 12/11/19 1935 interface order's status changed from IN PRO to COMP by LAB
10 12/19/19 2304 PHY DINSA Signed by Din,Salah U MD

Electronically signed by Din,Salah U MD on 12/19/19 at 2304

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Prothrombin Time PT w/ INR	20191211-2477	12/11/19	1835	S		T	CMP	DINSA

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
IS PATIENT ON ANTICOAGULANTS? N
LIST ANTICOAGULANTS:
Comment:

Order's Audit Trail of Events
1 12/11/19 1835 NICMLS Order ENTER in OM
2 12/11/19 1835 NICMLS Order from set: HEPARIN ACS
3 12/11/19 1835 NICMLS Ordering Doctor: Din,Salah U MD
4 12/11/19 1835 NICMLS Order Source: Telephone-read/verif
5 12/11/19 1835 interface cc'd doctors edited in LAB
6 12/11/19 1835 interface order's status changed from TRANS to LOGGED by LAB
7 12/11/19 1835 NICMLS order acknowledged
8 12/11/19 1855 interface order's status changed from LOGGED to IN PRO by LAB
9 12/11/19 1935 interface order's status changed from IN PRO to COMP by LAB
10 12/19/19 2304 PHY DINSA Signed by Din,Salah U MD

Electronically signed by Din,Salah U MD on 12/19/19 at 2304

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC,Platelets	20191211-2478	12/11/19	1835	S		T	CNC	DINSA

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
COMMENTS TO PHLEBOTOMIST: If not order within the Lab 24 hrs

Order's Audit Trail of Events
1 12/11/19 1835 NICMLS Order ENTER in OM
2 12/11/19 1835 NICMLS Order from set: HEPARIN ACS
3 12/11/19 1835 NICMLS Ordering Doctor: Din,Salah U MD
4 12/11/19 1835 NICMLS Order Source: Telephone-read/verif
5 12/11/19 1835 interface cc'd doctors edited in LAB
6 12/11/19 1835 interface order's status changed from TRANS to LOGGED by LAB
7 12/11/19 1835 NICMLS order acknowledged
8 12/11/19 2128 interface order's status changed from LOGGED to IN PRO by LAB
9 12/11/19 2222 NICRXR order viewed from Order Management
10 12/14/19 0001 interface order's status changed from IN PRO to CANCEL by LAB
11 12/19/19 2304 PHY DINSA Signed by Din,Salah U MD

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Cancel comment: Auto-cancelled after 2 days.
Electronically signed by Din,Salah U MD on 12/19/19 at 2304

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC,Platelets	20191213-0502	12/13/19	0600	R		T	CNC	DINSA

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
COMMENTS TO PHLEBOTOMIST: every 48 hrs while in heparin

Order's Audit Trail of Events

1	12/11/19 1835	NICMLS	Order ENTER in OM
2	12/11/19 1835	NICMLS	Order from set: HEPARIN ACS
3	12/11/19 1835	NICMLS	Ordering Doctor: Din,Salah U MD
4	12/11/19 1835	NICMLS	Order Source: Telephone-read/verif
5	12/11/19 1835	NICMLS	AM was entered as Service Time
6	12/11/19 1835	NICMLS	order acknowledged
7	12/13/19 0000	interface	cc'd doctors edited in LAB
8	12/13/19 0000	interface	order's status changed from TRANS to LOGGED by LAB
9	12/13/19 0017	interface	order's status changed from LOGGED to IN PRO by LAB
10	12/13/19 0309	PHY.BAWSH	Order DC in POM
11	12/13/19 0309	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
12	12/13/19 0309	PHY.BAWSH	Order Source: EPOM
13	12/13/19 0309	PHY.BAWSH	order cancel requested
14	12/13/19 0309	PHY.BAWSH	Signed by Bawany,Sheila MD R3
15	12/13/19 0344	CSS.JCC	order acknowledged
16	12/13/19 0625	interface	order's status changed from IN PRO to CANCEL by LAB
17	12/19/19 2304	PHY.DINSA	Signed by Din,Salah U MD

Cancel request comment: Physician Decision
Cancel comment: OE Requested Cancellation of this order (12
Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0309

Electronically signed by Din,Salah U MD on 12/19/19 at 2304

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-3253	12/11/19	1900	R		T	CMP	DINSA

Other Provider : Sig Lvl Provider :
RX: 18411777
Start: 12/11/19 1900 ONE CMP
Stop: 12/11/19 1901

Heparin Inj (Heparin Inj)
Dose: 4350 UNITS Ordered: 60 UNITS/KG
Route: IV Direction: BOLUS
Special Instructions: Initial bolus: 60 units/kg
*** MAXimum BOLUS = 5,000 units ***

Order's Audit Trail of Events

1	12/11/19 1835	NICMLS	Order ENTER in OM
2	12/11/19 1835	NICMLS	Order from set: HEPARIN ACS
3	12/11/19 1835	NICMLS	Ordering Doctor: Din,Salah U MD

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

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4    12/11/19 1835 NICMLS     Order Source: Telephone-read/verif
5    12/11/19 1835 NICMLS     VIEWED LAB TEST RESULTS
6    12/11/19 1835 NICMLS     Test Group C.HEPTX
7    12/11/19 1835 NICMLS     LABORATORY
8    12/11/19 1835 NICMLS     Date     Time Test            Result   Flag                Normal Range
9    12/11/19 1835 NICMLS     12/11/19 0430 HEMOGLOBIN      9.2 # L                      14.0-18.0 gm/d
10   12/11/19 1835 NICMLS     12/10/19 1759 HEMOGLOBIN      PENDING RECEIPT              14.0-18.0 gm/d
11   12/11/19 1835 NICMLS     12/10/19 0427 HEMOGLOBIN      12.2  L                      14.0-18.0 gm/d
12   12/11/19 1835 NICMLS     12/11/19 0430 PLT             114  L                       130-400 K/mm3
13   12/11/19 1835 NICMLS     12/10/19 1759 PLT             PENDING RECEIPT              130-400 K/mm3
14   12/11/19 1835 NICMLS     12/10/19 0427 PLT             139                          130-400 K/mm3
15   12/11/19 1836 NICMLS     order acknowledged
16   12/11/19 1839 COE.SFB    VERIFIED in PHA
17   12/11/19 1839 COE.SFB    VIEWED LAB TEST RESULTS in PHA
18   12/11/19 1839 COE.SFB    VIEWED LAB TEST RESULTS
19   12/11/19 1839 COE.SFB    Test Group C.HEPTX
20   12/11/19 1839 COE.SFB    LABORATORY
21   12/11/19 1839 COE.SFB    Date     Time Test            Result   Flag                Normal Range
22   12/11/19 1839 COE.SFB    12/11/19 1835 HEMOGLOBIN      PENDING RECEIPT              14.0-18.0 gm/dL
23   12/11/19 1839 COE.SFB    12/11/19 0430 HEMOGLOBIN      9.2 # L                      14.0-18.0 gm/dL
24   12/11/19 1839 COE.SFB    12/10/19 1759 HEMOGLOBIN      PENDING RECEIPT              14.0-18.0 gm/dL
25   12/11/19 1839 COE.SFB    12/10/19 0427 HEMOGLOBIN      12.2  L                      14.0-18.0 gm/dL
26   12/11/19 1839 COE.SFB    12/11/19 1835 PLT             PENDING RECEIPT              130-400 K/mm3
27   12/11/19 1839 COE.SFB    12/11/19 0430 PLT             114  L                       130-400 K/mm3
28   12/11/19 1839 COE.SFB    12/10/19 1759 PLT             PENDING RECEIPT              130-400 K/mm3
29   12/11/19 1839 COE.SFB    12/10/19 0427 PLT             139                          130-400 K/mm3
30   12/11/19 1839 COE.SFB    12/11/19 1835 PT              PENDING RECEIPT              9.0-12.7 SECONDS
31   12/11/19 1839 COE.SFB    12/11/19 1835 INR             PENDING RECEIPT              0.85-1.17
32   12/11/19 1839 COE.SFB    12/11/19 1835 PTT             PENDING RECEIPT               SECONDS
33   12/11/19 1901 SCHEDULER  DISCONTINUE in PHA
34   12/12/19 0348 NICRXR     order viewed from Order Management
35   12/19/19 2304 PHY.DINSA  Signed by Din,Salah U MD

                 Electronically signed by Din,Salah U MD on 12/19/19 at 2304
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Order Date: 12/11/19                                        ---Service---
 Category   Procedure Name                Order Number  Date     Time Pri Qty Ord Source Status   Ordered By
 MED.COCOS  Medication                    20191211-3254 12/11/19 1830 R       E          CMP      DINSA
 Other Provider :            Sig Lvl Provider :
RX: 18411778                                  Start: 12/11/19  1830     PRN  CMP
                                               Stop: 01/10/20  1831
     Heparin  Inj (Heparin  Inj)
     Dose: 4350 UNITS     Ordered: 60 UNITS/KG
     Route: IV                        Direction: BOLUS
     PRN Reason: Re-Bolus if aPTT < 37 seconds
     Special Instructions: *** MAXimum BOLUS = 5,000 units ***

  Order's Audit Trail of Events
1    12/11/19 1835 NICMLS     Order ENTER in OM
2    12/11/19 1835 NICMLS     Order from set: HEPARIN ACS
3    12/11/19 1835 NICMLS     Ordering Doctor: Din,Salah U  MD
4    12/11/19 1835 NICMLS     Order Source: Telephone-read/verif
5    12/11/19 1835 NICMLS     VIEWED LAB TEST RESULTS
6    12/11/19 1835 NICMLS     Test Group C.HEPTX
7    12/11/19 1835 NICMLS     LABORATORY
8    12/11/19 1835 NICMLS     Date     Time Test            Result   Flag                Normal Range
```

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

9	12/11/19 1835 NICMLS	12/11/19 0430 HEMOGLOBIN	9.2 # L		14.0-18.0 gm/d
10	12/11/19 1835 NICMLS	12/10/19 1759 HEMOGLOBIN	PENDING RECEIPT		14.0-18.0 gm/d
11	12/11/19 1835 NICMLS	12/10/19 0427 HEMOGLOBIN	12.2 L		14.0-18.0 gm/d
12	12/11/19 1835 NICMLS	12/11/19 0430 PLT	114 L		130-400 K/mm3
13	12/11/19 1835 NICMLS	12/10/19 1759 PLT	PENDING RECEIPT		130-400 K/mm3
14	12/11/19 1835 NICMLS	12/10/19 0427 PLT	139		130-400 K/mm3
15	12/11/19 1836 NICMLS	order acknowledged			
16	12/11/19 1839 COE.SFB	VERIFIED in PHA			
17	12/11/19 1839 COE.SFB	VIEWED LAB TEST RESULTS in PHA			
18	12/11/19 1839 COE.SFB	VIEWED LAB TEST RESULTS			
19	12/11/19 1839 COE.SFB	Test Group C.HEPTX			
20	12/11/19 1839 COE.SFB	LABORATORY			
21	12/11/19 1839 COE.SFB	Date Time Test	Result	Flag	Normal Range
22	12/11/19 1839 COE.SFB	12/11/19 1835 HEMOGLOBIN	PENDING RECEIPT		14.0-18.0 gm/dL
23	12/11/19 1839 COE.SFB	12/11/19 0430 HEMOGLOBIN	9.2 # L		14.0-18.0 gm/dL
24	12/11/19 1839 COE.SFB	12/10/19 1759 HEMOGLOBIN	PENDING RECEIPT		14.0-18.0 gm/dL
25	12/11/19 1839 COE.SFB	12/10/19 0427 HEMOGLOBIN	12.2 L		14.0-18.0 gm/dL
26	12/11/19 1839 COE.SFB	12/11/19 1835 PLT	PENDING RECEIPT		130-400 K/mm3
27	12/11/19 1839 COE.SFB	12/11/19 0430 PLT	114 L		130-400 K/mm3
28	12/11/19 1839 COE.SFB	12/10/19 1759 PLT	PENDING RECEIPT		130-400 K/mm3
29	12/11/19 1839 COE.SFB	12/10/19 0427 PLT	139		130-400 K/mm3
30	12/11/19 1839 COE.SFB	12/11/19 1835 PT	PENDING RECEIPT		9.0-12.7 SECONDS
31	12/11/19 1839 COE.SFB	12/11/19 1835 INR	PENDING RECEIPT		0.85-1.17
32	12/11/19 1839 COE.SFB	12/11/19 1835 PTT	PENDING RECEIPT		SECONDS
33	12/13/19 0859 PHY.GRASA	Order DC in POM			
34	12/13/19 0859 PHY.GRASA	Ordering Doctor: Gray,Sanjiv MD			
35	12/13/19 0859 PHY.GRASA	Order Source: EPOM			
36	12/13/19 0859 PHY.GRASA	Order's Rx has been discontinued.			
37	12/13/19 0859 PHY.GRASA	Signed by Gray,Sanjiv MD			
38	12/13/19 0929 NICAKC	order acknowledged			
39	12/13/19 2300 PHY.DINSA	Signed by Din,Salah U MD			

Electronically signed by Din,Salah U MD on 12/13/19 at 2304

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 0859

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191211-3255	12/11/19	1830	R		E	CMP	DINSA

Other Provider : Sig Lvl Provider :
RX: 18411779
Start: 12/11/19 1830 PRN CMP
Stop: 01/10/20 1831

Heparin Inj (Heparin Inj)
Dose: 2900 UNITS Ordered: 40 UNITS/KG
Route: IV Direction: BOLUS
PRN Reason: Re-BOLUS if aPTT 37-47 seconds
Special Instructions: *** MAXimum BOLUS = 5,000 units ***

Order's Audit Trail of Events

1	12/11/19 1835	NICMLS	Order ENTER in OM
2	12/11/19 1835	NICMLS	Order from set: HEPARIN ACS
3	12/11/19 1835	NICMLS	Ordering Doctor: Din,Salah U MD
4	12/11/19 1835	NICMLS	Order Source: Telephone-read/verif
5	12/11/19 1835	NICMLS	VIEWED LAB TEST RESULTS
6	12/11/19 1835	NICMLS	Test Group C.HEPTX
7	12/11/19 1835	NICMLS	LABORATORY

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

8	12/11/19	1835	NICMLS	Date	Time	Test	Result Flag	Normal Range
9	12/11/19	1835	NICMLS	12/11/19	0430	HEMOGLOBIN	9.2 # L	14.0-18.0 gm/d
10	12/11/19	1835	NICMLS	12/10/19	1759	HEMOGLOBIN	PENDING RECEIPT	14.0-18.0 gm/d
11	12/11/19	1835	NICMLS	12/10/19	0427	HEMOGLOBIN	12.2 L	14.0-18.0 gm/d
12	12/11/19	1835	NICMLS	12/11/19	0430	PLT	114 L	130-400 K/mm3
13	12/11/19	1835	NICMLS	12/10/19	1759	PLT	PENDING RECEIPT	130-400 K/mm3
14	12/11/19	1835	NICMLS	12/10/19	0427	PLT	139	130-400 K/mm3
15	12/11/19	1836	NICMLS	order acknowledged				
16	12/11/19	1839	COE.SFB	VERIFIED in PHA				
17	12/11/19	1839	COE.SFB	VIEWED LAB TEST RESULTS in PHA				
18	12/11/19	1839	COE.SFB	VIEWED LAB TEST RESULTS				
19	12/11/19	1839	COE.SFB	Test Group C.HEPTX				
20	12/11/19	1839	COE.SFB	LABORATORY				
21	12/11/19	1839	COE.SFB	Date	Time	Test	Result Flag	Normal Range
22	12/11/19	1839	COE.SFB	12/11/19	1835	HEMOGLOBIN	PENDING RECEIPT	14.0-18.0 gm/dL
23	12/11/19	1839	COE.SFB	12/11/19	0430	HEMOGLOBIN	9.2 # L	14.0-18.0 gm/dL
24	12/11/19	1839	COE.SFB	12/10/19	1759	HEMOGLOBIN	PENDING RECEIPT	14.0-18.0 gm/dL
25	12/11/19	1839	COE.SFB	12/10/19	0427	HEMOGLOBIN	12.2 L	14.0-18.0 gm/dL
26	12/11/19	1839	COE.SFB	12/11/19	1835	PLT	PENDING RECEIPT	130-400 K/mm3
27	12/11/19	1839	COE.SFB	12/11/19	0430	PLT	114 L	130-400 K/mm3
28	12/11/19	1839	COE.SFB	12/10/19	1759	PLT	PENDING RECEIPT	130-400 K/mm3
29	12/11/19	1839	COE.SFB	12/10/19	0427	PLT	139	130-400 K/mm3
30	12/11/19	1839	COE.SFB	12/11/19	1835	PT	PENDING RECEIPT	9.0-12.7 SECONDS
31	12/11/19	1839	COE.SFB	12/11/19	1835	INR	PENDING RECEIPT	0.85-1.17
32	12/11/19	1839	COE.SFB	12/11/19	1835	PTT	PENDING RECEIPT	SECONDS
33	12/12/19	1614	NICMLS	Order HOLD in OM				
34	12/12/19	1614	NICMLS	Ordering Doctor: Block,Ernest F MD				
35	12/12/19	1614	NICMLS	Order Source: Telephone-read/verif				
36	12/12/19	1614	NICMLS	Rx's Hold/Resume dates edited by BLOER.				
37	12/12/19	1614	NICMLS	DEACTIVATE				
38	12/12/19	1614	NICMLS	DEACTIVATE: 12/12 1613 REACTIVATE: EVENT:				
39	12/12/19	1614	NICMLS	order acknowledged				
40	12/13/19	0825	PHY.BLOER	Signed by Block,Ernest F MD				
41	12/13/19	0858	PHY.GRASA	Order DC in POM				
42	12/13/19	0858	PHY.GRASA	Ordering Doctor: Gray,Sanjiv MD				
43	12/13/19	0858	PHY.GRASA	Order Source: EPOM				
44	12/13/19	0858	PHY.GRASA	Order's Rx has been discontinued.				
45	12/13/19	0858	PHY.GRASA	Signed by Gray,Sanjiv MD				
46	12/13/19	0929	NICAKC	order acknowledged				
47	12/13/19	2206	PHY.DINSA	Signed by Din,Salah U MD				

Electronically signed by Block,Ernest F MD on 12/12/19 at 1628

Electronically signed by Din,Salah U MD on 12/13/19 at 2206

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 0858

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	IV Dispense by Sig	20191211-3256	12/11/19	1830	R	E		CMP	DINSA

Other Provider : Sig Lvl Provider :

RX: 18411776
Route: IV

Start: 12/11/19 1830 SCH CMP
Stop: 01/10/20 1831

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Heparin Drip
Volume: 250 ML
Rate: ASDIRECTED
Direction: TITRATE
Bag Duration: ASDIRECTED
Rx Duration: 30 Days
Special Instructions: Initial Rate = 12 units/kg/hr
*** MAXimum STARTING Rate = 1,000 units/hr ***

Treatment Text

aPTT (seconds)	Action (Round doses to the nearest 10 unit increments)	Repeat aPTT
LESS than 37 seconds	Rebolus with 80 units/kg and INCREASE rate by 4 units/kg/hr	aPTT every 6 hrs after starting continuous infusion
37-47 seconds	Rebolus with 40 units/kg and INCREASE rate by 2 units/kg/hr	aPTT every 6 hrs after starting continuous infusion
48-68 seconds	Therapeutic, maintain at same rate. NO CHANGES	aPTT every 6 hrs until TWO consecutive aPTTs therapeutic, then ONCE Daily
69-93 seconds	DECREASE rate by 2 units/kg/hr	aPTT 6 hours after rate change
GREATER than 93 seconds	HOLD Heparin for 1 hour then DECREASE rate by 3 units/kg/hr	aPTT 6 hours after restarting Heparin Drip

Order's Audit Trail of Events

1	12/11/19 1835	NICMLS	Order ENTER in OM
2	12/11/19 1835	NICMLS	Order from set: HEPARIN ACS
3	12/11/19 1835	NICMLS	Ordering Doctor: Din,Salah U MD
4	12/11/19 1835	NICMLS	Order Source: Telephone-read/verif
5	12/11/19 1835	NICMLS	VIEWED LAB TEST RESULTS
6	12/11/19 1835	NICMLS	Test Group C.HEPTX
7	12/11/19 1835	NICMLS	LABORATORY
8	12/11/19 1835	NICMLS	Date Time Test Result Flag Normal Range
9	12/11/19 1835	NICMLS	12/11/19 0430 HEMOGLOBIN 9.2 # L 14.0-18.0 gm/d
10	12/11/19 1835	NICMLS	12/10/19 1759 HEMOGLOBIN PENDING RECEIPT 14.0-18.0 gm/d
11	12/11/19 1835	NICMLS	12/10/19 0427 HEMOGLOBIN 12.2 L 14.0-18.0 gm/d
12	12/11/19 1835	NICMLS	12/11/19 0430 PLT 114 L 130-400 K/mm3
13	12/11/19 1835	NICMLS	12/10/19 1759 PLT PENDING RECEIPT 130-400 K/mm3
14	12/11/19 1835	NICMLS	12/10/19 0427 PLT 139 130-400 K/mm3
15	12/11/19 1836	NICMLS	order ackrowledged
16	12/11/19 1838	COE.SFB	VERIFIED in PHA
17	12/11/19 1838	COE.SFB	VIEWED LAB TEST RESULTS in PHA
18	12/11/19 1838	COE.SFB	VIEWED LAB TEST RESULTS
19	12/11/19 1838	COE.SFB	Test Group C.HEPTX
20	12/11/19 1838	COE.SFB	LABORATORY
21	12/11/19 1838	COE.SFB	Date Time Test Result Flag Normal Range

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

22	12/11/19 1838	COE.SFB	12/11/19 1835	HEMOGLOBIN	PENDING RECEIPT		14.0-18.0 gm/dL
23	12/11/19 1838	COE.SFB	12/11/19 0430	HEMOGLOBIN	9.2 # L		14.0-18.0 gm/dL
24	12/11/19 1838	COE.SFB	12/10/19 1759	HEMOGLOBIN	PENDING RECEIPT		14.0-18.0 gm/dL
25	12/11/19 1838	COE.SFB	12/10/19 0427	HEMOGLOBIN	12.2 L		14.0-18.0 gm/dL
26	12/11/19 1838	COE.SFB	12/11/19 1835	PLT	PENDING RECEIPT		130-400 K/mm3
27	12/11/19 1838	COE.SFB	12/11/19 0430	PLT	114 L		130-400 K/mm3
28	12/11/19 1838	COE.SFB	12/10/19 1759	PLT	PENDING RECEIPT		130-400 K/mm3
29	12/11/19 1838	COE.SFB	12/10/19 0427	PLT	139		130-400 K/mm3
30	12/11/19 1838	COE.SFB	12/11/19 1835	PT	PENDING RECEIPT		9.0-12.7 SECONDS
31	12/11/19 1838	COE.SFB	12/11/19 1835	INR	PENDING RECEIPT		0.85-1.17
32	12/11/19 1838	COE.SFB	12/11/19 1835	PTT	PENDING RECEIPT		SECONDS
33	12/12/19 1614	NICMLS	Order HOLD in OM				
34	12/12/19 1614	NICMLS	Ordering Doctor: Block,Ernest F MD				
35	12/12/19 1614	NICMLS	Order Source: Telephone-read/verif				
36	12/12/19 1614	NICMLS	Rx's Hold/Resume dates edited by BLOER.				
37	12/12/19 1614	NICMLS	DEACTIVATE				
38	12/12/19 1614	NICMLS	DEACTIVATE: 12/12 1613 REACTIVATE:			EVENT:	
39	12/12/19 1614	NICMLS	order acknowledged				
40	12/13/19 0625	PHY.BLOER	Signed by Block,Ernest F MD				
41	12/13/19 0858	PHY.GRASA	Order DC in POM				
42	12/13/19 0858	PHY.GRASA	Ordering Doctor: Gray,Sanjiv MD				
43	12/13/19 0858	PHY.GRASA	Order Source: EPOM				
44	12/13/19 0858	PHY.GRASA	Order's Rx has been discontinued.				
45	12/13/19 0858	PHY.GRASA	Signed by Gray,Sanjiv MD				
46	12/13/19 0929	NICAKC	order acknowledged				
47	12/13/19 2304	PHY.DINSA	Signed by Din,Salah U MD				

Electronically signed by Block,Ernest F MD on 12/13/19 at 0625

Electronically signed by Din,Salah U MD on 12/13/19 at 2304

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 0858

Order Date: 12/11/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PHAMSG	PHA - General Message to Pharm	20191211-0127	12/11/19		R			CMP	BLOER

Other Provider : Sig Lvl Provider :

Message: NEED MUPIROCIN (BACTROBAN) OINTMENT FOR THIS PT PLEASE.

Thank You

Order's Audit Trail of Events

1	12/11/19 2340	NICRXR	Order ENTER in OM
2	12/11/19 2340	NICRXR	Ordering Doctor: Block,Ernest F MD
3	12/11/19 2341	NRXSB	order's status changed from TRANS to COMP

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Thromboplastin Time Partial	20191212-0874	12/12/19	0303	S		Z	CMP	DINSA

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
IS PATIENT ON ANTICOAGULANTS? Y
LIST ANTICOAGULANTS: HEPARIN
Comment:

Order's Audit Trail of Events

1 12/12/19 0303 NICRXR Order ENTER in OM
2 12/12/19 0303 NICRXR Ordering Doctor: Din.Salah U MD
3 12/12/19 0303 NICRXR Order Source: Dpt Process/Procedur
4 12/12/19 0303 interface cc'd doctors edited in LAB
5 12/12/19 0303 interface order's status changed from TRANS to LOGGED by LAB
6 12/12/19 0348 NICRXR order acknowledged
7 12/12/19 0424 interface order's status changed from LOGGED to IN PRO by LAB
8 12/12/19 0524 interface order's status changed from IN PRO to COMP by LAB

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
BB	Leukopoor RBC	20191212-0021	12/12/19	0615	R	1	T	CMP	BILTR

Other Provider : DAVKE Sig Lvl Provider :

Patients Religion: CHRISTIAN
Current Hgb: 7.8 12/12/19 L 0310
Transfusion Reason: >7 AND <8
Transfuse Now? YES
Hx Sickle Cell? NO
Reason Hgb >7 and <8 ZOTHER
Reason Hgb >8:
Keep Ahead #:
Other: POST OP
PreOp/Surgery Date:
Transfuse Date: 12/12/19

Comment:
*Required for Critical Neonates or Peds - volume to be infused in ml:

Order's Audit Trail of Events

1 12/12/19 0615 NICRXR Order ENTER in OM
2 12/12/19 0615 NICRXR Ordering Doctor: Bilski.Tracy MD
3 12/12/19 0615 NICRXR Order Source: Telephone-read/verif
4 12/12/19 0615 NICRXR Other Doctor: David.Kelly PA-C
5 12/12/19 0616 interface cc'd doctors edited in LAB
6 12/12/19 0616 interface order's status changed from TRANS to IN PRO by LAB
7 12/12/19 0621 DAVKE Signed by David.Kelly PA-C
8 12/12/19 0717 NICMLS order acknowledged
9 12/12/19 0819 NICMLS order viewed from Order Management
10 12/12/19 0852 interface order's status changed from IN PRO to COMP by LAB
11 12/12/19 1613 interface order's status changed from COMP to IN PRO by LAB
12 12/12/19 2300 interface order's status changed from IN PRO to COMP by LAB
13 12/17/19 0721 MIV BILTR Signed by Bilski.Tracy MD

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Electronically signed by Bilski,Tracy MD on 12/17/19 at 0721

Electronically signed by David,Kelly PA-C on 12/12/19 at 0621

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
FNS	CARBOHYDRATE CONTROLLED DIET	20191212-0128	12/12/19		B		T	CMP CNC?	BILTR

Other Provider : Sig Lvl Provider :

Carb servings per meal: 4-5 servings (1800 cal)
Additional Diet Order: Heart Healthy

Additional Diet Modifiers:
Food Consistency:
Thickened Liquid:

Fluid Restriction:

Order's Audit Trail of Events

1	12/12/19 0721	NICMLS	Order ENTER in OM
2	12/12/19 0721	NICMLS	Ordering Doctor: Bilski,Tracy MD
3	12/12/19 0721	NICMLS	Order Source: Telephone-read/verif
4	12/12/19 0727	NICMLS	order acknowledged
5	12/13/19 0900	NRXMW	order viewed from Order Management
6	12/13/19 0926	PHY.BAWSH	Order marked to be continued upon patient transfer.
7	12/13/19 0926	PHY.BAWSH	Signed by Bawany,Sheila MD R3
8	12/13/19 0930	NICAKC	Order RECEIVE in NUR
9	12/13/19 0930	NICAKC	Ordering Doctor: Bawany,Sheila MD R3
10	12/13/19 0930	NICAKC	Order Source: EPOM
11	12/13/19 0930	NICAKC	Order continued upon patient transfer.
12	12/14/19 0709	NICGV	order viewed from Order Management
13	12/14/19 0714	NNUR.SKL	order viewed from Order Management
14	12/14/19 1951	NPGAEC	order viewed from Order Management
15	12/14/19 2214	NPGAEC	order viewed from Order Management
16	12/15/19 1812	NPGBM2	order viewed from Order Management
17	12/15/19 1812	NPGBM2	order viewed from Order Management
18	12/15/19 1815	NPGBM2	Order DC in OM
19	12/15/19 1815	NPGBM2	Ordering Doctor: Gray,Sanjiv MD
20	12/15/19 1815	NPGBM2	Order Source: Written
21	12/15/19 1815	NPGBM2	Other Doctor: Rivas,Rodolfo PA
22	12/15/19 1815	NPGBM2	order cancel requested by Provider GRASA
23	12/15/19 1816	NPGBM2	order acknowledged
24	12/15/19 1901	System	order's status changed from TRANS to COMP
25	12/15/19 1901	System	Order Replaced with New Diet
26	12/17/19 0721	PHY.BILTR	Signed by Bilski,Tracy MD

Cancel request comment: Completed

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Bilski,Tracy MD on 12/17/19 at 0721

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Thromboplastin Time Partial	20191212-1107	12/12/19	0722	S		P	CNC	BILTR

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
IS PATIENT ON ANTICOAGULANTS? Y
LIST ANTICOAGULANTS: HEPARIN
Comment:

Order's Audit Trail of Events

1 12/12/19 0722 NICMLS Order ENTER in OM
2 12/12/19 0722 NICMLS Ordering Doctor: Bilski,Tracy MD
3 12/12/19 0722 NICMLS Order Source: Protocol
4 12/12/19 0722 interface cc'd doctors edited in LAB
5 12/12/19 0722 interface order's status changed from TRANS to LOGGED by LAB
6 12/12/19 0727 NICMLS order acknowledged
7 12/12/19 0727 NICMLS order viewed from Order Management
8 12/12/19 0727 NICMLS order viewed from Order Management
9 12/12/19 0728 NICMLS Order DC in OM
10 12/12/19 0728 NICMLS Ordering Doctor: Bilski,Tracy MD
11 12/12/19 0728 NICMLS Order Source: Protocol
12 12/12/19 0728 NICMLS order cancel requested by Provider BILTR
13 12/12/19 0728 NICMLS order acknowledged
14 12/12/19 0728 interface order's status changed from LOGGED to CANCEL by LAB
15 12/17/19 0721 PHY,BILTR Signed by Bilski,Tracy MD

Cancel request comment: Error
Cancel comment: Cancelled via OE: Error
Electronically signed by Bilski,Tracy MD on 12/17/19 at 0721

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Thromboplastin Time Partial	20191212-1112	12/12/19	1200	S		P	CMP	BILTR

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
IS PATIENT ON ANTICOAGULANTS? Y
LIST ANTICOAGULANTS: HEPARIN
Comment:

Order's Audit Trail of Events

1 12/12/19 0728 NICMLS Order ENTER in OM
2 12/12/19 0728 NICMLS Ordering Doctor: Bilski,Tracy MD
3 12/12/19 0728 NICMLS Order Source: Protocol
4 12/12/19 0728 NICMLS order acknowledged
5 12/12/19 0728 interface cc'd doctors edited in LAB
6 12/12/19 0728 interface order's status changed from TRANS to LOGGED by LAB
7 12/12/19 0840 interface order's status changed from LOGGED to IN PRO by LAB
8 12/12/19 1229 interface order's status changed from IN PRO to COMP by LAB
9 12/17/19 0721 PHY,BILTR Signed by Bilski,Tracy MD

Electronically signed by Bilski,Tracy MD on 12/17/19 at 0721

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
BB	Blood Bank Pick-Up	20191212-0035	12/12/19	0819	R			TRN	BILTR

Other Provider : Sig Lvl Provider :

Current Hgb: 7.8 12/12/19 L 0310
Current PLT: 106 12/12/19 L 0310
Current Fibrinogen: No Result
Current INR: 1.2 12/11/19 H 1845
Nurse's name: Serrano,Meilani L
Nurse's extension # 2700
HAS A BLOOD CONSENT BEEN SIGNED?
Y
Product: Leukopoor RBC
PATIENT TEMPERATURE- 98.3

Order's Audit Trail of Events

1 12/12/19 0819 NICMLS Order ENTER in OM
2 12/12/19 0819 NICMLS Ordering Doctor: Bilski,Tracy MD
3 12/12/19 0819 NICMLS order acknowledged

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Thromboplastin Time Partial	20191212-1591	12/12/19	1800	S		P	CNC	BLOER

Other Provider : Sig Lvl Provider :

Use Blood already drawn? N
IS PATIENT ON ANTICOAGULANTS? Y
LIST ANTICOAGULANTS: HEPARIN
Comment

Order's Audit Trail of Events

1 12/12/19 1249 NICMLS Order ENTER in OM
2 12/12/19 1249 NICMLS Ordering Doctor: Block,Ernest F MD
3 12/12/19 1249 NICMLS Order Source: Protocol
4 12/12/19 1249 interface cc'd doctors edited in LAB
5 12/12/19 1249 interface order's status changed from TRANS to LOGGED by LAB
6 12/12/19 1254 NICMLS order acknowledged
7 12/13/19 0017 interface order's status changed from LOGGED to IN PRO by LAB
8 12/13/19 0625 PHY.BLOER Signed by Block,Ernest F MD
9 12/15/19 0001 interface order's status changed from IN PRO to CANCEL by LAB

Cancel comment. Auto-cancel'ed after 2 days.
Electronically signed by Block,Ernest F MD on 12/13/19 at 0625

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC,Platelets	20191212-1792	12/12/19	1536	R		P	CMP	BLOER

Other Provider : Sig Lvl Provider :

Use Blood already drawn?

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1	12/12/19 1536	NICMLS	Order ENTER in OM
2	12/12/19 1536	NICMLS	Ordering Doctor: Block,Ernest F MD
3	12/12/19 1536	NICMLS	Order Source: Protocol
4	12/12/19 1537	NICMLS	order acknowledged
5	12/12/19 1537	interface	cc'd doctors edited in LAB
6	12/12/19 1537	interface	order's status changed from TRANS to LOGGED by LAB
7	12/12/19 1555	interface	order's status changed from LOGGED to IN PRO by LAB
8	12/12/19 1601	interface	order's status changed from IN PRO to COMP by LAB
9	12/12/19 0625	PH BLOCK	Signed by Block,Ernest F MD

Electronically signed by Block,Ernest F MD on 12/12/19 at 0625

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
BB	Leukopoor RBC	20191212-0075	12/12/19	1613	U	2	T	CMP	BLOER

Other Provider : Sig Lvl Provider :

Patients Religion: CHRISTIAN
Current Hgb: 7.5 12/12/19 L 1545
Transfusion Reason: >7 AND <8
Transfuse Now? YES
Hx Sickle Cell? NO
Reason Hgb >7 and <8 BLOOD LOSS
Reason Hgb >8:
Keep Ahead #:
Other: PATIENT ON HEPARIN
PreOp/Surgery Date:
Transfuse Date: 12/12/19

Comment:
*Required for Critical Neonates or Peds - volume to be infused in ml:

Order's Audit Trail of Events

1	12/12/19 1613	NICMLS	Order ENTER in OM
2	12/12/19 1613	NICMLS	Ordering Doctor: Block,Ernest F MD
3	12/12/19 1613	NICMLS	Order Source: Telephone-read/verif
4	12/12/19 1613	interface	order's status changed from TRANS to IN PRO by LAB
5	12/12/19 1614	NICMLS	order acknowledged
6	12/12/19 2300	interface	order's status changed from IN PRO to COMP by LAB
7	12/13/19 0625	PH BLOCK	Signed by Block,Ernest F MD

Electronically signed by Block,Ernest F MD on 12/13/19 at 0625

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
BB	Blood Bank Pick-Up	20191212-0079	12/12/19	1624	R			TRN	BLOER

Other Provider : Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Current Hgb: 7.5 12/12/19 L 1545
Current PLT: 142 12/12/19 1545
Current Fibrinogen: No Result
Current INR: 1.2 12/11/19 H 1845
Nurse's name: Serrano,Meilani L
Nurse's extension # 2700
HAS A BLOOD CONSENT BEEN SIGNED? Y
Product: Leukopoor RBC
PATIENT TEMPERATURE- 98.6

Order's Audit Trail of Events
1 12/12/19 1624 NICMLS Order ENTER in OM
2 12/12/19 1624 NICMLS Ordering Doctor: Block,Ernest F MD
3 12/12/19 1726 NICMLS order acknowledged

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
OT	OT Eval High Complex	20191212-0105	12/12/19		R	1		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/12/19 1637 NPTO.END order entered

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
OT	Ther Exercises 15 min	20191212-0106	12/12/19		R	01		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/12/19 1637 NPTO.END order entered

Order Date: 12/12/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
BB	Blood Bank Pick-Up	20191212-0094	12/12/19	2220	R			TRN	BAWSH

Other Provider : Sig Lvl Provider :

Current Hgb: 7.5 12/12/19 L 1545
Current PLT: 142 12/12/19 1545
Current Fibrinogen: No Result
Current INR: 1.2 12/11/19 H 1845
Nurse's name: COLLINS,JUDY C
Nurse's extension # 2725
HAS A BLOOD CONSENT BEEN SIGNED? Y
Product: Leukopoor RBC
PATIENT TEMPERATURE- 99.1

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order's Audit Trail of Events

1	12/12/19 2225	CSS.JCC	Order ENTER in OM
2	12/12/19 2225	CSS.JCC	Ordering Doctor: Bawany,Sheila MD R3
3	12/13/19 0000	CSS.JCC	order acknowledged

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC,Platelets	20191213-0784	12/13/19	0400	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1	12/13/19 0309	PHY.BAWSH	Order ENTER in POM
2	12/13/19 0309	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
3	12/13/19 0309	PHY.BAWSH	Order Source: EPOM
4	12/13/19 0309	PHY.BAWSH	Signed by Bawany,Sheila MD R3
5	12/13/19 0310	interface	cc'd doctors edited in LAB
6	12/13/19 0310	interface	order's status changed from TRANS to LOGGED by LAB
7	12/13/19 0344	CSS.JCC	order acknowledged
8	12/13/19 0438	interface	order's status changed from LOGGED to IN PRO by LAB
9	12/13/19 0450	interface	order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0309

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Basic Metabolic Panel	20191213-0785	12/13/19	0400	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1	12/13/19 0309	PHY.BAWSH	Order ENTER in POM
2	12/13/19 0309	PHY.BAWSH	Ordering Doctor: Bawany,Sheila MD R3
3	12/13/19 0309	PHY.BAWSH	Order Source: EPOM
4	12/13/19 0309	PHY.BAWSH	Signed by Bawany,Sheila MD R3
5	12/13/19 0310	interface	cc'd doctors edited in LAB
6	12/13/19 0310	interface	order's status changed from TRANS to LOGGED by LAB
7	12/13/19 0344	CSS.JCC	order acknowledged
8	12/13/19 0438	interface	order's status changed from LOGGED to IN PRO by LAB
9	12/13/19 0501	interface	order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0309

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
CCL	Cardiac Cath	20191213-0003	12/13/19		R			LOG	DINSA

Other Provider :
Sig Lvl Provider :
PERFORMING CAMPUS? MAIN

Order's Audit Trail of Events

1 12/13/19 0535 NCLLMS Order ENTER in OE
2 12/13/19 0535 NCLLMS Ordering Doctor: Din,Salah U MD

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	ISTATCG8+ Arterial Blood Gas	20191210-2695	12/10/19	1537	R	1		CMP	BLOER

Other Provider :
Sig Lvl Provider :

Order's Audit Trail of Events

1 12/13/19 0610 INFCE Order ENTER in LAB
2 12/13/19 0610 INFCE Ordering Doctor: Block,Ernest F MD
3 12/13/19 0610 interface order's status changed from LOGGED to COMP by LAB

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	ISTATCG8+ Arterial Blood Gas	20191210-2696	12/10/19	1717	R	1		CMP	BLOER

Other Provider :
Sig Lvl Provider :

Order's Audit Trail of Events

1 12/13/19 0610 INFCE Order ENTER in LAB
2 12/13/19 0610 INFCE Ordering Doctor: Block,Ernest F MD
3 12/13/19 0610 interface order's status changed from LOGGED to COMP by LAB

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Basic Metabolic Panel	20191214-0461	12/14/19	0500	R		E	CMP	GRASA

Other Provider :
Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST

Order's Audit Trail of Events

1 12/13/19 0857 PHY.GRASA Order ENTER in POM
2 12/13/19 0857 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/13/19 0857 PHY.GRASA Order Source: EPOM
4 12/13/19 0857 PHY.GRASA Signed by Gray,Sanjiv MD
5 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
6 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
7 12/13/19 0929 NICAKC order ackrowledged
8 12/13/19 0930 NICAKC Order RECEIVE in NUR
9 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
10 12/13/19 0930 NICAKC Order Source: EPOM
11 12/13/19 0930 NICAKC Order continued upon patient transfer.

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

12 12/14/19 0000 interface cc'd doctors edited in LAB
13 12/14/19 0000 interface order's status changed from TRANS to LOGGED by LAB
14 12/14/19 0009 interface order's status changed from LOGGED to IN PRO by LAB
15 12/14/19 0625 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 0857

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC,PLT,Auto Diff	20191214-0462	12/14/19	0500	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :

COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/13/19 0857 PHY.GRASA Order ENTER in POM
2 12/13/19 0857 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/13/19 0857 PHY.GRASA Order Source: EPOM
4 12/13/19 0857 PHY.GRASA Signed by Gray,Sanjiv MD
5 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
6 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
7 12/13/19 0929 NICAKC order acknowledged
8 12/13/19 0930 NICAKC Order RECEIVE in NUR
9 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
10 12/13/19 0930 NICAKC Order Source: EPOM
11 12/13/19 0930 NICAKC Order continued upon patient transfer.
12 12/14/19 0000 interface cc'd doctors edited in LAB
13 12/14/19 0000 interface order's status changed from TRANS to LOGGED by LAB
14 12/14/19 0009 interface order's status changed from LOGGED to IN PRO by LAB
15 12/14/19 0614 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 0857

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Magnesium	20191214-0463	12/14/19	0500	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/13/19 0857 PHY.GRASA Order ENTER in POM
2 12/13/19 0857 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/13/19 0857 PHY.GRASA Order Source: EPOM
4 12/13/19 0857 PHY.GRASA Signed by Gray,Sanjiv MD
5 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
6 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
7 12/13/19 0929 NICAKC order acknowledged

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

8 12/13/19 0930 NICAKC Order RECEIVE in NUR
9 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
10 12/13/19 0930 NICAKC Order Source: EPOM
11 12/13/19 0930 NICAKC Order continued upon patient transfer.
12 12/14/19 0000 interface cc'd doctors edited in LAB
13 12/14/19 0000 interface order's status changed from TRANS to LOGGED by LAB
14 12/14/19 0009 interface order's status changed from LOGGED to IN PRO by LAB
15 12/14/19 0625 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 0857

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Phosphorous	20191214-0464	12/14/19	0500	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/13/19 0857 PHY.GRASA Order ENTER in POM
2 12/13/19 0857 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/13/19 0857 PHY.GRASA Order Source: EPOM
4 12/13/19 0857 PHY.GRASA Signed by Gray,Sanjiv MD
5 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
6 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
7 12/13/19 0929 NICAKC order acknowledged
8 12/13/19 0930 NICAKC Order RECEIVE in NUR
9 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
10 12/13/19 0930 NICAKC Order Source: EPOM
11 12/13/19 0930 NICAKC Order continued upon patient transfer.
12 12/14/19 0000 interface cc'd doctors edited in LAB
13 12/14/19 0000 interface order's status changed from TRANS to LOGGED by LAB
14 12/14/19 0009 interface order's status changed from LOGGED to IN PRO by LAB
15 12/14/19 0625 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 0857

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191213-1022	12/13/19	1400	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18417598 Start: 12/13/19 1400 SCH CMP
Stop: 01/12/20 1401

Heparin Inj (Heparin Inj)
Dose: 5000 UNITS
Route: SUBQ Direction: Q8HR

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order's Audit Trail of Events

```
12/13/19 0858 PHY.GRASA  Order ENTER in POM
12/13/19 0858 PHY.GRASA  Ordering Doctor: Gray,Sanjiv  MD
12/13/19 0858 PHY.GRASA  Order Source: EPOM
12/13/19 0858 PHY.GRASA  Signed by Gray,Sanjiv  MD
12/13/19 0858 PHY.GRASA  VIEWED LAB TEST RESULTS
12/13/19 0858 PHY.GRASA  Test Group C.HEPTX
12/13/19 0858 PHY.GRASA  LABORATORY
12/13/19 0858 PHY.GRASA  Date     Time Test            Result   Flag                  Normal Range
12/13/19 0858 PHY.GRASA  12/13/19 0420 HEMOGLOBIN      9.2  L                         14.0-18.0 gm/d
12/13/19 0858 PHY.GRASA  12/12/19 1545 HEMOGLOBIN      7.5  L                         14.0-18.0 gm/d
12/13/19 0858 PHY.GRASA  12/13/19 0420 PLT             114  L                         130-400 K/mm3
12/13/19 0858 PHY.GRASA  12/12/19 1545 PLT             142                            130-400 K/mm3
12/13/19 0858 PHY.GRASA  12/11/19 1845 PT              12.3                           9.0-12.7 SECON
12/13/19 0858 PHY.GRASA  12/11/19 1845 INR             1.2  H                         0.85-1.17
12/13/19 0858 PHY.GRASA  INR intended use is for progressive assessment of individual
12/13/19 0858 PHY.GRASA  patients stabilized on long term anticoagulant therapy.
12/13/19 0858 PHY.GRASA  Proper therapeutic dosage is based on clinical condition.
12/13/19 0858 PHY.GRASA  The usual therapeutic goal is an INR of 2 to 3.
12/13/19 0858 PHY.GRASA  **This test is performed using Siemens CS2500 Methodology.**
12/13/19 0858 PHY.GRASA  *Clinical correlation must be made using same methodology.*
12/13/19 0858 PHY.GRASA  12/12/19 1800 PTT             PENDING RECEIPT                SECONDS
12/13/19 0858 PHY.GRASA  12/12/19 1200 PTT             64.30                          SECONDS
12/13/19 0858 PHY.GRASA  REFERENCE RANGES
12/13/19 0858 PHY.GRASA  Normal Patient          21 - 34 seconds
12/13/19 0858 PHY.GRASA  Heparinized Patients    48.1 - 67.5 seconds
12/13/19 0858 PHY.GRASA  12/12/19 0310 PTT             113.10 *H                      SECONDS
12/13/19 0858 PHY.GRASA  *************VALUE EXCEEDS CRITICAL LEVEL*************
12/13/19 0858 PHY.GRASA  RESULT CALLED TO NICAXT BY NLBKR AT 0524 ON 12/12/19
12/13/19 0858 PHY.GRASA  VERBAL READ BACK OF RESULTS CONFIRMED.
12/13/19 0858 PHY.GRASA  REFERENCE RANGES
12/13/19 0858 PHY.GRASA  Normal Patient          21 - 34 seconds
12/13/19 0858 PHY.GRASA  Heparinized Patients    48.1 - 67.5 seconds
12/13/19 0912 COE.SLJ    VERIFIED in PHA
12/13/19 0912 COE.SLJ    VIEWED LAB TEST RESULTS in PHA
12/13/19 0912 COE.SLJ    VIEWED LAB TEST RESULTS
12/13/19 0912 COE.SLJ    Test Group C.HEPTX
12/13/19 0912 COE.SLJ    LABORATORY
12/13/19 0912 COE.SLJ    Date     Time Test            Result   Flag                  Normal Range
12/13/19 0912 COE.SLJ    12/13/19 0420 HEMOGLOBIN      9.2  L                         14.0-18.0 gm/dL
12/13/19 0912 COE.SLJ    12/12/19 1545 HEMOGLOBIN      7.5  L                         14.0-18.0 gm/dL
12/13/19 0912 COE.SLJ    12/13/19 0420 PLT             114  L                         130-400 K/mm3
12/13/19 0912 COE.SLJ    12/12/19 1545 PLT             142                            130-400 K/mm3
12/13/19 0912 COE.SLJ    12/11/19 1845 PT              12.3                           9.0-12.7 SECONDS
12/13/19 0912 COE.SLJ    12/11/19 1845 INR             1.2  H                         0.85-1.17
12/13/19 0912 COE.SLJ    INR intended use is for progressive assessment of individual
12/13/19 0912 COE.SLJ    patients stabilized on long term anticoagulant therapy.
12/13/19 0912 COE.SLJ    Proper therapeutic dosage is based on clinical condition.
12/13/19 0912 COE.SLJ    The usual therapeutic goal is an INR of 2 to 3.
12/13/19 0912 COE.SLJ    **This test is performed using Siemens CS2500 Methodology.**
12/13/19 0912 COE.SLJ    *Clinical correlation must be made using same methodology.*
12/13/19 0912 COE.SLJ    12/12/19 1800 PTT             PENDING RECEIPT                SECONDS
12/13/19 0912 COE.SLJ    12/12/19 1200 PTT             64.30                          SECONDS
12/13/19 0912 COE.SLJ    REFERENCE RANGES
12/13/19 0912 COE.SLJ    Normal Patient          21 - 34 seconds
12/13/19 0912 COE.SLJ    Heparinized Patients    48.1 - 67.5 seconds
12/13/19 0912 COE.SLJ    12/12/19 0310 PTT             113.10 *H                      SECONDS
12/13/19 0912 COE.SLJ    *************VALUE EXCEEDS CRITICAL LEVEL*************
12/13/19 0912 COE.SLJ    RESULT CALLED TO NICAXT BY NLBKR AT 0524 ON 12/12/19
```

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

```
59   12/13/19 0912 COE.SLJ    VERBAL READ BACK OF RESULTS CONFIRMED.
60   12/13/19 0912 COE.SLJ    REFERENCE RANGES
61   12/13/19 0912 COE.SLJ    Normal Patient          21 - 34 seconds
62   12/13/19 0912 COE.SLJ    Heparinized Patients    48.1 - 67.5 seconds
63   12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
64   12/13/19 0926 PHY.BAWSH  Signed by Bawany.Sheila MD R3
65   12/13/19 0929 NICAKC     order acknowledged
66   12/13/19 0930 NICAKC     Order RECEIVE in NUR
67   12/13/19 0930 NICAKC     Ordering Doctor: Bawany.Sheila MD R3
68   12/13/19 0930 NICAKC     Order Source: EPOM
69   12/13/19 0930 NICAKC     Order continued upon patient transfer.
70   12/17/19 1623 DISCHARGE  DISCONTINUE in PHA

                 Electronically signed by Bawany.Sheila MD R3 on 12/13/19 at 0926

                 Electronically signed by Gray.Sanjiv MD on 12/13/19 at 0858
```

```
Order Date: 12/13/19                                   ---Service---
 Category   Procedure Name                Order Number  Date     Time Pri Qty Ord Source Status   Ordered By
 MED.COCOS  Medication                    20191213-1023 12/13/19 1000 R       E          CMP      GRASA
 Other Provider :              Sig Lvl Provider :
RX: 18417600                                Start: 12/13/19  1000     SCH  CMP
                                             Stop: 01/12/20  1001
     Ferrous Sulfate  Tab (Feosol  Tab)
     Dose: 325 MG
     Route: PO                        Direction: BID

  Order's Audit Trail of Events
1    12/13/19 0900 PHY.GRASA  Order ENTER in POM
2    12/13/19 0900 PHY.GRASA  Ordering Doctor: Gray.Sanjiv  MD
3    12/13/19 0900 PHY.GRASA  Order Source: EPOM
4    12/13/19 0900 PHY.GRASA  Signed by Gray.Sanjiv  MD
5    12/13/19 0900 PHY.GRASA  VIEWED LAB TEST RESULTS
6    12/13/19 0900 PHY.GRASA  Test Group PTHHH
7    12/13/19 0900 PHY.GRASA  LABORATORY
8    12/13/19 0900 PHY.GRASA  Date     Time Test            Result   Flag                  Normal Range
9    12/13/19 0900 PHY.GRASA  12/13/19 0420 HEMOGLOBIN      9.2  L                         14.0-18.0 gm/d
10   12/13/19 0900 PHY.GRASA  12/13/19 0420 HEMATOCRIT      26.6  L                        42.0-52.0 %
11   12/13/19 0913 COE.SLJ    VERIFIED in PHA
12   12/13/19 0913 COE.SLJ    VIEWED LAB TEST RESULTS in PHA
13   12/13/19 0913 COE.SLJ    VIEWED LAB TEST RESULTS
14   12/13/19 0913 COE.SLJ    Test Group PTHHH
15   12/13/19 0913 COE.SLJ    LABORATORY
16   12/13/19 0913 COE.SLJ    Date     Time Test            Result   Flag                  Normal Range
17   12/13/19 0913 COE.SLJ    12/13/19 0420 HEMOGLOBIN      9.2  L                         14.0-18.0 gm/dL
18   12/13/19 0913 COE.SLJ    12/13/19 0420 HEMATOCRIT      26.6  L                        42.0-52.0 %
19   12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
20   12/13/19 0926 PHY.BAWSH  Signed by Bawany.Sheila MD R3
21   12/13/19 0929 NICAKC     order acknowledged
22   12/13/19 0930 NICAKC     Order RECEIVE in NUR
23   12/13/19 0930 NICAKC     Ordering Doctor: Bawany.Sheila MD R3
24   12/13/19 0930 NICAKC     Order Source: EPOM
25   12/13/19 0930 NICAKC     Order continued upon patient transfer.
26   12/16/19 1149 APPEMC1    Signed by Feher.Christopher S  PA-C
27   12/16/19 1216 NPGBM2     order acknowledged
28   12/16/19 1308 PHY.SKAAR1 Signed by Skattum.Andrew C  DO
```

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Electronic[illegible]

Electronic[illegible]

Electronic[illegible]

Electronic[illegible]

Order Date: 12/13/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191213-1024	12/13/19	1000	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18417602 Start: 12/13/19 1000 SCH CMP
Stop: 01/12/20 1001

Ascorbic Acid Tab (Vitamin C Tab)
Dose: 2000 MG
Route: PO Direction: DAILY

Order's Audit Trail of Events

1 12/13/19 0900 PHY.GRASA Order ENTER in POM
2 12/13/19 0900 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/13/19 0900 PHY.GRASA Order Source: EPOM
4 [illegible]
5 12/13/19 0913 COE.SLJ VERIFIED in PHA
6 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
7 [illegible]
8 12/13/19 0929 NICAKC order acknowledged
9 12/13/19 0930 NICAKC Order RECEIVE in NUR
10 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
11 12/13/19 0930 NICAKC Order Source: EPOM
12 12/13/19 0930 NICAKC Order continued upon patient transfer.
13 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Electronic[illegible]

Electronic[illegible]

Order Date: 12/13/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191213-1025	12/13/19	1000	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18417601 Start: 12/13/19 1000 SCH CMP
Stop: 01/12/20 1001

Vitamin D3 Tab (Cholecalciferol Tab)
Dose: 2000 UNIT
Route: PO Direction: DAILY

Order's Audit Trail of Events

1 12/13/19 0900 PHY.GRASA Order ENTER in POM
2 12/13/19 0900 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
3 12/13/19 0900 PHY.GRASA Order Source: EPOM
4 [illegible]

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

5 12/13/19 0913 COE.SLJ VERIFIED in PHA
6 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
7 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
8 12/13/19 0929 NICAKC order acknowledged
9 12/13/19 0930 NICAKC Order RECEIVE in NUR
10 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
11 12/13/19 0930 NICAKC Order Source: EPOM
12 12/13/19 0930 NICAKC Order continued upon patient transfer.
13 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Bentley MD on 12/13/19 at 0900

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
ADT	Transfer	20191213-0059	12/13/19	0925	R		E	CMP	BAWSH

Other Provider : Sig Lvl Provider :
Bed Request for a Transfer:
Type of Room/Bed: PCU
Medical Reason: Left proximal femur fx
Press ESC key to Exit
Any Special Considerations (ie Isolation)?:

Order's Audit Trail of Events
1 12/13/19 0926 PHY.BAWSH Order ENTER in POM during patient Transfer.
2 12/13/19 0926 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/13/19 0926 PHY.BAWSH Order Source: EPOM
4 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/13/19 0930 NICAKC Transfer Order has been completed upon Receive.
6 12/13/19 0931 NMUSTR order viewed from Order Management
7 12/13/19 1529 NICAKC order acknowledged
8 12/14/19 0931 NICMAR order viewed from Order Management
9 12/14/19 1054 NNUR.VPV order viewed from Order Management
10 12/14/19 1054 NNUR.VPV order viewed from Order Management
11 12/14/19 2259 NNUR.RV order viewed from Order Management

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191214-0039	12/14/19	0730	R		T	CMP	DINSA

Other Provider : Sig Lvl Provider :
RX: 18418199 Start: 12/14/19 0730 SCH CMP
Stop: 01/13/20 0731

Carvedilol Tab (Coreg Tab)
Dose: 6.25 MG
Route: PO Direction: C BK

Order's Audit Trail of Events
1 12/13/19 1151 NICAKC Order ENTER in OM
2 12/13/19 1151 NICAKC Ordering Doctor: Din,Salah U MD

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

```
3    12/13/19 1151 NICAKC     Order Source: Telephone-read/verif
4    12/13/19 1151 NICAKC     order acknowledged
5    12/13/19 1159 COE.VCH    VERIFIED in PHA
6    12/17/19 1623 DISCHARGE  DISCONTINUE in PHA
7    12/19/19 2304 PHY.DINSA  Signed by Din,Salah U MD

                 Electronically signed by Din,Salah U MD on 12/19/19 at 2304
```

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191214-0061	12/14/19	1000	R	1	E	CMP	GRASA

Other Provider : MONMA1 Sig Lvl Provider :
RX: 18418720 Start: 12/14/19 1000 SCH CMP
Stop: 01/11/20 1001

Lisinopril Tab (Prinivil Tab)
Dose: 5 MG
Route: PO Direction: DAILY

Order's Audit Trail of Events

```
1    12/11/19 1055 NNAMGM     Order ENTER in POM
2    12/11/19 1055 NNAMGM     Ordering Doctor: Din,Salah U MD
3    12/11/19 1055 NNAMGM     Order Source: EPOM
4    12/11/19 1055 NNAMGM     Other Doctor: Montanez,Maria G APRN
5    12/11/19 1055 NNAMGM     Signed by Montanez,Maria G APRN
6    12/11/19 1055 NNAMGM     VIEWED LAB TEST RESULTS
7    12/11/19 1055 NNAMGM     Test Group C.RENALK
8    12/11/19 1055 NNAMGM     LABORATORY
9    12/11/19 1055 NNAMGM     Date     Time Test            Result   Flag                 Normal Range
10   12/11/19 1055 NNAMGM     12/11/19 0430 K               3.8                           3.7-5.1 mmol/l
11   12/11/19 1055 NNAMGM
12   12/11/19 1055 NNAMGM     SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
13   12/11/19 1055 NNAMGM     BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
14   12/11/19 1055 NNAMGM     AND POTASSIUM MEASUREMENTS.
15   12/11/19 1055 NNAMGM     Reference: SIEMENS HEALTHCARE DIAGNOSTICS
16   12/11/19 1055 NNAMGM     12/10/19 1740 K               3.6  L                        3.7-5.1 mmol/l
17   12/11/19 1055 NNAMGM
18   12/11/19 1055 NNAMGM     SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
19   12/11/19 1055 NNAMGM     BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
20   12/11/19 1055 NNAMGM     AND POTASSIUM MEASUREMENTS.
21   12/11/19 1055 NNAMGM     Reference: SIEMENS HEALTHCARE DIAGNOSTICS
22   12/11/19 1055 NNAMGM     12/10/19 0427 K               3.2  L                        3.7-5.1 mmol/l
23   12/11/19 1055 NNAMGM
24   12/11/19 1055 NNAMGM     SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
25   12/11/19 1055 NNAMGM     BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
26   12/11/19 1055 NNAMGM     AND POTASSIUM MEASUREMENTS.
27   12/11/19 1055 NNAMGM     Reference: SIEMENS HEALTHCARE DIAGNOSTICS
28   12/11/19 1055 NNAMGM     12/11/19 0430 CREAT           0.91                          0.55-1.3 mg/dl
29   12/11/19 1055 NNAMGM     12/10/19 1740 CREAT           0.73                          0.55-1.3 mg/dl
30   12/11/19 1055 NNAMGM     12/10/19 0427 CREAT           0.72                          0.55-1.3 mg/dl
31   12/11/19 1058 NICMLS     order acknowledged
32   12/11/19 1115 interface  Order copied from: 1211-1647
33   12/11/19 1115 COE.MTN    Order EDIT in PHA
34   12/11/19 1115 COE.MTN    Ordering Doctor: Din,Salah U MD
35   12/11/19 1115 COE.MTN    Order Source: Dpt Process/Procedur
36   12/11/19 1115 COE.MTN    Other Doctor: Montanez,Maria G APRN
37   12/11/19 1115 COE.MTN    EDIT in PHA
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PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

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12/11/19 1115 COE.MTN    EDIT
12/11/19 1115 COE.MTN    Edit Dr: Din,Salah U  MD                    Edit Source: Dpt Process/Procedur
12/11/19 1115 COE.MTN    FROM:
12/11/19 1115 COE.MTN    START: 12/11/19-1053   STOP: 01/10/20-1054   SOFT STOP:
12/11/19 1115 COE.MTN    TO:
12/11/19 1115 COE.MTN    START: 12/12/19-1000   STOP: 01/11/20-1001   SOFT STOP:
12/11/19 1115 COE.MTN    REVIEW PROVIDER ACTIVITY in PHA
12/11/19 1115 COE.MTN    REVIEW PROVIDER ACTIVITY
12/11/19 1115 COE.MTN    RND UNV Now Dose 12/11/19 - 1053                          by NNAMGM     Ent: 12/11 1055
12/11/19 1115 COE.MTN    VERIFIED in PHA
12/11/19 1115 COE.MTN    VERIFIED
12/11/19 1115 COE.MTN    Edit Dr: Din,Salah U  MD                    Edit Source: Dpt Process/Procedur
12/11/19 1115 COE.MTN    VIEWED LAB TEST RESULTS in PHA
12/11/19 1117 NICMLS     order acknowledged
12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
12/13/19 0926 PHY.BAWSH  Signed by Bawany,Sheila MD R3
12/13/19 0930 NICAKC     Order RECEIVE in NUR
12/13/19 0930 NICAKC     Ordering Doctor: Bawany,Sheila MD R3
12/13/19 0930 NICAKC     Order Source: EPOM
12/13/19 0930 NICAKC     Order continued upon patient transfer.
12/13/19 1415 PHY.GRASA  Order's Rx has been edited.
12/13/19 1415 PHY.GRASA  Signed by Gray,Sanjiv MD
12/13/19 1415 PHY.GRASA  order doctor edited: old value - DINSA
12/13/19 1415 PHY.GRASA  new value - GRASA
12/13/19 1415 PHY.GRASA  COPY AND EDIT
12/13/19 1415 PHY.GRASA  FROM: Rx #18410119
12/13/19 1422 COE.UNP    VERIFIED in PHA
12/13/19 1422 COE.UNP    VIEWED LAB TEST RESULTS in PHA
12/13/19 1422 COE.UNP    VIEWED LAB TEST RESULTS
12/13/19 1422 COE.UNP    Test Group C.RENALK
12/13/19 1422 COE.UNP    LABORATORY
12/13/19 1422 COE.UNP    Date     Time Test            Result   Flag                Normal Range
12/13/19 1422 COE.UNP    12/13/19 0420 K               3.9                          3.7-5.1 mmol/l
12/13/19 1422 COE.UNP
12/13/19 1422 COE.UNP    SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
12/13/19 1422 COE.UNP    BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
12/13/19 1422 COE.UNP    AND POTASSIUM MEASUREMENTS.
12/13/19 1422 COE.UNP    Reference: SIEMENS HEALTHCARE DIAGNOSTICS
12/13/19 1422 COE.UNP    12/12/19 0310 K               3.6  L                       3.7-5.1 mmol/l
12/13/19 1422 COE.UNP
12/13/19 1422 COE.UNP    SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
12/13/19 1422 COE.UNP    BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
12/13/19 1422 COE.UNP    AND POTASSIUM MEASUREMENTS.
12/13/19 1422 COE.UNP    Reference: SIEMENS HEALTHCARE DIAGNOSTICS
12/13/19 1422 COE.UNP    12/11/19 0430 K               3.8                          3.7-5.1 mmol/l
12/13/19 1422 COE.UNP
12/13/19 1422 COE.UNP    SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
12/13/19 1422 COE.UNP    BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
12/13/19 1422 COE.UNP    AND POTASSIUM MEASUREMENTS.
12/13/19 1422 COE.UNP    Reference: SIEMENS HEALTHCARE DIAGNOSTICS
12/13/19 1422 COE.UNP    12/13/19 0420 CREAT           0.85                         0.55-1.3 mg/dl
12/13/19 1422 COE.UNP    12/12/19 0310 CREAT           0.70                         0.55-1.3 mg/dl
12/13/19 1422 COE.UNP    12/11/19 0430 CREAT           0.91                         0.55-1.3 mg/dl
12/13/19 1529 NICAKC     order acknowledged
12/16/19 1148 APFENCH    Order DC in POM
12/16/19 1148 APFENCH    Ordering Doctor: Skattum,Andrew C  DO
12/16/19 1148 APFENCH    Order Source: EPOM
12/16/19 1148 APFENCH    Other Doctor: Fenar,Christopher S  PA-C
12/16/19 1148 APFENCH    Order's Rx has been discontinued.
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PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

97 12/16/19 1148 APFENCH Signed by Fenar,Christopher S PA-C
98 12/16/19 1216 NPGBM2 order acknowledged
99 12/16/19 1308 MD.BKAWI Signed by Bawany,Andrew C DO

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0928

Electronically signed by Fenar,Christopher S PA-C on 12/16/19 at 0943

Electronically signed by Gray,Sanjiv MD on 12/18/19 at 1416

Electronically signed by Montanez,Maria G ARNP on 12/11/19 at 1053

Electronically signed by Sharma,Andrew C DO on 12/16/19 at 1304

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191213-2123	12/13/19	1430	R	1	E	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18418724
Start: 12/13/19 1430 PRN CMP
Stop: 12/20/19 1416

traMADol Tab (Ultram Tab)
Dose: 50 MG
Route: PO Direction: Q6H PRN
PRN Reason: PAIN SCALE 7-10

Order's Audit Trail of Events

1 12/11/19 0918 PHY.BAWSH Order ENTER in POM
2 12/11/19 0918 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
3 12/11/19 0918 PHY.BAWSH Order Source: EPOM
4 12/11/19 0918 PHY.BAWSH Signed by Bawany,Sheila MD R3
5 12/11/19 0918 PHY.BAWSH VIEWED LAB TEST RESULTS
6 12/11/19 0918 PHY.BAWSH Test Group C.RENAL
7 12/11/19 0918 PHY.BAWSH LABORATORY
8 12/11/19 0918 PHY.BAWSH Date Time Test Result Flag Normal Range
9 12/11/19 0918 PHY.BAWSH 12/11/19 0430 CREAT 0.91 0.55-1.3 mg/dl
10 12/11/19 0918 PHY.BAWSH 12/10/19 1740 CREAT 0.73 0.55-1.3 mg/dl
11 12/11/19 0919 NICMLS order acknowledged
12 12/11/19 0921 COE.MTN VERIFIED in PHA
13 12/11/19 0921 COE.MTN VIEWED LAB TEST RESULTS in PHA
14 12/13/19 0926 PHY.BAWSH Order marked to be continued upon patient transfer.
15 12/13/19 0926 PHY.BAWSH Signed by Bawany,Sheila MD R3
16 12/13/19 0930 NICAKC Order RECEIVE in NUR
17 12/13/19 0930 NICAKC Ordering Doctor: Bawany,Sheila MD R3
18 12/13/19 0930 NICAKC Order Source: EPOM
19 12/13/19 0930 NICAKC Order continued upon patient transfer.
20 12/13/19 1415 PHY.GRASA Order EDIT in POM
21 12/13/19 1415 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
22 12/13/19 1415 PHY.GRASA Order Source: EPOM
23 12/13/19 1416 PHY.GRASA order doctor edited: old value - BAWSH
24 12/13/19 1416 PHY.GRASA new value - GRASA
25 12/13/19 1416 PHY.GRASA Order's Rx has been edited.
26 12/13/19 1416 PHY.GRASA Signed by Gray,Sanjiv MD
27 12/13/19 1416 interface Order copied from: 1211-4025
28 12/13/19 1416 PHY.GRASA Order EDIT in PHA
29 12/13/19 1416 PHY.GRASA Ordering Doctor: Gray,Sanjiv MD
30 12/13/19 1416 PHY.GRASA Order Source: EPOM

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

31 12/13/19 1423 COE.UNP VERIFIED in PHA
32 12/13/19 1423 COE.UNP VIEWED LAB TEST RESULTS in PHA
33 12/13/19 1423 COE.UNP VIEWED LAB TEST RESULTS
34 12/13/19 1423 COE.UNP Test Group C.RENAL
35 12/13/19 1423 COE.UNP LABORATORY
36 12/13/19 1423 COE.UNP Date Time Test Result Flag Normal Range
37 12/13/19 1423 COE.UNP 12/13/19 0420 CREAT 0.85 0.55-1.3 mg/dl
38 12/13/19 1423 COE.UNP 12/12/19 0310 CREAT 0.70 0.55-1.3 mg/dl
39 12/13/19 1428 PHY.GRASA Signed by Gray,Sanjiv MD
40 12/13/19 1529 NICAKC order acknowledged
41 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Electronically signed by Bawany,Sheila MD R3 on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 1428

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191213-2124	12/13/19	1430	R	1	E	CMP	GRASA

Other Provider : Sig Lvl Provider :
RX: 18418716 Start: 12/13/19 1430 PRN CMP
Stop: 01/10/20 0931

Gabapentin Cap (Neurontin Cap)
Dose: 200 MG
Route: PO Direction: Q8H PRN
PRN Reason: PAIN SCALE 1-3

Order's Audit Trail of Events
1 12/10/19 0536 PHY.BAWSH Order ENTER in POM
2 12/10/19 0536 PHY.BAWSH Order from set: Trauma Admission
3 12/10/19 0536 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
4 12/10/19 0536 PHY.BAWSH Order Source: EPOM
5 12/10/19 0536 PHY.BAWSH Signed by Bawany,Sheila MD R3
6 12/10/19 0536 PHY.BAWSH VIEWED LAB TEST RESULTS
7 12/10/19 0536 PHY.BAWSH Test Group C.RENAL
8 12/10/19 0536 PHY.BAWSH LABORATORY
9 12/10/19 0536 PHY.BAWSH Date Time Test Result Flag Normal Range
10 12/10/19 0536 PHY.BAWSH 12/10/19 0427 CREAT PENDING 0.55-1.3 mg/dl
11 12/10/19 0552 COE.MAW VERIFIED in PHA
12 12/10/19 0552 COE.MAW VIEWED LAB TEST RESULTS in PHA
13 12/10/19 0552 COE.MAW VIEWED LAB TEST RESULTS
14 12/10/19 0552 COE.MAW Test Group C.RENAL
15 12/10/19 0552 COE.MAW LABORATORY
16 12/10/19 0552 COE.MAW Date Time Test Result Flag Normal Range
17 12/10/19 0552 COE.MAW 12/10/19 0427 CREAT 0.72 0.55-1.3 mg/dl
18 12/10/19 0611 NEDJF order acknowledged
19 12/10/19 1800 PHY.GRASA Order marked to be continued upon patient transfer.
20 12/10/19 1800 PHY.GRASA Signed by Gray,Sanjiv MD
21 12/10/19 2353 NICGV Order RECEIVE in NUR
22 12/10/19 2353 NICGV Ordering Doctor: Gray,Sanjiv MD
23 12/10/19 2353 NICGV Order Source: EPOM
24 12/10/19 2353 NICGV Order continued upon patient transfer.
25 12/11/19 0307 PHY.BAWSH order viewed from Provider Order Management
26 12/11/19 0309 PHY.BAWSH Order EDIT in POM
27 12/11/19 0309 PHY.BAWSH Ordering Doctor: Bawany,Sheila MD R3
28 12/11/19 0309 PHY.BAWSH Order Source: EPOM

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

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29  12/11/19 0309 PHY.BAWSH  Order's Rx has been edited.
30  12/11/19 0309 PHY.BAWSH  Signed by Bawany,Sheila MD R3
31  12/11/19 0309 interface  Order copied from: 1210-4579
32  12/11/19 0309 PHY.BAWSH  Order EDIT in PHA
33  12/11/19 0309 PHY.BAWSH  Ordering Doctor: Bawany,Sheila MD R3
34  12/11/19 0309 PHY.BAWSH  Order Source: EPOM
35  12/11/19 0312 NRXSB      REVIEW PROVIDER ACTIVITY in PHA
36  12/11/19 0312 NRXSB      REVIEW PROVIDER ACTIVITY
37  12/11/19 0312 NRXSB      RSS UNV Sig/Sch Edit Generated New Order                by PHY.BAWSH  Ent: 12/11 0309
38  12/11/19 0312 NRXSB      Ordering Doctor: BAWSH
39  12/11/19 0312 NRXSB      Last Scheduled Administration Time: 12/10/2019 2200
40  12/11/19 0312 NRXSB      Last Actual Administration Time: 12/11/2019 0005 (at time of filing)
41  12/11/19 0312 NRXSB      Old Times: TID Daily @ 0600,1400,2200 SCH
42  12/11/19 0312 NRXSB      New Times: Q8H PRN Daily @ EVERY 8 HOURS AS NEEDE PRN
43  12/11/19 0312 NRXSB      Old Order Stop Date: 12/11/2019 0308
44  12/11/19 0312 NRXSB      New Order Start Date: 12/11/2019 0308
45  12/11/19 0312 NRXSB      VERIFIED in PHA
46  12/11/19 0312 NRXSB      VIEWED LAB TEST RESULTS in PHA
47  12/11/19 0312 NRXSB      VIEWED LAB TEST RESULTS
48  12/11/19 0312 NRXSB      Test Group C.RENAL
49  12/11/19 0312 NRXSB      LABORATORY
50  12/11/19 0312 NRXSB      Date     Time Test          Result   Flag                Normal Range
51  12/11/19 0312 NRXSB      12/11/19 0400 CREAT         PENDING RECEIPT              0.55-1.3 mg/dl
52  12/11/19 0312 NRXSB      12/10/19 1740 CREAT         0.73                         0.55-1.3 mg/dl
53  12/11/19 0312 NRXSB      12/10/19 0427 CREAT         0.72                         0.55-1.3 mg/dl
54  12/11/19 0357 NNAYF1     order acknowledged
55  12/11/19 0922 PHY.BAWSH  Order EDIT in POM
56  12/11/19 0922 PHY.BAWSH  Ordering Doctor: Bawany,Sheila MD R3
57  12/11/19 0922 PHY.BAWSH  Order Source: EPOM
58  12/11/19 0922 PHY.BAWSH  Order's Rx has been edited.
59  12/11/19 0922 PHY.BAWSH  Signed by Bawany,Sheila MD R3
60  12/11/19 0922 PHY.BAWSH  COPY AND EDIT
61  12/11/19 0922 PHY.BAWSH  FROM: Rx #18408974
62  12/11/19 0922 PHY.BAWSH
63  12/11/19 0922 PHY.BAWSH  Ordering Doctor: BAWSH
64  12/11/19 0922 PHY.BAWSH  Last Scheduled Administration Time:
65  12/11/19 0922 PHY.BAWSH  Last Actual Administration Time:
66  12/11/19 0922 PHY.BAWSH  Old Times: Q8H PRN Daily @ EVERY 8 HOURS AS NEEDE PRN
67  12/11/19 0922 PHY.BAWSH  New Times: Q8H  PRN
68  12/11/19 0922 PHY.BAWSH  Old Order Stop Date: 12/11/2019 0921
69  12/11/19 0922 PHY.BAWSH  New Order Start Date: 12/11/2019 0921
70  12/11/19 0927 NICMLS     order acknowledged
71  12/11/19 0929 COE.MTN    EDIT in PHA
72  12/11/19 0929 COE.MTN    EDIT
73  12/11/19 0929 COE.MTN    Edit Dr: Bawany,Sheila MD R3            Edit Source: Dpt Process/Procedur
74  12/11/19 0929 COE.MTN    FROM:
75  12/11/19 0929 COE.MTN    PENDING COMMENTS:
76  12/11/19 0929 COE.MTN    TO:
77  12/11/19 0929 COE.MTN    PENDING COMMENTS:
78  12/11/19 0929 COE.MTN    PLS DBL IF MD WANTS PRN OR ATC
79  12/11/19 0929 COE.MTN    PENDING FLAG SET in PHA
80  12/11/19 0948 NPHA.MSX   EDIT in PHA
81  12/11/19 0948 NPHA.MSX   EDIT
82  12/11/19 0948 NPHA.MSX   Edit Dr: Bawany,Sheila MD R3            Edit Source: Dpt Process/Procedur
83  12/11/19 0948 NPHA.MSX   FROM:
84  12/11/19 0948 NPHA.MSX   PENDING COMMENTS:
85  12/11/19 0948 NPHA.MSX   PLS DBL IF MD WANTS PRN OR ATC
86  12/11/19 0948 NPHA.MSX   TO:
87  12/11/19 0948 NPHA.MSX   PENDING COMMENTS:
```

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

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88   12/11/19 0948 NPHA.MSX   PER MD.
89   12/11/19 0948 NPHA.MSX   PENDING FLAG REMOVED in PHA
90   12/11/19 0948 NPHA.MSX   REVIEW PROVIDER ACTIVITY in PHA
91   12/11/19 0948 NPHA.MSX   REVIEW PROVIDER ACTIVITY
92   12/11/19 0948 NPHA.MSX   RSS UNV Sig/Sch Edit Generated New Order                by PHY.BAWSH  Ent: 12/11 0922
93   12/11/19 0948 NPHA.MSX   Ordering Doctor: BAWSH
94   12/11/19 0948 NPHA.MSX   Last Scheduled Administration Time:
95   12/11/19 0948 NPHA.MSX   Last Actual Administration Time:
96   12/11/19 0948 NPHA.MSX   Old Times: Q8H PRN Daily @ EVERY 8 HOURS AS NEEDE PRN
97   12/11/19 0948 NPHA.MSX   New Times: Q8H  PRN
98   12/11/19 0948 NPHA.MSX   Old Order Stop Date: 12/11/2019 0921
99   12/11/19 0948 NPHA.MSX   New Order Start Date: 12/11/2019 0921
100  12/11/19 0948 NPHA.MSX   VERIFIED in PHA
101  12/11/19 0948 NPHA.MSX   VERIFIED
102  12/11/19 0948 NPHA.MSX   Edit Dr: Bawany,Sheila MD R3             Edit Source: Dpt Process/Procedur
103  12/11/19 0948 NPHA.MSX   VIEWED LAB TEST RESULTS in PHA
104  12/11/19 0948 NPHA.MSX   VIEWED LAB TEST RESULTS
105  12/11/19 0948 NPHA.MSX   Test Group C.RENAL
106  12/11/19 0948 NPHA.MSX   LABORATORY
107  12/11/19 0948 NPHA.MSX   Date     Time Test           Result   Flag                 Normal Range
108  12/11/19 0948 NPHA.MSX   12/11/19 0430 CREAT          0.91                          0.55-1.3 mg/dl
109  12/11/19 0948 NPHA.MSX   12/10/19 1740 CREAT          0.73                          0.55-1.3 mg/dl
110  12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
111  12/13/19 0926 PHY.BAWSH  Signed by Bawany,Sheila MD R3
112  12/13/19 0930 NICAKC     Order RECEIVE in NUR
113  12/13/19 0930 NICAKC     Ordering Doctor: Bawany,Sheila MD R3
114  12/13/19 0930 NICAKC     Order Source: EPOM
115  12/13/19 0930 NICAKC     Order continued upon patient transfer.
116  12/13/19 1416 PHY.GRASA  Order EDIT in POM
117  12/13/19 1416 PHY.GRASA  Ordering Doctor: Gray,Sanjiv  MD
118  12/13/19 1416 PHY.GRASA  Order Source: EPOM
119  12/13/19 1416 PHY.GRASA  order doctor edited: old value - BAWSH
120  12/13/19 1416 PHY.GRASA  new value - GRASA
121  12/13/19 1416 PHY.GRASA  Order's Rx has been edited.
122  12/13/19 1416 PHY.GRASA  Signed by Gray,Sanjiv  MD
123  12/13/19 1416 interface  Order copied from: 1211-4026
124  12/13/19 1416 PHY.GRASA  Order EDIT in PHA
125  12/13/19 1416 PHY.GRASA  Ordering Doctor: Gray,Sanjiv  MD
126  12/13/19 1416 PHY.GRASA  Order Source: EPOM
127  12/13/19 1421 COE.UNP    EDIT in PHA
128  12/13/19 1421 COE.UNP    EDIT
129  12/13/19 1421 COE.UNP    Edit Dr: Gray,Sanjiv  MD             Edit Source: Dpt Process/Procedur
130  12/13/19 1421 COE.UNP    FROM:
131  12/13/19 1421 COE.UNP    SIG: Q8H
132  12/13/19 1421 COE.UNP    TO:
133  12/13/19 1421 COE.UNP    SIG: Q8H PRN
134  12/13/19 1421 COE.UNP    RULES AT FILE in PHA
135  12/13/19 1421 COE.UNP    RULES AT FILE
136  12/13/19 1421 COE.UNP    NEUROC1001: Active RXs with PRN reason similar to PAIN SCALE 1-3
137  12/13/19 1421 COE.UNP    NEUROC1001: Continue to file Rx with this PRN reason?  Yes
138  12/13/19 1421 COE.UNP    VERIFIED in PHA
139  12/13/19 1421 COE.UNP    VERIFIED
140  12/13/19 1421 COE.UNP    Edit Dr: Gray,Sanjiv  MD             Edit Source: Dpt Process/Procedur
141  12/13/19 1421 COE.UNP    VIEWED LAB TEST RESULTS in PHA
142  12/13/19 1421 COE.UNP    VIEWED LAB TEST RESULTS
143  12/13/19 1421 COE.UNP    Test Group C.RENAL
144  12/13/19 1421 COE.UNP    LABORATORY
145  12/13/19 1421 COE.UNP    Date     Time Test           Result   Flag                 Normal Range
146  12/13/19 1421 COE.UNP    12/13/19 0420 CREAT          0.85                          0.55-1.3 mg/dl
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PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

147 12/13/19 1421 COE.UNP 12/12/19 0310 CREAT 0.70 0.55-1.3 mg/dl
148 12/13/19 1428 PHY.GRASA Signed by Gray,Sanjiv MD
149 12/13/19 1529 NICAKC order acknowledged
150 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Electronically signed by Bowers,Sheila MD RT on 12/13/19 at 0926

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 1428

Order Date: 12/13/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
CT	CT Brain w/wo Contrast	20191213-0132	12/13/19	1530	S		T	CNC	GRASA

Other Provider : Sig Lvl Provider :

BUN: 36 12/13/19 H 0420
CREAT: 0.85 12/13/19 0420
Reason for Exam: Altered Mental Status
Comments:
Comments:
Comments:

Order's Audit Trail of Events

1 12/13/19 1530 NICAKC Order ENTER in OM
2 12/13/19 1530 NICAKC Ordering Doctor: Gray,Sanjiv MD
3 12/13/19 1530 NICAKC Order Source: Telephone-read/verif
4 12/13/19 1530 NICAKC order acknowledged
5 12/13/19 1530 interface order's status changed from TRANS to LOGGED by RAD
6 12/13/19 1548 NICAKC order viewed from Order Management
7 12/13/19 1549 NICAKC Order DC in OM
8 12/13/19 1549 NICAKC Ordering Doctor: Gray,Sanjiv MD
9 12/13/19 1549 NICAKC Order Source: Telephone-read/verif
10 12/13/19 1549 NICAKC order cancel requested by Provider GRASA
11 12/13/19 1549 interface order's status changed from LOGGED to CANCEL by RAD
12 12/13/19 1601 PHY.GRASA Signed by Gray,Sanjiv MD
13 12/13/19 1645 NICAKC Cancelled order acknowledged

Cancel request comment: Error
Cancel comment: Error

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 1601

Order Date: 12/13/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
CT	CT Brain w/Contrast	20191213-0136	12/13/19	1624	S		T	CMP	GRASA

Other Provider : Sig Lvl Provider :

BUN: 36 12/13/19 H 0420
CREAT: 0.85 12/13/19 0420
Reason for Exam: Altered Mental Status
Comments:
Comments:
Comments:

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order's Audit Trail of Events

1	12/13/19 1549	NICAKC	Order ENTER in OM
2	12/13/19 1549	NICAKC	Ordering Doctor: Gray,Sanjiv MD
3	12/13/19 1549	NICAKC	Order Source: Telephone-read/verif
4	12/13/19 1549	interface	order's status changed from TRANS to LOGGED by RAD
5	12/13/19 1601	PHY.GRASA	Signed by Gray,Sanjiv MD
6	12/13/19 1631	interface	order's status changed from LOGGED to IN PRO by RAD
7	12/13/19 1631	interface	order service time edited: old value - 1548
8	12/13/19 1639	interface	order's status changed from IN PRO to COMP by RAD
9	12/13/19 1645	NICAKC	order ackrowledged

Electronically signed by Gray,Sanjiv MD on 12/13/19 at 1601

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PT	Ther Activit Direct 15 min	20191213-0234	12/13/19		R	2		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events

1	12/13/19 1809	NPTRV1	order entered

Order Date: 12/13/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PHAMSG	PHA - Missing Medication	20191213-0071	12/13/19	1811	S			CMP	GRASA

Other Provider : Sig Lvl Provider :

Medications requested

Med name/dose:	HUMALOG STICKER
Time due:	1811
Reason for request?	Dose missing
Phone/Ext.	2700
If other please comment:	STAT.

Order's Audit Trail of Events

1	12/13/19 1811	NICAKC	Order ENTER in OM
2	12/13/19 1811	NICAKC	Ordering Doctor: Gray,Sanjiv MD
3	12/13/19 1822	NRXKMR	order's status changed from TRANS to COMP

Order Date: 12/14/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
STPOM	ST Eval and Treat	20191214-0010	12/14/19		R	T		TRN	SKAAN

Other Provider : Sig Lvl Provider :

Evaluate for:	Cognitive and Dysphagia
Order Details:	

Order's Audit Trail of Events

1	12/14/19 1128	NNUR.SKL	Order ENTER in OM
2	12/14/19 1128	NNUR.SKL	Ordering Doctor: Skattum,Andrew C DO
3	12/14/19 1128	NNUR.SKL	Order Source: Telephone read/verif
4	12/14/19 1318	NNUR.SKL	order ackrowledged

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

5 12/15/19 0206 PHY.SKAAN1 Signed by Skattum,Andrew C DO

Electronically signed by Skattum,Andrew C DO on 12/15/19 at 0206

Order Date: 12/14/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PT	Ther Activit Direct 15 min	20191214-0127	12/14/19		R	3		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/14/19 1807 NPTKML order entered

Order Date: 12/15/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
STPOM	ST Eval and Treat	20191215-0009	12/15/19		R		E	TRN	GRASA

Other Provider : RIVRO2 Sig Lvl Provider :

Evaluate for: Cognitive and Dysphagia
Order Details: hx of stroke

Order's Audit Trail of Events
1 12/15/19 1011 AP.RIVRO2 Order ENTER in POM
2 12/15/19 1011 AP.RIVRO2 Ordering Doctor: Gray,Sanjiv MD
3 12/15/19 1011 AP.RIVRO2 Order Source: EPOM
4 12/15/19 1011 AP.RIVRO2 Other Doctor: Rivas,Rodolfo PA
5 12/15/19 1011 AP.RIVRO2 Signed by Rivas,Rodolfo PA
6 12/15/19 1020 NPGBM2 order viewed
7 12/15/19 1207 NPGBM2 order acknowledged
8 12/15/19 1248 PHY.GRASA Signed by Gray,Sanjiv MD

Electronically signed by Gray,Sanjiv MD on 12/15/19 at 1248

Electronically signed by Rivas,Rodolfo PA on 12/15/19 at 1011

Order Date: 12/15/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RAD	XR Chest 1 V	20191215-0089	12/15/19	1239	R		E	CMP	GRASA

Other Provider : RIVRO2 Sig Lvl Provider :

Order
details below
Reason for Exam: Cough
Comments:
Comments:
Comments:

Order's Audit Trail of Events
1 12/15/19 1012 AP.RIVRO2 Order ENTER in POM
2 12/15/19 1012 AP.RIVRO2 Ordering Doctor: Gray,Sanjiv MD
3 12/15/19 1012 AP.RIVRO2 Order Source: EPOM
4 12/15/19 1012 AP.RIVRO2 Other Doctor: Rivas,Rodolfo PA

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

5 12/15/19 1012 AP.RIVRO2 Signed by Rivas,Rodolfo PA
6 12/15/19 1012 interface order's status changed from TRANS to LOGGED by RAD
7 12/15/19 1207 NPGBM2 order acknowledged
8 12/15/19 1240 PTD.GRASA Signed by Gray,Sanjiv MD
9 12/15/19 1322 interface order's status changed from LOGGED to IN PRO by RAD
10 12/15/19 1329 interface order service time edited: old value -
11 12/15/19 1340 interface order's status changed from IN PRO to COMP by RAD

Electronically signed by Gray,Sanjiv MD on 12/15/19 at 1240

Electronically signed by Rivas,Rodolfo PA on 12/15/19 at 1012

Order Date: 12/15/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
US	US Scrotum and Contents	20191215-0016	12/15/19	1219	R		E	CMP	GRASA

Other Provider : RIVRO2 Sig Lvl Provider :
Order details below
Reason for Exam: SCrotal pain and swelling
Comments:

Order's Audit Trail of Events
1 12/15/19 1025 AP.RIVRO2 Order ENTER in POM
2 12/15/19 1025 AP.RIVRO2 Ordering Doctor: Gray,Sanjiv MD
3 12/15/19 1025 AP.RIVRO2 Order Source: EPOM
4 12/15/19 1025 AP.RIVRO2 Other Doctor: Rivas,Rodolfo PA
5 12/15/19 1026 AP.RIVRO2 Signed by Rivas,Rodolfo PA
6 12/15/19 1025 AP.RIVRO2 This procedure has reflexed the following order(s)
7 12/15/19 1025 AP.RIVRO2 DUP Ab/PelL/Scr Comp (US)
8 12/15/19 1025 interface order's status changed from TRANS to LOGGED by RAD
9 12/15/19 1207 NPGBM2 order acknowledged
10 12/15/19 1240 PTD.GRASA Signed by Gray,Sanjiv MD
11 12/15/19 1324 interface order's status changed from LOGGED to IN PRO by RAD
12 12/15/19 1325 interface order service time edited: old value -
13 12/15/19 1330 interface order's status changed from IN PRO to COMP by RAD

Electronically signed by Gray,Sanjiv MD on 12/15/19 at 1240

Electronically signed by Rivas,Rodolfo PA on 12/15/19 at 1026

Order Date: 12/15/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
US	DUP Ab/PelL/Scr Comp	20191215-0017	12/15/19	1219	R	1	E	CMP	GRASA

Other Provider : RIVRO2 Sig Lvl Provider :
Order details below
Reason for Exam: Testical pain and swelling
Comments:

Order's Audit Trail of Events
1 12/15/19 1025 AP.RIVRO2 Order ENTER in POM
2 12/15/19 1025 AP.RIVRO2 Order from set: DUPAPSLTD 2 (REFLEX)
3 12/15/19 1025 AP.RIVRO2 Ordering Doctor: Gray,Sanjiv MD

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
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RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

4 12/15/19 1025 AP.RIVRO2 Order Source: EPOM
5 12/15/19 1025 AP.RIVRO2 Other Doctor: Rivas,Rodolfo PA
6 12/15/19 1025 AP.RIVRO2 Signed by Rivas,Rodolfo PA
7 12/15/19 1025 AP.RIVRO2 This Procedure was triggered by :
8 12/15/19 1025 AP.RIVRO2 US Scrotum and Contents (US)
9 12/15/19 1025 interface order's status changed from TRANS to LOGGED by RAD
10 12/15/19 1207 NPGBM2 order acknowledged
11 12/15/19 1240 PHY.GRASA Signed by Gray,Sanjiv MD
12 12/15/19 1324 interface order's status changed from LOGGED to IN PRO by RAD
13 12/15/19 1325 interface order service time edited: old value - 1025
14 12/15/19 1330 interface order's status changed from IN PRO to COMP by RAD

Electronically signed by Gray,Sanjiv MD on 12/15/19 at 1240

Electronically signed by Rivas,Rodolfo PA on 12/15/19 at 1025

Order Date: 12/15/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
CT	CT Pelvis w/o Contrast	20191215-0060	12/15/19		R		E	CNC	GRASA

Other Provider : RIVRO2 Sig Lvl Provider :

BUN: 28 12/14/19 H 0545
CREAT: 0.72 12/14/19 0545
Reason for Exam: Fracture
Comments:
Comments:
W/ ORAL CONTRAST? N

Order's Audit Trail of Events
1 12/15/19 1025 AP.RIVRO2 Order ENTER in POM
2 12/15/19 1025 AP.RIVRO2 Ordering Doctor: Gray,Sanjiv MD
3 12/15/19 1025 AP.RIVRO2 Order Source: EPOM
4 12/15/19 1025 AP.RIVRO2 Other Doctor: Rivas,Rodolfo PA
5 12/15/19 1025 AP.RIVRO2 Signed by Rivas,Rodolfo PA
6 12/15/19 1025 interface order's status changed from TRANS to LOGGED by RAD
7 12/15/19 1207 NPGBM2 order acknowledged
8 12/15/19 1240 PHY.GRASA Signed by Gray,Sanjiv MD
9 12/15/19 2014 NPGSM2 order viewed from Order Management
10 12/17/19 0246 NPGSM2 order viewed from Order Management
11 12/17/19 1124 NPGVV order viewed from Order Management
12 12/18/19 0146 interface order's status changed from LOGGED to CANCEL by RAD

Cancel comment: PATIENT DISCHARGED
Electronically signed by Gray,Sanjiv MD on 12/18/19 at 1240

Electronically signed by Rivas,Rodolfo PA on 12/15/19 at 1025

Order Date: 12/15/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191215-1717	12/15/19	1445	R		E	CMP	GRASA

Other Provider : Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

RX: 18424929 Start: 12/15/19 1445 ONE CMP
Stop: 12/15/19 1446

Cyanocobalamin Inj (Vitamin B-12 Irj)
Dose: 1000 MCG
Route: IM Direction: ONCE

Order's Audit Trail of Events

1	12/15/19 1406	PHY.GRASA	Order ENTER in POM	
2	12/15/19 1406	PHY.GRASA	Ordering Doctor: Gray,Sanjiv MD	
3	12/15/19 1406	PHY.GRASA	Order Source: EPOM	
4	12/15/19 1406	PHY.GRASA	Signed by Gray,Sanjiv MD	
5	12/15/19 1409	COE.PKG	EDIT in PHA	
6	12/15/19 1409	COE.PKG	EDIT	
7	12/15/19 1409	COE.PKG	Edit Dr: Gray,Sanjiv MD	Edit Source: Dpt Process/Procedur
8	12/15/19 1409	COE.PKG	FROM:	
9	12/15/19 1409	COE.PKG	START: 12/15/19-1406 STOP: 12/15/19-1407 SOFT STOP:	
10	12/15/19 1409	COE.PKG	TO:	
11	12/15/19 1409	COE.PKG	START: 12/15/19-1445 STOP: 12/15/19-1446 SOFT STOP:	
12	12/15/19 1409	COE.PKG	For: 12/15/19 - 1445	
13	12/15/19 1409	COE.PKG	VERIFIED in PHA	
14	12/15/19 1409	COE.PKG	VERIFIED	
15	12/15/19 1409	COE.PKG	Edit Dr: Gray,Sanjiv MD	Edit Source: Dpt Process/Procedur
16	12/15/19 1445	NPGBM2	order ackrowledged	
17	12/15/19 1446	SCHEDULER	DISCONTINUE in PHA	

Electronically signed by Gray,Sanjiv MD on 12/15/19 at 1406

Order Date: 12/15/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
FNS	CARBOHYDRATE CONTROLLED DIET	20191216-0033	12/16/19		B		W	TRN	GRASA

Other Provider : RIVRO2 Sig Lvl Provider :

Carb servings per meal 4-5 servings (1800 cal)

Additional Diet Modifiers:
Food Consistency: Pureed
Thickened Liquid:

Fluid Restriction.

Order's Audit Trail of Events

1	12/15/19 1815	NPGBM2	Order ENTER in OM
2	12/15/19 1815	NPGBM2	Ordering Doctor: Gray,Sanjiv MD
3	12/15/19 1815	NPGBM2	Order Source: Written
4	12/15/19 1815	NPGBM2	Other Doctor: Rivas,Rodolfo PA
5	12/15/19 1816	NPGBM2	order ackrowledged

Order Date: 12/15/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Basic Metabolic Panel	20191216-0454	12/16/19	0400	R		E	CMP	HUYDU

Other Provider : DAVKE Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1	12/15/19 2300	DAVKE	Order ENTER in POM
2	12/15/19 2300	DAVKE	Ordering Doctor: Huynh,Dustin Hau MD
3	12/15/19 2300	DAVKE	Order Source: EPOM
4	12/15/19 2300	DAVKE	Other Doctor: David,Kelly PA-C
5	12/15/19 2300	DAVKE	Signed by David,Kelly PA-C
6	12/15/19 2320	NPGSM2	order acknowledged
7	12/16/19 0002	interface	cc'd doctors edited in LAB
8	12/16/19 0002	interface	order's status changed from TRANS to LOGGED by LAB
9	12/16/19 0012	interface	order's status changed from LOGGED to IN PRO by LAB
10	12/16/19 0605	interface	order's status changed from IN PRO to COMP by LAB
11	12/16/19 0624	PHY HUYDU	Signed by Huynh,Dustin Hau MD

Electronically signed by David,Kelly PA-C on 12/15/19 at 2300

Electronically signed by Huynh,Dustin Hau MD on 12/16/19 at 0624

Order Date: 12/15/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	C Reactive Protein	20191216-0455	12/16/19	0400	R		E	CMP	HUYDU

Other Provider : DAVKE Sig Lvl Provider :

COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1	12/15/19 2300	DAVKE	Order ENTER in POM
2	12/15/19 2300	DAVKE	Ordering Doctor: Huynh,Dustin Hau MD
3	12/15/19 2300	DAVKE	Order Source: EPOM
4	12/15/19 2300	DAVKE	Other Doctor: David,Kelly PA-C
5	12/15/19 2300	DAVKE	Signed by David,Kelly PA-C
6	12/15/19 2320	NPGSM2	order acknowledged
7	12/16/19 0002	interface	cc'd doctors edited in LAB
8	12/16/19 0002	interface	order's status changed from TRANS to LOGGED by LAB
9	12/16/19 0012	interface	order's status changed from LOGGED to IN PRO by LAB
10	12/16/19 0605	interface	order's status changed from IN PRO to COMP by LAB
11	12/16/19 0624	PHY HUYDU	Signed by Huynh,Dustin Hau MD

Electronically signed by David,Kelly PA-C on 12/15/19 at 2300

Electronically signed by Huynh,Dustin Hau MD on 12/16/19 at 0624

Order Date: 12/15/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC,Platelets	20191216-0456	12/16/19	0400	R		E	CMP	HUYDU

Other Provider : DAVKE Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order's Audit Trail of Events

1	12/15/19 2300	DAVKE	Order ENTER in POM
2	12/15/19 2300	DAVKE	Ordering Doctor: Huynh,Dustin Hau MD
3	12/15/19 2300	DAVKE	Order Source: EPOM
4	12/15/19 2300	DAVKE	Other Doctor: David,Kelly PA-C
5	12/15/19 2300	DAVKE	Signed by David,Kelly PA-C
6	12/15/19 2320	NPGSM2	order acknowledged
7	12/16/19 0002	interface	cc'd doctors edited in LAB
8	12/16/19 0002	interface	order's status changed from TRANS to LOGGED by LAB
9	12/16/19 0012	interface	order's status changed from LOGGED to IN PRO by LAB
10	12/16/19 0559	interface	order's status changed from IN PRO to COMP by LAB
11	12/16/19 0624	PHY.HUYDU	Signed by Huynh,Dustin Hau MD

Electronically signed by David,Kelly PA-C on 12/15/19 at 2300

Electronically signed by Huynh,Dustin Hau MD on 12/16/19 at 0624

Order Date: 12/15/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Prealbumin	20191216-0457	12/16/19	0400	R		E	CMP	HUYDU

Other Provider : DAVKE Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1	12/15/19 2300	DAVKE	Order ENTER in POM
2	12/15/19 2300	DAVKE	Ordering Doctor: Huynh,Dustin Hau MD
3	12/15/19 2300	DAVKE	Order Source: EPOM
4	12/15/19 2300	DAVKE	Other Doctor: David,Kelly PA-C
5	12/15/19 2300	DAVKE	Signed by David,Kelly PA-C
6	12/15/19 2320	NPGSM2	order acknowledged
7	12/16/19 0002	interface	cc'd doctors edited in LAB
8	12/16/19 0002	interface	order's status changed from TRANS to LOGGED by LAB
9	12/16/19 0012	interface	order's status changed from LOGGED to IN PRO by LAB
10	12/16/19 0605	interface	order's status changed from IN PRO to COMP by LAB
11	12/16/19 0624	PHY.HUYDU	Signed by Huynh,Dustin Hau MD

Electronically signed by David,Kelly PA-C on 12/15/19 at 2300

Electronically signed by Huynh,Dustin Hau MD on 12/16/19 at 0624

Order Date: 12/16/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191217-0019	12/17/19	1000	R		E	CMP	SKAAN

Other Provider : Sig Lvl Provider :
RX: 18427509 Start: 12/17/19 1000 SCH CMP
Stop: 01/16/20 1001

Ferrous Sulfate Tab (Feosol Tab)
Dose: 325 MG
Route: PO Direction: DAILY

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order's Audit Trail of Events

```
12/13/19 0900 PHY.GRASA  Order ENTER in POM
12/13/19 0900 PHY.GRASA  Ordering Doctor: Gray,Sanjiv  MD
12/13/19 0900 PHY.GRASA  Order Source: EPOM
12/13/19 0900 PHY.GRASA  Signed by Gray,Sanjiv  MD
12/13/19 0900 PHY.GRASA  VIEWED LAB TEST RESULTS
12/13/19 0900 PHY.GRASA  Test Group PTHHH
12/13/19 0900 PHY.GRASA  LABORATORY
12/13/19 0900 PHY.GRASA  Date     Time Test            Result   Flag                Normal Range
12/13/19 0900 PHY.GRASA  12/13/19 0420 HEMOGLOBIN      9.2  L                       14.0-18.0 gm/d
12/13/19 0900 PHY.GRASA  12/13/19 0420 HEMATOCRIT      26.6  L                      42.0-52.0 %
12/13/19 0913 COE.SLJ    VERIFIED in PHA
12/13/19 0913 COE.SLJ    VIEWED LAB TEST RESULTS in PHA
12/13/19 0913 COE.SLJ    VIEWED LAB TEST RESULTS
12/13/19 0913 COE.SLJ    Test Group PTHHH
12/13/19 0913 COE.SLJ    LABORATORY
12/13/19 0913 COE.SLJ    Date     Time Test            Result   Flag                Normal Range
12/13/19 0913 COE.SLJ    12/13/19 0420 HEMOGLOBIN      9.2  L                       14.0-18.0 gm/dL
12/13/19 0913 COE.SLJ    12/13/19 0420 HEMATOCRIT      26.6  L                      42.0-52.0 %
12/13/19 0926 PHY.BAWSH  Order marked to be continued upon patient transfer.
12/13/19 0926 PHY.BAWSH  Signed by Bawany,Sheila MD R3
12/13/19 0929 NICAKC     order acknowledged
12/13/19 0930 NICAKC     Order RECEIVE in NUR
12/13/19 0930 NICAKC     Ordering Doctor: Bawany,Sheila MD R3
12/13/19 0930 NICAKC     Order Source: EPOM
12/13/19 0930 NICAKC     Order continued upon patient transfer.
12/16/19 1148 APFENCH    Order EDIT in POM
12/16/19 1148 APFENCH    Ordering Doctor: Fenar,Christopher S  PA-C
12/16/19 1148 APFENCH    Order Source: EPOM
12/16/19 1148 APFENCH    Order's Rx has been edited.
12/16/19 1148 APFENCH    Signed by Fenar,Christopher S  PA-C
12/16/19 1148 APFENCH    order doctor edited: old value - GRASA
12/16/19 1148 APFENCH    new value - SKAAN
12/16/19 1148 APFENCH    COPY AND EDIT
12/16/19 1148 APFENCH    FROM: Rx #18417600
12/16/19 1148 APFENCH
12/16/19 1148 APFENCH    Ordering Doctor: FENCH
12/16/19 1148 APFENCH    Last Scheduled Administration Time: 12/16/2019 1000
12/16/19 1148 APFENCH    Last Actual Administration Time: 12/16/2019 0850 (at time of filing)
12/16/19 1148 APFENCH    Old Times: BID Daily @ 1000,2200 SCH
12/16/19 1148 APFENCH    New Times: DAILY DAILY @ 1000 SCH
12/16/19 1148 APFENCH    Old Order Stop Date: 12/16/2019 1148
12/16/19 1148 APFENCH    New Order Start Date: 12/17/2019 1000
12/16/19 1150 COE.MTN    REVIEW PROVIDER ACTIVITY in PHA
12/16/19 1150 COE.MTN    REVIEW PROVIDER ACTIVITY
12/16/19 1150 COE.MTN    RSS UNV Sig/Sch Edit Generated New Order                by APFENCH    Ent: 12/16 1148
12/16/19 1150 COE.MTN    Ordering Doctor: FENCH
12/16/19 1150 COE.MTN    Last Scheduled Administration Time: 12/16/2019 1000
12/16/19 1150 COE.MTN    Last Actual Administration Time: 12/16/2019 0850 (at time of filing)
12/16/19 1150 COE.MTN    Old Times: BID Daily @ 1000,2200 SCH
12/16/19 1150 COE.MTN    New Times: DAILY DAILY @ 1000 SCH
12/16/19 1150 COE.MTN    Old Order Stop Date: 12/16/2019 1148
12/16/19 1150 COE.MTN    New Order Start Date: 12/17/2019 1000
12/16/19 1150 COE.MTN    VERIFIED in PHA
12/16/19 1150 COE.MTN    VIEWED LAB TEST RESULTS in PHA
12/16/19 1150 COE.MTN    VIEWED LAB TEST RESULTS
12/16/19 1150 COE.MTN    Test Group PTHHH
12/16/19 1150 COE.MTN    LABORATORY
12/16/19 1150 COE.MTN    Date     Time Test            Result   Flag                Normal Range
```

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD.AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block.Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

59 12/16/19 1150 COE.MTN 12/16/19 0505 HEMOGLOBIN 7.9 L 14.0-18.0 gm/dL
60 12/16/19 1150 COE.MTN 12/16/19 0505 HEMATOCRIT 23.0 L 42.0-52.0 %
61 12/16/19 1216 NPGBM2 order acknowledged
62 12/16/19 1504 PHY.MAHMI Signed by Skaltsas.Andrew C DO
63 12/17/19 1623 DISCHARGE DISCONTINUE in PHA

Electronically signed by Bowers.Sheila MD R3 on 12/18/19 at 0926

Electronically signed by Ismail.Christopher S PA-C on 12/18/19 at 1345

Electronically signed by Grey.Sandra MD on 12/17/19 at 0900

Electronically signed by Skaltsas.Andrew C DO on 12/16/19 at 1304

Order Date: 12/16/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Basic Metabolic Panel	20191217-0253	12/17/19	0400	R		E	CNC	LOGGI

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/16/19 1432 PHY.LOGGI Order ENTER in POM
2 12/16/19 1432 PHY.LOGGI Ordering Doctor: Logan.Gideon MD R1
3 12/16/19 1432 PHY.LOGGI Order Source: EPOM
4 12/16/19 1432 PHY.LOGGI Signed by Logan.Gideon MD R1
5 12/16/19 1554 NPGBM2 order acknowledged
6 12/17/19 0001 interface cc'd doctors edited in LAB
7 12/17/19 0001 interface order's status changed from TRANS to LOGGED by LAB
8 12/17/19 0040 interface order's status changed from LOGGED to IN PRO by LAB
9 12/17/19 0839 interface order's status changed from IN PRO to CANCEL by LAB

Cancel comment:
Electronically signed by Logan.Gideon MD G1 on 12/16/19 at 1432

Order Date: 12/16/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC.PLT.Auto Diff	20191217-0254	12/17/19	0400	R		E	CNC	LOGGI

Other Provider : Sig Lvl Provider :

COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events
1 12/16/19 1432 PHY.LOGGI Order ENTER in POM
2 12/16/19 1432 PHY.LOGGI Ordering Doctor: Logan.Gideon MD R1
3 12/16/19 1432 PHY.LOGGI Order Source: EPOM
4 12/16/19 1432 PHY.LOGGI Signed by Logan.Gideon MD R1
5 12/16/19 1554 NPGBM2 order acknowledged
6 12/17/19 0001 interface cc'd doctors edited in LAB
7 12/17/19 0001 interface order's status changed from TRANS to LOGGED by LAB
8 12/17/19 0040 interface order's status changed from LOGGED to IN PRO by LAB
9 12/17/19 0839 interface order's status changed from IN PRO to CANCEL by LAB

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Cancel comment: SEE C128
Electronically signed by Logan,Gideon MD R1 on 12/16/19 at 1432

Order Date: 12/16/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Prothrombin Time PT w/ INR	20191217-0255	12/17/19	0400	R		E	CNC	LOGGI

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/16/19 1432 PHY.LOGGI Order ENTER in POM
2 12/16/19 1432 PHY.LOGGI Ordering Doctor: Logan,Gideon MD R1
3 12/16/19 1432 PHY.LOGGI Order Source: EPOM
4 12/16/19 1432 PHY.LOGGI Signed by Logan,Gideon MD R1
5 12/16/19 1554 NPGBM2 order acknowledged
6 12/17/19 0001 interface cc'd doctors edited in LAB
7 12/17/19 0001 interface order's status changed from TRANS to LOGGED by LAB
8 12/17/19 0040 interface order's status changed from LOGGED to IN PRO by LAB
9 12/17/19 0839 interface order's status changed from IN PRO to CANCEL by LAB

Cancel comment:
Electronically signed by Logan,Gideon MD R1 on 12/16/19 at 1432

Order Date: 12/16/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Thromboplastin Time Partial	20191217-0256	12/17/19	0400	R		E	CNC	LOGGI

Other Provider : Sig Lvl Provider :

Use Blood already drawn?
COMMENTS TO PHLEBOTOMIST:

Order's Audit Trail of Events

1 12/16/19 1432 PHY.LOGGI Order ENTER in POM
2 12/16/19 1432 PHY.LOGGI Ordering Doctor: Logan,Gideon MD R1
3 12/16/19 1432 PHY.LOGGI Order Source: EPOM
4 12/16/19 1432 PHY.LOGGI Signed by Logan,Gideon MD R1
5 12/16/19 1554 NPGBM2 order acknowledged
6 12/17/19 0001 interface cc'd doctors edited in LAB
7 12/17/19 0001 interface order's status changed from TRANS to LOGGED by LAB
8 12/17/19 0040 interface order's status changed from LOGGED to IN PRO by LAB
9 12/17/19 0839 interface order's status changed from IN PRO to CANCEL by LAB

Cancel comment:
Electronically signed by Logan,Gideon MD R1 on 12/16/19 at 1432

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD AZIZ A/S: 69 M ADMIT: 12/13/19
ACCOUNT NO: N00101730890 LOC: N PCU DISCH/DEP: 12/17/19
RM: N A419 STATUS: IN
ATTEND DR: Block,Ernest F MD BD: 1 UNIT NO: N000880775
REPORT STATUS: FINAL

Order Date: 12/16/19

Category	Procedure Name	Order Number	Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
OT	Ther Activities Dir 15 min	20191216 0012	12/16/19		R	3		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/16/19 1519 NOTYW order entered

Order Date: 12/16/19

Category	Procedure Name	Order Number	Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
ST	Tx Speech Indiv dual	20191216 0029	12/16/19		R	01		CMP	SKAAN

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/16/19 1624 NSTRH order entered

Order Date: 12/16/19

Category	Procedure Name	Order Number	Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
PT	Ther Activit Direct 15 min	20191216 0155	12/16/19		R	2		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/16/19 1701 NPTRH order entered

Order Date: 12/16/19

Category	Procedure Name	Order Number	Date	Service Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	Urinalysis	20191216 2500	12/16/19	2353	R		T	CMP	BLCER

Other Provider : DAVKE Sig Lvl Provider :

Use Specimen already collected?
N
TYPE OF SPECIMEN CC (CLEAN CATCH)
COMMENTS

Order's Audit Trail of Events
1 12/16/19 2353 NPGSM2 Order ENTER in DM
2 12/16/19 2353 NPGSM2 Ordering Doctor Block,Ernest F MD
3 12/16/19 2353 NPGSM2 Order Source Telephone read/verif
4 12/16/19 2353 NPGSM2 Other Doctor David Kelly PA C
5 12/16/19 2353 NPGSM2 order collected/acknowledged by Martinezrivera Sonia on 12/16/19 at 2353
6 12/16/19 2354 Interface cc'd doctors edited in LAB
7 12/16/19 2354 Interface order's status changed from TRANS to LOGGED by LAB
8 12/16/19 2356 DAVKE Signed by David Kelly PA-C
9 12/16/19 2359 Interface order's status changed from LOGGED to IN PRO by LAB
10 12/17/19 0039 Interface order's status changed from IN PRO to COMP by LAB
11 12/24/19 1521 PHY,BLCER Signed by Block,Ernest F MD

Electronically signed by Block,Ernest F MD on 12/24/19 at 1521

Electronically signed by David,Kelly PA C on 12/16/19 at 2356

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/17/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
US	DUP Vein Uni Ltd Lt	20191217-0015	12/17/19	0956	S		E	CMP	SKAAN

Other Provider : FENCH Sig Lvl Provider :

Order details below

Dup Vein Left Extremity Left Leg
Reason for Exam: DVT
Comment

Order's Audit Trail of Events

1 12/17/19 0921 APFENCH Order ENTER in POM
2 12/17/19 0921 APFENCH Ordering Doctor: Skattum,Andrew C DO
3 12/17/19 0921 APFENCH Order Source: EPOM
4 12/17/19 0921 APFENCH Other Doctor: Fenar,Christopher S PA-C
5 12/17/19 0921 APFENCH Signed by Fenar,Christopher S PA-C
6 12/17/19 0921 interface order's status changed from TRANS to LOGGED by RAD
7 12/17/19 1018 interface order's status changed from LOGGED to IN PRO by RAD
8 12/17/19 1019 interface order service time edited: old value - 0921
9 12/17/19 1030 interface order's status changed from IN PRO to COMP by RAD
10 12/17/19 1124 NPGVV order acknowledged
11 12/17/19 2138 PHY SKAAN1 Signed by Skattum,Andrew C DO

Electronically signed by Fenar,Christopher S PA-C on 12/17/19 at 0921

Electronically signed by Skattum,Andrew C DO on 12/17/19 at 2138

Order Date: 12/17/19

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.COCOS	Medication	20191217-1651	12/17/19	1100	R	1	T	CMP	SKAAN

Other Provider : FENCH Sig Lvl Provider :

RX: 18431221 Start: 12/17/19 1100 PRN CMP
Stop: 01/16/20 1101

diphenhydrAMINE Cap (Benadryl Cap)
Dose: 25 MG
Route: PO Direction: Q6H PRN
PRN Reason: PRURITUS/ITCHING

Order's Audit Trail of Events

1 12/17/19 1052 NRXJA Order ENTER in PHA
2 12/17/19 1052 NRXJA Ordering Doctor: Skattum,Andrew C DO
3 12/17/19 1052 NRXJA Order Source: Telephone-read/verif
4 12/17/19 1052 NRXJA Other Doctor: Fenar,Christopher S PA-C
5 12/17/19 1124 NPGVV order acknowledged
6 12/17/19 1623 DISCHARGE DISCONTINUE in PHA
7 12/17/19 1623 APFENCH Signed by Fenar,Christopher S PA-C
8 12/17/19 2138 PHY SKAAN1 Signed by Skattum,Andrew C DO

Electronically signed by Fenar,Christopher S PA-C on 12/17/19 at 1623

Electronically signed by Skattum,Andrew C DO on 12/17/19 at 2138

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890
ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Order Date: 12/17/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NURRT	RT Chg: Oxygen Daily	20191217-0057	12/17/19	1251				IPR	BLOER

Other Provider : Sig Lvl Provider :

NUR DIRECTIONS: ----START----

	DATE	TIME	DIRECTIONS
1	12/17/19	1251	per standard

Order's Audit Trail of Events

1 12/17/19 1251 NRTT.RO Order ENTER in NUR
2 12/17/19 1251 NRTT.RO Ordering Doctor: Block,Ernest F MD
3 12/17/19 1251 NRTT.RO order originated from NUR.

Order Date: 12/17/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
DISCH ORD	Unconditional Discharge	20191217-0100	12/17/19	1510	S		E	TRN	SKAAN

Other Provider : FENCH Sig Lvl Provider :

.
.
The admission order indicated an expected stay of two or more midnights.

Please
provide rationale for discharge earlier than expected.

Rationale for discharge prior to second midnight:

Supporting Documentation
Discharge order: Y
IPO Procedure N
.
Discharge to: SNF
Does patient have any of the following conditions at discharge?
NONE
.
Statin at Discharge?
Statin Contraindications
Other Specific Reason:
LDL Level:
Antithrombotic at Discharge?
Antithrombotic Contraindications:

Other Specific Reason:

.
HX or current AFIB/AFLUTTER:
Anticoagulation Therapy at Discharge?

Anticoagulation Contraindications:

Other Specific Reason:
Aspirin at Discharge?
Aspirin Contraindications:
Other Specific Reason:

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Assessed for Rehabilitation?
Reason for not ordering Rehab:

Diet: diabetic
Encourage high protein
Oral fluid restriction
Weight Monitoring:

Activity: as tolerated
TTWB LLE

Wound/dressing care: change dressing prn
Follow up labs, procedures, treatments:

PCP: Undefined Provider
PCP:
PCP phone:
PCP follow up timeframe:
PCP appt date:
PCP appt time:

Attending Physician: Skattum,Andrew C DO
Attending physician phone: (407)520-3947
Attending physician follow up timeframe:

Attending physician appt date:
Attending physician appt time:

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N PCU
RM: N A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17 19
STATUS: IN
UNIT NO: N000880775

Attending physician spec a` instructions

Discharge Instructions
Pain Management
Take pain medications only as prescribed
Do not double up or take more than prescribed amounts
Do not take additional Tylenol (acetaminophen) with your pain medicine if it contains acetaminopher
Taking too much acetaminophen can be harmful to your liver or cause liver failure
It is acceptable to take additional over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) like Ibuprofen, Naprosyn, Alleve Motrin, etc as directed on the bottle unless you have a history of cardiac disease, renal failure ulcer or allergy
Do not drive, drink alcohol or operate heavy machinery while taking narcotic pain medications such as Vicodin, Norco Lorcet, Lortab, Codeine, Percocet, Oxycontin, Oxycodone, Morphine, Dilaudid etc Also, do not sign legal documents while taking these medications
Narcotic pain pills can be constipating Make sure you drink plenty of fluids and eat fiber
If you find that you are constipated, over-the counter stool softeners or laxatives such as Colace, Ducolax, Correctol, Senokot, Ex-Lax, Fleets, Milk of Magnesia, lactulose, or mineral oil may be beneficial take as directed on the package Enemas and suppositories may also be helpful If you had sigmoid colon or rectal surgery, please do not take any rectal temperatures or rectal medications, including enemas or suppositories
What to Look For
Please call your physician's office or return to the emergency department (ED) for

Fevers greater than 101 F (38 3 C)
Nausea and vomiting that is severe and doesn't go away
Severe pain not relieved by the prescribed pain medicine or worsening after your discharge from the hospital
Severe diarrhea or constipation
If you have a cut or a wound, you should watch for any bright red bleeding from your wound
If you have a cut or wound, you should call if there is redness around your wound or drainage from your wound that smells bad or looks like pus
If you have a splint, it should firmly hold the injured bone or joint If it is too tight, you may get swelling, numbness, color changes or increased pain
For any other symptoms that you might find abnormal or distressing, please call your physician's office for clarification or return to emergency department (ED) In the case of an emergency, call 911
Call your physicians the day of discharge for follow up appointments

Consulting provider 1	Mezzanotte Thomas MD
Consulting provider 1 Specialty	ORTHOPEDIC TRAUMA
Consult phone	(407)476-0780
Consult follow up timeframe	In 2 3 wks

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD,AZIZ
ACCOUNT NO: N00101730890

ATTEND DR: Block,Ernest F MD
REPORT STATUS: FINAL

A/S: 69 M
LOC: N.PCU
RM: N.A419
BD: 1

ADMIT: 12/10/19
DISCH/DEP: 12/17/19
STATUS: IN
UNIT NO: N000880775

Consult appt date:
Consult appt time:
.
.
Consulting provider 2:
Consulting provider 2:
Consult phone:
Consult follow up timeframe:
Consult appt date:
Consult appt time:
.
.
Consulting provider 3:
Consulting provider 3:
Consult phone:
Consult follow up timeframe:
Consult appt date:
Consult appt time:
.
.
Consulting provider 4:
Consulting provider 4:
Consult phone:
Consult follow up timeframe:
Consult appt date:
Consult appt time:
.
.
Consulting provider 5:
Consulting provider 5:
Consult phone:
Consult follow up timeframe:
Consult appt date:
Consult appt time:
.
.
Return to work/school:
Return to work/school date:
Return to work/school restrictions:

Order's Audit Trail of Events

1 12/17/19 1510 APFENCH Order ENTER in POM
2 12/17/19 1510 APFENCH Ordering Doctor: Skattum,Andrew C DO
3 12/17/19 1510 APFENCH Order Source: EPOM
4 12/17/19 1510 APFENCH Other Doctor: Fenar,Christopher S PA-C
5 12/17/19 1510 APFENCH Signed by Fenar,Christopher S PA-C
6 12/17/19 2138 PHY.SKATNT Signed by Skattum,Andrew C DO

Electronically signed by Fenar,Christopher S PA-C on 12/17/19 at 1510

Electronically signed by Skattum,Andrew C DO on 12/17/19 at 2138

PERMANENT MEDICAL RECORD COPY

PATIENT: AYAD AZIZ A/S: 69 M ADMIT: 12/10/19
ACCOUNT NO: N00101730890 LOC: N PCU DISCH/DEP: 12/17/19
RM: N 4419 STATUS: IN
ATTEND DR: Block,Ernest F MD BD: 1 UNIT NO: N000880775
REPORT STATUS: INA

Order Date: 12/17/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PT	Neuromusc Reeduct 15 Min	20191217 0132	12/17/19		R	1		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/17/19 1656 NPTRH order entered

Order Date: 12/17/19

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PT	Ther Activit Direct 15 min	20191217 0133	12/17/19		R	4		CMP	BAWSH

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 12/17/19 1656 NPTRH order entered

** IDEV END OF REPORT **

PERMANENT MEDICAL RECORD COPY

MRN: N000880775
ENC: N00101730890

Osceola County Fire Rescue
Patient Care Record

Name: AYAD, AZIZ **Incident #:** 190029126 **Date:** 12/10/2019

Patient Information				Clinical Impression	
Last	AYAD	**Address**	8884 FAIR RD	**Primary Impression**	Injury of Hip
First	AZIZ	**Address 2**		**Secondary Impression**	
Middle	HENRY	**City**	Strongsville	**Protocol Used**	
Gender	Male	**State**	OH	**Anatomic Position**	Extremity-Lower
DOB	09/17/1950	**Zip**	44149	**Chief Complaint**	LEFT HIP PAIN
Age	69 Yrs, 2 Months, 23 Days	**Country**	US	**Duration**	**Units**
Weight	140.0lbs - 63.5kg	**Tel**	4402223170	**Secondary Complaint**	LEFT HIP DEFORMITY
Pedi Color		**Physician**		**Duration**	**Units**
SSN	278982756	**Ethnicity**	Not Hispanic or Latino	**Patient's Level of Distress**	Moderate
Race	White			**Signs & Symptoms**	Injuries - Injury to hip
Advance Directive		None		**Injury**	Falls - Fall on same level - 5 ft - Home - 12/10/2019
Resident Status				**Medical/Trauma**	Trauma
				Barriers of Care	None Noted
				Alcohol/Drugs	None Reported
				Pregnancy	No
				Initial Patient Acuity	
				Final Patient Acuity	
				Patient Activity	

Medication/Allergies/History	
Medications	*Metformin*
Allergies	No known allergies
History	Diabetes, Hypertension, Stroke/CVA

Vital Signs

Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS
03:29				189/115 A			96								
03:31	Alert			189/115 A	89	14	98 Rm			70		10	15=4+5+6/NQ	12	
03:33				/		26 R	97	25							
03:34	Alert			184/107 A	88 R	33 R	98 Ox	24		103		8	15=4+5+6/NQ	11	
03:40				174/115 A		20 R	93	24							
03:40				/		17 R	93	27							
03:42				/	86	13 R	97	23							
03:44				189/113 A	85	20 R	95	31							
04:01	Alert			188/110 A	86 R	16 R	98 Ox	36				4			

Flow Chart

Time	Treatment	Description	Provider
03:20	**Scoop Stretcher**	Patient Response: Improved;	Griffin, James
03:31	**3-Lead ECG**	Patient Response: Unchanged; Successful;	Griffin, James
03:33	**Oxygen**	CO2 Nasal Cannula, Flow Rate 2 lpm; Patient Response: Improved; Successful;	Griffin, James
03:35	**IV Therapy**	18 ga; Antecubital-Left; Normal Saline (.9% NaCl); Total Fluid 50 ml; Patient Response: Improved; Successful;	Griffin, James
03:40	**Fentanyl**	100 Micrograms (mcg); Intravenous (IV); Patient Response: Unchanged;	Griffin, James

Initial Assessment

Category	Comments	Abnormalities		
Mental Status		Mental Status		Not Assessed
Skin		Skin		Not Assessed
HEENT		Head/Face		Not Assessed
		Eyes		Not Assessed
		Neck/Airway		Not Assessed
Chest		Chest		Not Assessed
		Heart Sounds		Not Assessed
		Lung Sounds		Not Assessed

[redacted]ola County Fire Rescue
[redacted]tient Care Record

[redacted]me: AYAD, AZIZ | Incident #: 190029126 | Date: 12/10/2019 | Patient 1 of 1

Initial Assessment

Category	Comments	Abnormalities		
Abdomen		General		Not Assessed
		Left Upper		Not Assessed
		Right Upper		Not Assessed
		Left Lower		Not Assessed
		Right Lower		Not Assessed
Back		Cervical		Not Assessed
		Thoracic		Not Assessed
		Lumbar/Sacral		Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI		Not Assessed
Extremities		Left Arm		Not Assessed
		Right Arm		Not Assessed
		Left Leg		Not Assessed
		Right Leg		Not Assessed
		Pulse		Not Assessed
		Capillary Refill		Not Assessed
Neurological		Neurological		Not Assessed

Assessment Time:

Narrative

R53, ES1 responded for a 69 Y/O male C/O left hip pain, injury due to a fall from standing. Upon arrival patient located RLR on the bathroom floor. Patient denies any neck or back pain, No LOC. Patient lifted to R53 stretcher with scoop stretcher and secured with straps. Assessment reveals left leg rotated inward and approximately 2 inches shorter than the right leg. IV established , Patient given a total of 150mcg of Fentanyl for pain during transport. Patient pain level went from a 10 on a scale of 1 to 10 to a 4. 100mcg Fentanyl wasted at ORH. Patient lifted to ER bed 17 by scoop stretcher. Scoop stretcher removed and side rails secured in up position. Patient signed the PCR. Report given to ER RN. R53 returned to service.

Incident Details		Destination Details		Incident Times	
Location Type	Home/Residence	Disposition	Transported No Lights/Siren	PSAP Call	02:58:15
Location		Transport Due To	Protocol	Dispatch Notified	
Address	1600 PINE MARSH LOOP	Transported To	Osceola Regional Medical Center	Call Received	02:58:15
Address 2		Requested By	Family	Dispatched	02:59:25
Mile Marker		Destination	Hospital	En Route	03:01:18
City	Saint Cloud	Department	Emergency Room	Resp on Scene	03:05:00
County	Osceola	Address	700 WEST OAK STREET	On Scene	03:16:18
State	FL	Address 2		At Patient	03:18:00
Zip	34771	City	Kissimmee	Care Transferred	
Medic Unit	R53	County	Osceola	Depart Scene	03:35:19
Medic Vehicle	R53	State	Florida	At Destination	04:02:21
Run Type	911 Response	Zip	34741	Pt. Transferred	04:17:34
Priority Scene	Emergent	Zone		Call Closed	04:19:10
Shift	C Shift	Condition at Destination	Improved	In District	
Zone	ST51	Destination Record #		At Landing Area	
Level of Service	Advanced Life Support	Trauma Registry ID			
EMD Complaint	Falls	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			

Crew Members

Personnel	Role	Certification Level
Griffin, James	Lead	EMT-Paramedic - PMD206931
Lizaso, Damian	Driver	EMT-Paramedic - PMD516593

Mileage		Delays		Additional Agencies
Scene	0.0	Category	Delays	
Destination	17.2	Dispatch Delays	None/No Delay	
Loaded Miles	17.2	Response Delays	None/No Delay	
Start		Scene Delays	None/No Delay	
End		Transport Delays	None/No Delay	
Total Miles		Turn Around Delays	None/No Delay	

Patient Transport Details

How was Patient Moved to Ambulance	Stretcher	How was Patient Moved From Ambulance	Stretcher

Patient Transport Details

Patient Position During Transport	Supine	**Condition of Patient at Destination**	Improved

OSCEOLA REGIONAL MEDICAL CENTER

CONSENT FOR OPERATIVE AND/OR SPECIAL PROCEDURES

By signing this form I am giving consent and authorizing Dr. Mezzanotte and whomever he/she may designate as his/her assistants, including employees of Osceola Regional Medical Center, hereinafter referred to as the hospital of ORMC, to perform upon Aziz Ayad (state name of patient), the following procedure open reduction internal fixation of left femur (state name of procedure(s) to be performed). If any imponderable (unforeseen) condition arises in the course of the operation that in his/her judgement calls for procedures in addition to or different from those contemplated, I further request and authorize him/her to perform those procedures that he/she deems advisable.

The intention of this consent is to grant authority to the patient's physician and to the hospital to perform any and all examinations, treatments, therapy, care, anesthesia, operations and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by the patients physician or the hospital.

I further authorize the taking and reproduction of photographs and/or videotape during the procedure and to use such photographs and/or videotape for purposes that include, but are not limited to, scientific research, treatment, education and teaching at ORMC. I hereby release ORMC, it's medical staff, agents, and employees from any and all liability related to the taking, reproduction, and/or use of such photographs and/or videotapes. I consent for ORMC to release to other organizations as required by law any medical devises removed during this procedure.

The doctor has explained the most common of the risks, alternatives and benefits that are pertinent to my procedure. I understand the risks involved with my surgery include, but may not be limited to: bleeding, lacerations, and/or perforations to adjacent vessels, organs and/or structures that may require return to the operating room; infection that may require debridement or revision of the wound that may result in prolonged wound care; renal failure which may require temporary or permanent dialysis; ischemia (lack of blood flow) or blood clot to organs resulting in loss of function of the organ; ischemia or blood clot to extremities possibly requiring amputation; myocardial infarction (heart attack); stroke; paralysis; brain damage; death; persistent postoperative pain; puncture of breast implants if present; cardiac rhythm disturbances that may require the use of a temporary or permanent pacemaker or implantable defibrillator; pulmonary embolus (blood clot in the lung) or other neurological damage; medication allergic reactions; disfiguring scars; loss of motion and/or functions; and prolonged recovery and/or pain with possible loss of work. Although every attempt has been made to list all possible risks, certain unforeseeable complications may occur _____

OSCEOLA REGIONAL MEDICAL CENTER

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

I may also require transfusions of blood or blood components (the consent for blood transfusion is a separate form and contains the risks of blood transfusion).

I understand and acknowledge that the physician performing the procedure has fully explained to me, in terms that I understand, the nature and purpose of this procedure, the benefits, significant alternatives, possible risks and complications, potential problems related to recuperation, likelihood of success, and the possible results of nontreatment. I acknowledge that neither the physician nor the hospital has made any guarantee or assurances as to the results that may be obtained. I understand that persons engaged in learning medical and related sciences may be present to learn in all phases of the care and I authorize the instruction and teaching of such persons and their direct participation in the care when the physician desires. I consent to disposal of any tissues, fluids, or body parts that may be removed, and to the use of such tissues and organs for teaching.

I hereby state that I read and understand this consent and that all my questions about the procedure(s), alternative procedure(s), and risks of each have been answered in language that I understand.

AZIZ M. AYAD

Patient/Patient Representative Signature

12/10/19 2034

Date and Time

Patient Representative Relationship to Patient

Amani Lopez RN

Witness of Patient Signature

12/10/19 2034

Date and Time

Witness for Telephone Consent

Date and Time

I have fully informed the patient/patient representative of the risks, benefits consequences an alternatives of the planned procedure as described above.

12/10

Physician Signature (Physician performing the procedure)

1350

Date and Time

OSCEOLA REGIONAL MEDICAL CENTER

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 M
N00101730890 N000880775
ATT MD: Block,Ernest F N

"TREAT" OSC-510 Consent for Oper & Spec Proced (Rev.3/17)

OSCEOLA REGIONAL MEDICAL CENTER
CONSENT FOR BLOOD and/or BLOOD PRODUCTS and/or HUMAN DERIVED PRODUCTS

The following form is used by Osceola Regional Medical Center for informed consent for the use of Blood and/or Blood Products and/or Human Derived Products. It is the need of your physician to know your wishes on the receiving of these products, to treat a medical condition or transfuse during a surgical procedure or in an emergency situation.

_____ Blood/Blood products have not been ordered, but in the event of an emergency:

Dr._____ has ordered blood and/or blood products for: ___ Anemia ___ Blood loss/Bleeding

_____ Other (Explain) _____

It has been explained to me that these products include: Leukoreduced Red Blood Cells, Leukoreduced Single Donor Platelets, Plasma, Cryoprecipitate, Rh Immune Globulin, Albumin, Immunoglobulins and Clotting Factors 7, 8, and 9.

What steps are taken to make sure that the blood patients receive is safe?

There are many safeguards on our national blood supply to ensure safe blood for patients. First, blood is donated by volunteer donors. Before giving blood, donors must answer questions about their health and risk factors for disease and only a person who appears in good health can give blood. Blood from each accepted donor goes through extensive testing. In addition to tests for blood type, screening tests are run for evidence of infection with hepatitis, HIV (the virus that causes AIDS), HTLV virus (which may cause blood and nerve disease), West Nile Virus, and syphilis, a sexually transmitted disease. Finally, a blood sample from the donated unit of blood is tested against blood from the patient who will receive it to ensure that *the blood is compatible.*

RISKS-What are the risks of receiving blood?

If a blood transfusion is needed during a surgical procedure or other medical treatment, the risks of not receiving blood far outweigh the risks of transfusion. But like any other drug or medical treatment there are risks and potential side effects. Some patients may have a reaction to transfusion causing mild symptoms such as fever, chills, or hives, which typically require little or no treatment. The transmission of disease occurs very rarely, and seldom threatens life. Approximate risks of contracting HIV (one in 1,900,000), Hepatitis C (HCV) one in 1,600,000), Hepatitis B (HBV) one in 63,000) and Hepatitis A (HAV) one in 1,000,000. No matter how carefully blood is drawn, processed, and stored, complete elimination of microbes and viruses is impossible. Extreme risks, however unlikely, may lead to death.

BENEFITS-Why would my doctor recommend that I receive blood?

You may need to receive blood in order to stabilize your condition or to save your life. If tests show that you have dangerously low levels of blood, your doctor may order a transfusion to replace what is missing. The amount of blood given to you is a decision your physician will make based on your particular needs.

ALTERNATIVES-Do I have choices other than receiving blood from the community blood supply?

Yes, you may have other choices. Autologous blood transfusion refers to procedures in which you may serve as your own blood donor. In preoperative autologous donation, your blood may be collected and stored before a scheduled surgery where blood use is expected. In addition, blood lost during surgery can sometimes be saved and returned to you (Cell Saver). In other situations you may be able to select the donors of your blood (usually a friend or relative) and receive a directed donation. The use of growth factors and hemostatic agents, surgical devices and techniques to minimize blood loss as well as volume expanders are important alternatives to the use of blood.

I (we) have been given the opportunity to ask questions about my condition, treatment, risks of non-treatment, the procedure to be used, and the risks, benefits, alternatives and potential complications to my (our) satisfaction.

Dr _____ has discussed with me (us) risks, benefits, alternatives and potential complications associated with blood or blood products transfusion, and the risk or alternatives associated with refusing blood or blood product transfusion. I (we) acknowledge that neither the physician nor the hospital has made any guarantee or assurances as to the results that may be obtained. I hereby state that I read and understand this consent.

I (we) DO A. A **or DO NOT** _____ **CONSENT TO THE USE OF BLOOD AND BLOOD PRODUCTS and/or HUMAN DERIVED PRODUCTS AS DEEMED NECESSARY** ***after the above information has been provided.***

AZIZ AYAD — 12/10/19 0035 (A.M.) / P.M

Signature of Patient — Date — Time

Signature of Other Responsible Person — Relationship to Patient — Date — Time

Witness — 12/10/19 0035 am — Date — Time

The Above has been fully explained (Signature of Physician) 12/10 — Witness to Signature — Date — Time

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F N

OSCEOLA REGIONAL MEDICAL CENTER
CONSENTIMIENTO PARA EL USO DE SANGRE y/o PRODUCTOS SANGUÍNEOS y/o PRODUCTOS DERIVADOS DE HUMANOS

Osceola Regional Medical Center utiliza el siguiente formulario a fin de que el paciente pueda brindar su consentimiento cabal para el uso de sangre y/o productos sanguíneos y/o productos derivados de humanos. Es necesario que su médico sepa si usted desea recibir estos productos, para tratar un trastorno médico o realizar una transfusión durante un procedimiento quirúrgico, o en el caso de una situación de emergencia.

No se ha(n) pedido _____ sangre/productos sanguíneos, pero en caso de emergencia:

El Dr. _____ ha pedido sangre y/o productos sanguíneos para: __ Anemia ____ Pérdida de Sangre/Sangramiento _____ Otro (Explicar) _____

Se me ha explicado que dichos productos incluyen: Glóbulos Rojos Leucorreducidos, Plaquetas Leucorreducidas de un Solo Donante, Plasma, Crioprecipitado, Inmunoglobulina Rh, Albúmina, Inmunoglobulinas y Factores de Coagulación 7, 8 y 9.

¿Qué medidas se toman para asegurar que la sangre que reciben los pacientes es segura?

Existen muchas medidas de seguridad que se toman en nuestro banco de sangre nacional para asegurar que la sangre que reciben los pacientes sea segura. En primer lugar, la sangre es donada por donantes voluntarios. Antes de dar sangre, los donantes deben responder algunas preguntas acerca de su salud y de los factores de riesgo de enfermedades, y solamente aquellas personas que parecen gozar de buena salud pueden donar sangre. La sangre de cada uno de los donantes aceptados es sometida a una gran cantidad de pruebas. Además de pruebas para determinar el tipo de sangre, también se realizan pruebas de evaluación para buscar evidencia de infecciones tales como hepatitis, VIH (el virus que causa el SIDA), virus linfotrópico de células T humanas (HTLV, que puede causar enfermedades de la sangre y de los nervios), Virus del Nilo Occidental y sífilis, una enfermedad de transmisión sexual. Por último, se realiza una prueba de una muestra de sangre de la unidad donada para compararla con la sangre del paciente que va a recibir la transfusión, para cerciorarse de que la sangre sea compatible.

RIESGOS-¿Cuáles son los riesgos de recibir sangre?

Si es necesaria una transfusión durante un procedimiento quirúrgico u otro tratamiento médico, los riesgos de no recibir sangre son mucho mayores que los que implica una transfusión. Pero al igual que ocurre con cualquier otro medicamento o tratamiento médico, existen riesgos y posibles efectos secundarios. Algunos pacientes pueden experimentar una reacción a una transfusión, la cual les provoca síntomas leves tales como fiebre, escalofríos o ronchas, que en general requieren poco o ningún tratamiento. La transmisión de enfermedades ocurre muy rara vez, y casi nunca pone en riesgo la vida. Los riesgos aproximados de contraer enfermedades son los siguientes: VIH (uno en 1,900,000), Hepatitis C (HCV) uno en 1,600,000), Hepatitis B (HBV) uno en 63,000) y Hepatitis A (HAV) uno en 1,000,000. Independientemente del cuidado que se tenga al extraer, procesar y almacenar la sangre, es imposible eliminar los virus y los microbios por completo. Sin embargo, los riesgos extremos, aunque son poco probables, pueden ocasionar la muerte.

VENTAJAS-¿Por qué me recomendaría mi médico que reciba sangre?

Es posible que usted necesite recibir sangre, a fin de estabilizar su trastorno médico o salvar su vida. Si las pruebas determinan que usted tiene niveles de sangre peligrosamente por debajo de lo normal, su médico puede pedirle que se haga una transfusión para reemplazar la sangre que falta. Su médico decidirá la cantidad de sangre que se le debe administrar, según las necesidades particulares de usted.

ALTERNATIVAS-¿Tengo otras opciones que no sea recibir sangre del banco de sangre comunitario?

Sí, usted puede tener otras opciones. Una transfusión de sangre autóloga se refiere a procedimientos en los que usted puede actuar como su propio donante de sangre. En una donación autóloga preoperatoria, se puede extraer y almacenar su sangre antes de una cirugía programada, donde se prevé el uso de sangre. Además, la sangre que se pierde durante la intervención a veces puede guardarse y ser devuelta a usted (Cell Saver). En otras situaciones es posible que usted pueda escoger a los donantes que vayan a darle sangre (por lo general, un amigo o pariente) y recibir una donación dirigida. El uso de factores de crecimiento, agentes hemostáticos y técnicas y dispositivos quirúrgicos para minimizar la pérdida de sangre, así como de expandidores de volumen constituyen alternativas importantes con respecto al uso de sangre.

Se me (nos) ha dado la oportunidad de hacer preguntas acerca de mi trastorno, tratamiento, riesgos de no seguir un tratamiento, procedimiento a utilizar, así como acerca de los riesgos, ventajas, alternativas y posibles complicaciones, a mi (nuestra) entera satisfacción.

El Dr. _____ ha analizado conmigo (con nosotros) los riesgos, las ventajas, las alternativas y las posibles complicaciones en relación con la transfusión de sangre o de productos sanguíneos, así como los riesgos o las alternativas de negarse a recibir una transfusión de sangre o de productos sanguíneos. Yo (Nosotros) reconozco (reconocemos) que ni el médico ni el hospital ha ofrecido ninguna garantía o seguridad respecto a los resultados que pudieran obtenerse. Mediante el presente formulario, declaro que he leído y entendido dicho consentimiento.

Yo (Nosotros) CONSIENTO (CONSENTIMOS) _____ o NO CONSIENTO (NO CONSENTIMOS) _____ AL USO DE SANGRE Y PRODUCTOS SANGUÍNEOS y/o PRODUCTOS DERIVADOS DE HUMANOS, SEGÚN SEA NECESARIO una vez proporcionada la información que aparece anteriormente.

Firma del Paciente	Fecha	Hora A.M. / P.M.
Firma de Otra Persona Responsable	Relación con el Paciente	
Testigo	Fecha	Hora
Lo que antecede ha sido explicado en su totalidad (Firma del Médico)	Testigo de la Firma	

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

ANESTHESIA DISCLOSURE & CONSENT

I **(We)** understand that anesthesia involves additional risks and hazards but I **(We)** request the use of anesthetics for the relief and protection from pain during the planned and necessary additional procedures.

I **(We)** understand that certain complications may result from the use of any anesthetic including but not limited to respiratory problems, drug reaction, paralysis, peripheral nerve injury resulting from positioning, brain damage or even death from causes known or unknown. Other risks and hazards, which may result from the use of general anesthetics, range from but are not limited to minor discomfort such as a sore throat to lasting injury to vocal cords, teeth or eyes. Chipped, cracked or tooth extractions are complications of anesthesia and your anesthesia provider cannot assume liability for teeth.

I **(We)** understand that other risks and hazards resulting from spinal, epidural or other regional anesthetics include but are not limited to headache, chronic pain, transient or permanent nerve damage, bleeding, and infection.

I **(We)** understand the above risks are not totally inclusive of all known anesthetic risks and **I (We)** will be given the opportunity to discuss further known and unknown risks of anesthesia if **I (We)** desire.

I (We) have been given an opportunity to ask questions about my condition, treatment, risks of nontreatment, the procedure to be used, and the risks, benefits and alternatives, and I **(We)** believe that **I (We)** have sufficient information to give this informed consent.

I (We) certify this form has been fully explained to me, that **I (We)** have read it or have had it read to me, that the blank spaces have been filled in, and that **I (We)** understand its contents.

AZIZ. AYAD	12/10/19	1230	A.M / (P.M)
(Signature of Patient)	DATE	TIME	
			A.M / P.M
(Signature of Other Responsible Person)	(Relationship to Patient)	DATE	TIME
	12/10/19	1050	(A.M.) / P.M
(Signature of ANESTHESIOLOGIST)	DATE	TIME	
RN	12/10/19	1230	A.M / (P.M.)
(WITNESS TO SIGNATURES)	DATE	TIME	

OSCEOLA
REGIONAL MEDICAL CENTER

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

"TREAT" OSC-60 Anesthesia Disclosure & Consent (Rev.3/17)

Page 1 of 1

Anesthesia Quality Evaluation Record

Date of service: 12/10/19 Anesthesia type: ☒ GA ☐ MAC ☐ Spinal ☐ Other:____ ASA: 3 ☐ E

ABG 37 - Pre-Operative Screening for Anesthetic Risk Factors

PONV risk factors assessed ☒ Yes ☐ No

☒ All elements below assessed <stop>

GERD assessed? ☐ Yes ☐ No

Glaucoma assessed? ☐ Yes ☐ No

Drug &/or ETOH use assessed? ☐ Yes ☐ No

Current use of herbal supplements &/or antibiotic assessed? ☐ Yes ☐ No

MIPS 404 - Anesthesiology Smoking Abstinence

Elective case? ☐ Yes ☒ No (add-on, or ASA "E") <stop>

Pt. current smoker? ☐ Yes ☒ No <stop>

Pt received prior instructions to abstain from smoking on DOS? ☐ Yes ☐ No <stop>

Pt. abstained from smoking on DOS? ☐ Yes ☐ No

ABG 38 - Difficult Airway

Known or suspected difficult airway ☐ Yes ☒ No <stop>

If "yes"

Endotracheal tube planned ☐ Yes ☐ No <stop>

If "yes" to both,

2nd provider present at induction / intubation ☐ Yes ☐ No

(2nd provider may include OR staff: CRNA, AA, Physician, RN)

ABG 16 - Planned Use of Difficult Airway Equipment

Difficult airway equipment used? ☐ Yes ☒ No <stop>

☐ Planned use of difficult airway equipment

Or,

☐ Unplanned use of difficult airway equipment

Unable to intubate ☐ Yes ☐ No

MIPS 76 - Prevention of Central Venous Catheter (CVC) Related Bloodstream Infections

Central line inserted? ☐ Yes ☒ No <stop>

☐ All elements of maximal sterile barrier technique, hand hygiene, and skin preparation were followed

Or,

☐ Medical Reason for not following sterile barrier technique documented as _____

☐ Ultrasound guidance used and sterile US technique followed

AQI 63 - Neuromuscular Blockade (NMB) Assessment

Pt. received non-depolarizing NMB ☒ Yes ☐ No <stop>

Pt. extubated post-op or in the PACU ☒ Yes ☐ No <stop>

If "yes" to both,

NMB assessment (e.g. TOF) documented prior to extubation ☐ Yes ☐ No

AQI 64 - NMB: Reversal Administered

Pt. received non-depolarizing NMB ☒ Yes ☐ No <stop>

Pt. extubated post-op or in the PACU ☒ Yes ☐ No <stop>

Did pt. received defasciculating dose of: Vecuronium ≤1mg, Cisatracurium ≤ 2mg, and/or Rocuronium ≤10mg? ☐ Yes <stop> ☐ No (continue)

☒ Neostigmine, sugammadex, and/or edrophonium documented & given prior to extubation

Or,

☐ Assessment of sufficient NMB reversal documented prior to extubation (no reversal required)

Or,

☐ >3 hrs. between last dose of non-depolarizing medication and extubation (no assessment of reversal required)

Or,

☐ None of the above last 3 assessments documented

ABG 7 - Immediate Adult Postoperative Pain Mgmt.

Pt. transferred to PACU? ☒ Yes ☐ No <stop>

Pt.'s pain score (PACU arrival): _____(0-10)

☐ Pt. unable to report pain score

MIPS 424 - Perioperative Temperature Management

Anesthesia case 60 minutes or longer? ☒ Yes ☐ No <stop>

☒ At least 1 body temperature ≥35.5 C. is documented within 30 min. before or 15 min. after anesthesia end time

Or,

☐ Medical reason for not recording at least 1 body temperature ≥35.5 C. documented (e.g.,Emergency Case, Intentional hypothermia,etc.)

Medical reason _____

Or

☐ Body temp. is not documented or is below 35.5 C. within 30 min. before or 15 min. after anesthesia end time

Printed Name of Anesthesia Provider	Signature	Date	Time
Jedidiah Daede	[signature]	12/10/19	18:00

ANESTHESIA QUALITY DATA FORM

PAGE 1 OF 1

OSCEOLA REGIONAL MEDICAL CENTER

ANES 200-6/19

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

(First)

☒ Arterial Line

Procedure Time-Out performed at 13:45 (to verify Pt ID/site/procedure/consent) Placed by: Pollet Last Name MD/DO/CRNA/AA

Indication: ☒ Hemodynamic monitoring ☒ Frequent blood sampling ☐ Other _____

(If not perioperative Consulting Physician: Gross Diagnosis: _____)

Vitals: Pre BP: 170/90 HR: 95 SpO2: 100 % Post BP: 180/95 HR: 90 SpO2: 100 % O2 @ 2 L/min

Sedatives: Midazolam ___.___ mg Fentanyl ___ mcg Other: _____

Location: ☐ Right ☒ Left ☒ Radial ☐ Femoral ☐ Brachial ☐ Other: _____	Aseptic Prep: ☐ Betadine ☐ Alcohol ☒ Chlorhexidine	Technique: ☐ Seldinger ☒ Ultrasound ☐ Other: _____
Catheter size: ☐ 18 gauge ☐ 22 gauge ☒ 20 gauge ☐ 24 gauge	☐ Local infiltration Lidocaine 1% # Attempts: _____	Secured with ☐ Suture ☒ Tape ☒ Occlusive dressing

☒ Pt tolerated procedure well with stable vital signs and no evidence of complications ☒ Complications: Mild bruising at site

MD/DO Signature / # Authenticated by Rob Gross, MD On 12/27/2019 03:36:55 PM Date 12/10/19 Start Time: 13:45 End Time: 13:50

☐ Central Line ☐ Introducer ☐ Pulmonary Artery Catheter

Procedure Time-Out performed at HH:MM (to verify Pt ID/site/procedure/consent) Placed by: Print Last Name MD/DO/CRNA/AA

Indication: ☐ Vascular access ☐ Hemodynamic monitoring ☐ Other: _____

(If not perioperative Consulting Physician: _____ Diagnosis: _____)

Vitals: Pre BP: ___/___ HR: ___ SpO2 ___ % Post BP: ___/___ HR: ___ SpO2 ___ % O2 @ ___ L/min

Sedatives: Midazolam ___.___ mg Fentanyl ___ mcg Other _____

☐ *CDC Bundle followed* (Hand hygiene, maximal sterile barrier technique with cap/sterile gown/sterile gloves/large sterile sheet, Chlorhexidine for skin antisepsis, subclavian site preferred)	Location: ☐ Right ☐ Left ☐ IJ ☐ EJ ☐ Subclavian ☐ Femoral	☐ Subclavian site not used because: ☐ Access to chest limited ☐ Risk of pneumothorax ☐ Other: _____
Technique: ☐ Seldinger ☐ Ultrasound: File # _____ or ☐ Hard copy in chart ☐ Other _____	Catheter: Size _____ Fr Lumen: ☐ Single ☐ Double ☐ Triple ☐ Quad ☐ Introducer Length inserted: _____ cm	☐ Local infiltration Lidocaine 1% # Attempts: _____ Cath Secured with: ☐ Suture ☐ Staples ☐ All ports aspirated and flushed
Dressing: ☐ Occlusive dressing ☐ CHG (Chlorhexidine gluconate) ☐ Other: _____	Pulmonary Artery Cath: ☐ VIP ☐ Oximetric ☐ Pacing ☐ Cont Cardiac Output ☐ Other: _____	
CXR Ordered/Reviewed	Initial Pressures: PA systolic/diastolic: _____/_____ Length inserted: _____ cm PCWP: _____	

☐ Pt tolerated procedure well with stable vital signs and no evidence of complications ☐ Complications _____

MD/DO Signature / # Date MM/DD/YY Start Time HH:MM End Time HH:MM

Osceola Regional Medical Center

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 /M
N00101/30890 N000880775
ATT MD: Block,Ernest F M

"ANES" OSC-934 Anesthesiology Procedure Note Invasive Lines 7/2015 Page 1 of 1

Planned Procedure: ORIF (L) femur

Meds/Supplements: (* if taken day of proc.) **Beta-Blocker?** ☐ No ☐ Yes
lisinopril, Mucinex, ASA
allopurinol, ketoralac
lisinopril, tamsulosin
metformin, atorvastatin

Allergies/Reactions: No Known Allergies ☒

Past Surgical Procedures: None ☒

Hx Anesth. Problems: ☒ None ☐ Yes-Patient ☐ Yes-Family

☒ **Cardiovascular** ☐ **Negative**
☐ Functional capacity less than 4 mets
☒ HTN ☐ CAD
☒ Dyslipidemia ☐ MI
☒ CHF ☐ PTCA
☐ PVD ☐ Coronary stents
☐ Pacemaker ☐ Valvular Disease
☐ AICD ☐ Dysrhythmia

☐ **Respiratory** ☒ **Negative** **Sleep Apnea?** ☒ No ☐ Yes ☐ CPAP
☐ Home O2 ☐ COPD
☐ Recent URI ☐ Asthma
☐ Smoking: ___ ppd x ___ yrs. → Quit _____ ago

☒ **Neurologic** ☐ **Negative**
☐ Dementia ☒ CVA (L) sided weakness
☐ Neuropathy ☐ TIA
☐ Back Pain ☐ Altered Mental Status
☐ Neck Pain ☐ Seizures

☒ **Endocrine** ☐ **Negative**
☒ Diabetes ☐ I ☒ II Thyroid: ☐ Hyper ☐ Hypo

☐ **GI/Hepatic** ☐ **Negative**
☐ GERD ☒ Hepatitis C → tx'd
☐ Cirrhosis ☐ Obstruction

☒ **Renal** ☐ **Negative** CrD 2
☐ CKD – Dialysis: ☐ No ☐ Yes – Last dialysis hydronephrosis

☒ **Hem/Onc** ☐ **Negative**
☒ Anemia ☐ Coagulopathy
☐ Blood refusal ☐ Cancer
☐ DVT ☐ Chemo ☐ Radiation

☐ **Immune/ID** ☒ **Negative**
☐ Rheum Art ☐ Autoimmune Disease
☐ HIV ☐ Ongoing infection

☒ **Other** ☐ **Negative**
☐ Obesity ☐ ETOH Abuse
☒ Depression ☐ Drug Abuse
☐ Glaucoma ☐ Difficult IV access
☐ Pregnant (EGA _____ weeks)

Age: 69 Y ☐ M ☐ D
Height: 512 inches ☐ cm
Weight (kg) ☐ lbs 163 ☐ gms

Physical Examination
Heart: ☐ Regular Rhythm ☐ Other.
Lungs: ☐ Clear ☐ Other.

Airway ☒ Adequate ☐ Intubated ☐ Difficult
Mallampati III Dentition ☐ OK ☐ ↑ Risk of damage - Pt aware
☐ Caps/Crowns: ↑ ↓ ☐ Dentures: Full ↑ ↓ Partial ↑ ↓
☐ Chipped: ↑ ↓ ☒ Missing ↑ ↓ ☐ Loose: ↑ ↓

The following plan including risks/benefits/alternatives/complications discussed with & accepted by: ☒ Patient ☐ Parent
☐ Guardian: daughter ☐ Via Translator

☒ General ☐ Spinal ☐ Epidural ☐ Nerve Block/IV Regional
☐ MAC - Medical Necessity
☐ Therapeutic drug monitoring secondary or integral to propofol use
☐ Strong possibility of expansion of procedure
☐ Successful procedure without MAC unlikely due to:
☐ History of severe anxiety, panic attacks, and/or phobias
☐ History of low pain threshold
☐ History of chronic severe pain
☐ Other - See patient's history/diagnosis/comorbidities

☒ Arterial line ☐ Central venous cath ☐ Pulm artery cath ☐ TEE
☒ Possible postop vent ☐ Other.

☐ Postop pain management discussed. ☐ PCA ☐ Epidural
☐ Spinal Opiate Nerve Block. ☐ Single shot ☐ Continuous

ASA: ☐1 ☐2 ☒3 ☐4 ☐5 ☐6 ☐E **Preop Evaluation by:**
Signature 12/10/19 10:59

Data ☐ Labs N/A ☐ Medical Eval reviewed
H/H: 12/36 PLT: 139 K: 3.2 PT/INR/PTT _____
Preg test: ☐ Neg ☐ Pos Glucose: 110 at _____ (time)
EKG: ☐ Normal or NSR, LVH
CXR: ☐ Normal or

Remarks.
accu V/49

Pre-Proc. Eval (Must be completed day of procedure only):
☒ Pt re-evaluated and following changes noted ☒ None
BP: 169/100 HR: 102 SpO2: 96 %
RR: Temp. 98.6 NPO time. >8hrs
Signature MD/DO 12/10/19 10:59

Osceola Regional Medical Center

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 /M
N00101/30890 N000880775
ATT MD: Block,Ernest F M

"ANES" OSC-938 Anesthesia Pre-Op Procedure 7/2015 Page 1 of 1

Date	OR# or Location	Anes PreOp Prep ☐None START	END	Anes Time START	Procedure Time START	END	Out of Room	Anes Time End
12/10/19	1	13:45	13:50	13:45	14:30	17:15	17:29	18:00

Anes PreOp Time used to: ☑ Check consents & review chart/plan with Pt ☐ Start IV ☐ _____

Premeds given by RN in Holding Area: ☐ Midazolam____mg ☐ Ondansetron____mg ☐ _____ ☐ _____ ☐ _____ ☐ _____

If Pt on Beta-Blocker: ☐ Taken in past 24 hrs ☐ Given in O.R. ☐ Contraindication: ☐ Heart rate less than 50 ☐ Hypotension

IV Antibiotic Name	Dose		Start Time
Ancef	2	☐ mg ☑ grams	13:55
		☐ mg ☐ grams	HH:MM
		☐ mg ☐ grams	HH:MM

☐ Not indicated based on Pt history and/or procedure ☐ Intentionally given after incision

Patient Safety ☑ Equipment checked ☑ Audible alarms on **Anesthesia Time-Out at:** 13:45 (includes re-evaluation of Pt. immediately preinduction - see first set of vital signs) **Surgical Time-Out at:** 14:29

Monitoring and Equipment ☐ Precordial Steth ☐ Esophageal Steth ☑ IntraOp Forced Air Warming Device ☑↑ ☐↓ NIBP: ☑ Right ☑ Arm ☐ Left ☐ Leg every 10 min ☐ Nerve Stimulator ☐ Cell Saver ☑ Fluid Warmer ☐ Intentional Hypothermia ☐ TEE ☐ Other: _____

Invasive Lines ☑ A-line ☐ Central venous catheter ☐ PA catheter (See Procedure Note for line insertion by Anesthesia) ☑ Nasogastric Tube ☐ Orogastric Tube ☑ IVs (Size & Site): # 18g L # _____ # _____

Anesthesia Type ☑ General ☐ MAC ☐ Spinal ☐ Epidural ☐ IV Regional ☐ Axillary Block ☐ Interscalene Block ☐ Other Block. _____ ☐ Nerve block by Anesthesia for postop pain (See attached Procedure Note)

Airway

Induction	Device	Intubation	Endotracheal Tube
☑ IV	☑ Oral Airway	Blade ☑ Curved # 3 ☐ Straight # _____	Size 7.5 ☑ Oral ☐ Nasal ☐ Trach
☐ IM	☐ Nasal Airway	☐ Video Laryngoscopy ☐ N/A: ETT in place	☑ ETCO2 Increase ☑ BSBE
☐ Inhalation	☐ Mask	☐ Stylet ☑ Atraumatic	Secured at 21 cm ☑ Cuff up to seal
☑ Pre-O2	☐ LMA	☐ Difficult _____	☐ Double Lumen ETT Size _____ ☐ Lt ☐ Rt
☐ Rapid sequence	Size _____	☐ Blind ☐ Awake ☐ Fiberoptic	☐ Bronch Blocker ☐ Isolation Check

Spinal Anesth Position: ☐ Sit ☐ Rt Lat ☐ Lt Lat ☐ Aseptic Technique: ☐ Betadine ☐ Alcohol ☐ DuraPrep
Interspace: _____ ☐ Local infiltration Spi Needle: ____g ☐ Pencil Point ☐ Other: _____ # of attempts: ____
Paresthesia: ☐ None ☐ Location: _____ Med: ☐ Bupivacaine 0.75% ____mL
CSF: ☐ Clear ☐ Cloudy ☐ Bloody ☐ _____ Fentanyl ____ mcg Duramorph 0 ____ mg

Position Eyes: ☑ Taped Shut ☐ Lubricated ☐ Shield ☑ Head / Neck neutral ☑ Axillary roll ☑ Pressure points protected
Extremities: ☑ Arm(s) & elbow(s) on padded armboard at less than 90° with palm ☑ up ☐ down ☐ Arm(s) tucked neutral position

Emergence ☑ Adequate NIF, TV, SaO2, head lift ☑ Suctioned/Extubated ☐ Intubated ☐ Direct to ICU ☑ O2 for transport **Name of Responsible MD/DO at Emergence:** PRINT LAST NAME

Post-Procedure General Condition: ☑ Stable ☐ Dentition Intact ☐ Other: _____ BP: 131 / 60 HR: 115 RR: 16 TEMP: 98.2 SpO2 100 %

Post-Op Diagnosis: Right femur fracture

Procedure: ORIF Right femur

Personnel
Surgeon(s): Mezuwale
Anesthesiologist(s): Gross / Monsel
CRNA(s) / AA(s): Poole

Remarks:

Crystalloid:	IN (mL):	FFP:	OUT (mL)
1600			
Albumin:	PRBCs	PLTs.	EBL:
250	2 units		500
Hetastarch.	Cell Saver:	Cryo:	Urine.
			350

Post-Anesthesia Evaluation: BP: 106/61 HR: 114 RR: 17 Temp: 98.6 SpO2: 96 %
Mental Status: ☐ Arousable ☑ Awake ☐ See Notes
Cardiac / Resp / Airway Status: ☑ Stable ☐ See Notes
Complications ☑ None ☐ See Notes
(e.g., excessive pain, nausea/vomiting, inadequate/excess hydration)
Signature / # [signature] MD 12/10/19 12:01 P/M

Osceola Regional Medical Center

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

"ANES" OSC-929 Anesthesia Record 7/2015 Page 1 of 2

AGENTS / TIME	Pre-OR	1345	1400	15	30	45	1500	15	30	45	1600	15	30	Total
CONTROLLED MEDICATIONS: ☐ Midazolam (mg)		2												mg
☑ Fentanyl (mcg)			100						100					300 mcg
☑ Propofol (mg)			200											200 mg
☐ Propofol (mcg/kg/min)														mg
☑ O2 (L/min) ☐ Via N/C ☐ Via F/M		10	2	1	1	1	1	1	1	1	1	1	2	
☐ N2O ☑ Air (L/min)														
☐ Isoflurane ☑ Sevoflurane ☐ Desflurane (%)				1.2	1.2	1.2	1.2	1.2	1.6	1.5	1.3	1.1	1.5	
☑ Lidocaine (mg)		100												
☐ Etomidate (mg)														
☐ Succinylcholine (mg)														
☐ Vecuronium (mg) ☑ Rocuronium (mg)			50							20				
☐ Cisatracurium (mg)														
☐ Neostigmine (mg) ☐ Glycopyrrolate (mg)														
☐ Pitocin (Units)														
☐ Metoprolol (mg) ☐ Labetalol (mg)														
☑ Ephedrine (mg)												50		
☐ Phenylephrine (mg)														
Zofran								4						
decadron								4						
esmolol													20/20	
FLUIDS LR #1										#2				
EBL														
Urine Output														
BIS														
ETCO2			36	36	35	35	35	34	35	34	33	32	31	
Pulse Oximeter SpO2		100	98	98	98	97	98	99	99	99	99	100	100	
FiO2		0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.83	0.96	
EKG		SR	SR	SR	SR	SR	SR	SR	SR	SR	SR		SR	
Ventilator Mode / PIP		SR	VC/13	VC/13	VC/13	VC/13	VC/18	VC/18	VC/18	VC/18	VC/18	VC/18	VC/18	
TV x Rate			500/10	500/10	500/10	500/10	500/10	500/10	500/10	500/10	500/10	500	500	
Temp (Esoph/Skin/Rectal/Bladder/Nasal)		98	98	98	98	98	98	36.7	36.7	36.6	36.6	36.7	36.7	
Position: ☐ SU ☐ LA ☐ L ☐ SI ☐ J ☐ P		SU	SU	SU	SU	SU	SU	SU	LA	LA	LA	LA	LA	
Tourniquet (↑ ↓)														
Interval Monitoring MD/DO in OR														

Signature(s) of Responsible Provider(s) at Induction:

MD/DO Signature / #

Date 12/10/19 Time

CRNA / AA Signature

Date 12/10/19 Time 1345

Remarks: While placing a-line, hematoma developed. occlusive pressure dressing applied. a-line tracing is reliable and draws back easily. radial hematoma checked throughout procedure. Albumin 250ml 2 units PRBCS given. charged pt to 100% O2 while ST depression was noted at end of surgery.

Osceola Regional Medical Center

12/10/19 DOB 09/17/50
AYAD AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

"ANES" OSC-929 Anesthesia Record 7/2015

Page 2 of 2

AGENTS:	TIME: Pre-Induction	1130	45	1200	15	30	45	1300	15	30	45	1400	15	30	Total
CONTROLLED MEDICATIONS: ☐ Midazolam (mg)															mg
☑ Fentanyl (mcg)			100												mcg
☐ Propofol (mg)															mg
☐ Propofol (mcg/kg/min)															mg
☑ O2 (L/min) ☐ Via N/C ☐ Via F/M		2	2	10											
☐ N2O ☐ Air (L/min)															
☐ Isoflurane ☑ Sevoflurane ☐ Desflurane (%)		1.2	1.4	X											
☐ Lidocaine (mg)															
☐ Etomidate (mg)															
☐ Succinylcholine (mg)															
☐ Vecuronium (mg) ☐ Rocuronium (mg)															
☐ Cisatracurium (mg)															
☑ Neostigmine (mg) ☑ Glycopyrrolate (mg)			3/0.6												
☐ Pitocin (Units)															
☐ Metoprolol (mg) ☐ Labetalol (mg)															
☑ Ephedrine (mg)		50													
☑ Phenylephrine (mg)		WWX													
FLUIDS LR #2															
EBL															
Urine Output															
BIS															
ETCO2		31	31	35	46										
Pulse Oximeter SpO2		100	100	100	100										
FiO2		0.96	0.96	0.96	0.96										
EKG		SR	SR												
Ventilator Mode / PIP		VC/18	SA												
TV x Rate		500/18	SA												
Temp - Esoph/Skin/Rectal/Bladder/Nasal		37.0	37.2	37.2											
Position: ☐ Su ☑ Ls ☐ Li ☐ Si ☐ J ☐ P		Ls	Su	Su											
Tourniquet (+ +)															
Interval Monitoring MD/DO in OR															

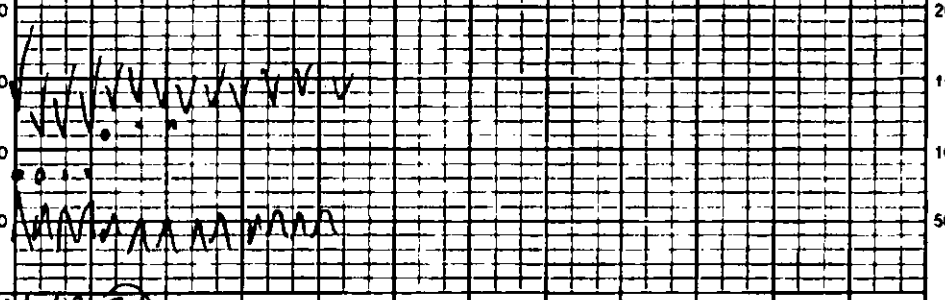
Signature(s) of Responsible Provider(s) at Induction:

MD/DO Signature / #

Date: Time:

Date: Time:

Authenticated by Leah Gross, MD 12/27/2019 03:36:56 PM



Remarks: Pt chest rad at 1645 with tachycardia. MDA notified. Pt charged to 100% O2 DO supported with pressors. Blood called for and given.

Osceola Regional Medical Center

12/10/19 DOB 09/17/50
AYAD, AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block, Ernest F M

"ANES" OSC-929 Anesthesia Record 7/2015

Page 2 of 2

OSCEOLA REGIONAL MEDICAL CENTER
700 WEST OAK STREET
KISSIMMEE, FL 34741

PATIENT: AYAD,AZIZ
ACCOUNT #: N00101730890
ATTENDING PHYSICIAN: Dr. Block,Ernest F MD
DICTATED BY: Dr. Mezzanotte,Thomas MD
DATE OF ADMISSION: 12/10/19
DATE OF DISCHARGE:

MEDICAL RECORD #:N000880775
ROOM/BED: N.A209-1

LOCATION: N.NTICU

Operative Report

ACCOUNT NUMBER: 101730890

DATE OF SERVICE: 12/10/2019

SURGEON: Thomas Mezzanotte, MD

ASSISTANTS: Rebecca Hanna, PA. She was assisting in positioning, draping, soft tissue retraction, fracture stabilization, closure and bandaging in order to help facilitate a safer more effective case.

PRIMARY CARE PHYSICIAN: SANDRA M SNYDER

PREOPERATIVE DIAGNOSES: Left hip subtrochanteric femur fracture with intertrochanteric extension.

POSTOPERATIVE DIAGNOSES: Left hip subtrochanteric femur fracture with intertrochanteric extension.

PROCEDURE: Left hip open reduction and internal fixation with plates and screws of the left subtrochanteric femur fracture with intertrochanteric extension.

ANESTHESIA:

ESTIMATED BLOOD LOSS:

SPECIMENS REMOVED:

INDICATION FOR PROCEDURE: A 69-year-old gentleman with a history of CVA and peripheral vascular disease, who fell. He has a left subtrochanteric femur fracture with intertrochanteric extension. Risks and benefits were discussed with the patient and family. Risks include, not limited to, bleeding, infection, nerve damage, failure of the operation to relieve the symptoms. He is at high risk for cardiopulmonary complications because of his age and comorbid conditions.

DESCRIPTION OF PROCEDURE: The patient was taken to main operating room. Preoperative antibiotics and general anesthesia were administered. He was placed on the fracture table. Gentle in-line traction was used. Fluoroscopic views were obtained. It was ascertained that this would not be amenable to intramedullary nailing because of the intertrochanteric extension and greater trochanteric split, so at this point, the patient was then placed in the right

lateral decubitus position using a bean bag holder. Left lower extremity was prepped and draped in usual sterile fashion for orthopedic procedure. An 18 cm incision was made from the tip of the greater trochanteric region past the midshaft of the femur. The fascia was incised. We then did careful dissection along the greater trochanteric region and then distally. Excellent hemostasis was obtained. The greater trochanteric extension did extend in the entire intertrochanteric region and through the greater trochanteric region and then spiral distally to about the mid shaft of the femur. We did dissect anterior and posteriorly exposing the fracture and then distally. The clamps were then used to hold the fracture in anatomic position. Three lag screws were placed from anterior to posterior holding the fracture in anatomic position. A Synthes greater trochanteric plate with a long extension then was used. K-wires were placed into the femoral neck. They were over-drilled and then two 6.5 mm screws were placed distally. Drill holes were drilled and filled distal to the fracture site with 4.5 mm screws. Fluoroscopy confirmed good placement of the hardware, good reduction of the fracture. The wound was irrigated. The fascia was closed interrupted monofilament. The skin was closed with interrupted monofilament staples. The patient was then taken to the postanesthesia care unit. Anesthesiologist noted that he was having some PVCs on his EKG monitoring. They were going to monitor him more fully in the recovery room. I gave him a unit of blood and possibly send him to the ICU when stable.

_____

Thomas Mezzanotte, MD

Medquist
D: 12/10/2019 17:34
T: 12/10/2019 23:47
Job #: 284911 / 864465944
Authenticated by Thomas Mezzanotte, MD On 12/11/2019 06:02:39 AM

Electronically Signed by Thomas Mezzanotte, MD on 12/11/19 at 0603

PATIENT NAME: AYAD,AZIZ ACCOUNT #: N00101730890

Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO-ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419-1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med._Center	**Oper Date:**	12/10/19
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

ALLERGIES

ALLERGIES
Last Updated: 12/10/19

CODED Allergy/Adverse Reaction Patient Reaction	Type	Sev	Date	Ver
F001900388 - No Known Allergies	Allergy		12/10/19	N

*** CONTINUED ON PAGE 2 ***

Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419 1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med._Center	**Oper Date:**	12/10/19
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

PREOP ASSESSMENTS

Occurred 12/10/19 1052 LOPEZ,AMARIS N Recorded 12/10/19 1052 LOPEZ,AMARIS N

Physiological problem/alteration in:

Skin integrity

Musculoskeletal

Neurological alteration problem expected to:
Target date:
Neurological alteration problem is:
Neurological alteration problem has:
Neurological alteration problem comment:

Cardiac alteration problem expected to:
Target date:
Cardiac alteration problem is:
Cardiac alteration problem has:
Cardiac alteration problem comment:

Respiration alteration problem expected to:
Target date:
Respiration alteration problem is:
Respiration alteration problem has:
Respiration alteration problem comment:

Ventilatory weaning impairment problem expected to:
Target date:
Ventilatory weaning impairment problem is:
Ventilatory weaning impairment problem has:
Ventilatory weaning impairment problem comment:

*** CONTINUED ON PAGE 3 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

-

Gastrointestinal alteration problem expected to:
Target date:
Gastrointestinal alteration problem is:
Gastrointestinal alteration problem has:
Gastrointestinal alteration problem comment:

-

Bowel elimination alteration problem expected to:
Target date:
Bowel elimination alteration problem is:
Bowel elimination alteration problem has:
Bowel elimination alteration problem comment:

-

Renal alteration problem expected to:
Target date:
Renal alteration problem is:
Renal alteration problem has:
Renal alteration problem comment:

-

Urinary elimination alteration problem expected to:
Target date:
Urinary elimination alteration problem is:
Urinary elimination alteration problem has:
Urinary elimination alteration problem comment:

- - MUSCULOSKELETAL ALTERATION - -

Musculoskeletal alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Musculoskeletal alteration problem is: **Stabilizing/Maintaining**
Musculoskeletal alteration problem has:
Musculoskeletal alteration problem comment:

*** CONTINUED ON PAGE 4 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

- SKIN INTEGRITY ALTERATION - -

Skin integrity alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Skin integrity alteration problem is: **Stabilizing/Maintaining**
Skin integrity alteration problem has:
Skin integrity alteration problem comment:

-

Peripheral vascular alteration problem expected to:
Target date:
Peripheral vascular alteration problem is:
Peripheral vascular alteration problem has:
Peripheral vascular alteration problem comment:

-

Endocrine alteration problem expected to:
Target date:
Endocrine alteration problem is:
Endocrine alteration problem has:
Endocrine alteration problem comment:

-

Immunologic alteration problem expected to:
Target date:
Immunologic alteration problem is:
Immunologic alteration problem has:
Immunologic alteration problem comment:

-

Thermoregulation alteration problem expected to:
Target date:
Thermoregulation alteration problem is:
Thermoregulation alteration problem has:
Thermoregulation alteration problem comment:

*** CONTINUED ON PAGE 5 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1352 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Growth and development alteration problem expected to:
Target date:
Growth and development alteration problem is:
Growth and development alteration problem has:
Growth and development alteration problem comment:

Infection alteration problem expected to:
Target date:
Infection alteration problem is:
Infection alteration problem has:
Infection alteration problem comment:

Functional problem/alteration in:
Nutrition
Pain
Comfort
Activity

Fluid volume alteration problem expected to:
Target date:
Fluid volume alteration problem is:
Fluid volume alteration problem has:
Fluid volume alteration problem comment:

*** CONTINUED ON PAGE 6 ***

Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419 1
O.R.:	N.OR1-OR ROOM 1	**Oper Date:**	12/10/19
	Osceola_Regional_Med._Center		
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/		**Run Date:**	12/28/19
Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Time:**	0449

Breastfeeding impairment problem expected to:
Target date:
Breastfeeding impairment problem is:
Breastfeeding impairment problem has:
Breastfeeding impairment problem comment:

- - COMFORT ALTERATION - -

Comfort alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Comfort alteration problem is: **Stabilizing/Maintaining**
Comfort alteration problem has:
Comfort alteration problem comment:

- - PAIN PROBLEM - -

Pain problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Pain problem is: **Stabilizing/Maintaining**
Pain problem has:
Pain problem comment:

Sensory perception alteration problem expected to:
Target date:
Sensory perception alteration problem is:
Sensory perception alteration problem has:
Sensory perception alteration problem comment:

- - ACTIVITY ALTERATION - -

Activity alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Activity alteration problem is: **Stabilizing/Maintaining**
Activity alteration problem has:
Activity alteration problem comment:

*** CONTINUED ON PAGE 7 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 19/.7/52
Account No: N00101730890 **Age:** 69
Physician: MEZ"H Mezzanotte,Thomas MD **Sex:** M
Specialty: OR.HC ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR. OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1952 NNUR.SHI HAUGEN,STEVEN A **Run Time:** 0449

Bathing/hygiene deficit problem expected to:
Target date:
Bathing/hygiene deficit problem is:
Bathing/hygiene deficit problem has:
Bathing/hygiene deficit problem comment:

Dressing/grooming deficit problem expected to:
Target date:
Dressing/grooming deficit problem is:
Dressing/grooming deficit problem has:
Dressing/grooming deficit problem comment:

- NUTRITION ALTERATION - -

Nutrition alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Nutrition alteration problem is: **Stabilizing/Maintaining**
Nutrition alteration problem has:
Nutrition alteration problem comment:

Toileting deficit problem expected to:
Target date:
Toileting deficit problem is:
Toileting deficit problem has:
Toileting deficit problem comment:

Sleep alteration problem expected to:
Target date:
Sleep alteration problem is:
Sleep alteration problem has:
Sleep alteration problem comment:

Psychological problem/alteration in:
Individual coping

*** CONTINUED ON PAGE 8 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449
Family coping

-

Anxiety alteration problem expected to:
Target date:
Anxiety alteration problem is:
Anxiety alteration problem has:
Anxiety alteration problem comment:

-

Communication impairment alteration expected to:
Target date:
Communication impairment alteration is:
Communication impairment alteration has:
Communication impairment alteration comment:

- - **FAMILY COPING IMPAIRMENT** - -

Family coping impairment problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Family coping impairment problem is: **Stabilizing/Maintaining**
Family coping impairment problem has:
Family coping impairment problem comment:

- - **INDIVIDUAL COPING IMPAIRMENT** - -

Individual coping impairment problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Individual coping impairment problem is: **Stabilizing/Maintaining**
Individual coping impairment problem has:
Individual coping impairment problem comment:

-

Fear alteration problem expected to:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Target date:
Fear alteration problem is:
Fear alteration problem has:
Fear alteration problem comment:

Family processes alteration problem expected to:
Target date:
Family processes alteration problem is:
Family processes alteration problem has:
Family processes alteration problem comment:

Grieving problem expected to:
Target date:
Grieving problem is:
Grieving problem has:
Grieving problem comment:

Post-trauma response problem expected to:
Target date:
Post-trauma response problem is:
Post-trauma response problem has:
Post-trauma response problem comment:

Self concept alteration problem expected to:
Target date:
Self concept alteration problem is:
Self concept alteration problem has:
Self concept alteration problem comment:

Spiritual state alteration problem expected to:
Target date:

*** CONTINUED ON PAGE 10 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Spiritual state alteration problem is:
Spiritual state alteration problem has:
Spiritual state alteration problem comment:

-

Thought processes alteration problem expected to:
Target date:
Thought processes alteration problem is:
Thought processes alteration problem has:
Thought processes alteration problem comment:

-

Aspiration risk problem expected to:
Target date:
Aspiration risk problem is:
Aspiration risk problem has:
Aspiration risk problem comment:

-

Bleeding risk problem expected to:
Target date:
Bleeding risk problem is:
Bleeding risk problem has:
Bleeding risk problem comment:

Health behavior problem/risk:
Home maintenance

-

Injury risk problem expected to:
Target date:
Injury risk problem is:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Injury risk problem has:
Injury risk problem comment:

Violence risk problem expected to:
Target date:
Violence risk problem is:
Violence risk problem has:
Violence risk problem comment:

Medication risk problem expected to:
Target date:
Medication risk problem is:
Medication risk problem has:
Medication risk problem comment:

Restraint safety precautions problem expected to:
Target date:
Restraint safety precautions problem is:
Restraint safety precautions problem has:
Restraint safety precautions problem comment:

Suicide risk problem expected to:
Target date:
Suicide risk problem is:
Suicide risk problem has:
Suicide risk problem comment:

Procedural/periop risk problem expected to:
Target date:
Procedural/periop risk problem is:
Procedural/periop risk problem has:

*** CONTINUED ON PAGE 12 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Procedural/periop risk problem comment:

-

Noncompliance problem expected to:
Target date:
Noncompliance problem is:
Noncompliance problem has:
Noncompliance problem comment:

- - **HOME MAINTENANCE ALTERATION** - -

Home maintenance alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Home maintenance alteration problem is: **Stabilizing/Maintaining**
Home maintenance alteration problem has:
Home maintenance alteration problem comment:

Infection risk problem expected to:
Target date:
Infection risk problem is:
Infection risk problem has:
Infection risk problem comment:

Violence/restraints risk problem expected to:
Target date:
Violence/restraints risk problem is:
Violence/restraints risk problem has:
Violence/restraints risk problem comment:

DOCUMENTATION
MDROs:

Occurred 12/10/19 1050 LOPEZ,AMARIS N Recorded 12/10/19 1051 LOPEZ,AMARIS N
- - **LINES, DRAINS, AIRWAY** - -

-

*** CONTINUED ON PAGE 13 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/50
Account No: N00101730890
Age: 69
Physician: MEZTH-Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO ORTHOPaEDICS
Room-Bed/T.Loc: N.A419 1
O.R.: N.OR1 OR ROOM 1
Oper Date: 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A
Run Date: 12/28/19
Run Time: 0449

Arterial line:

Arterial/venous sheath:

CVC/PICC procedure:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Dialysis fistula/graft:

PD catheter location:
PD catheter type:
PD site condition:

PD site drainage description:

PD catheter sutured:
PD dressing type:

PD dressing intervention:
Date of last PD dressing change:

Epidural line status:
Catheter type:
Epidural placement location:
Timeout documentation:
Site assessment:

Site drainage description:

Line status:
Dressing type:
Dressing intervention:
Date of last dressing change:

- - PERIPHERAL INTRAVENOUS/OTHER - -

IV type:

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Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZZ MEZZANOTTE,THOMAS MD	**Sex:**	M
Specialty:	ORTHO ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419 1
O.R.:	N.OR1-OR ROOM 1	**Oper Date:**	12/10/19
	Osceola Regional Med. Center		

Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL

Case Close/		**Run Date:**	12/28/19
Transmitted:	12/27/19 1052 NNUR.SH1 HAGGEN,STEVEN A	**Run Time:**	0449

- - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -

Instance list status: Active
IV/IO/Subcutaneous line status: Start
Inserted by, if other than current documenter: Nurse
Number of attempts: 1
Skin prep used: Chlorhexidine gluconate
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes

- - Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -

Instance list status: Active
IV/IO/Subcutaneous line status: Start
Inserted by, if other than current documenter: Nurse
Number of attempts: 1
Skin prep used: Chlorhexidine gluconate
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>

Port/Implanted line:

TIM catheter:

*** CONTINUED ON PAGE 16 ***

Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO-ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419-1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med. Center	**Oper Date:**	12/20/19
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

Other line:

Biliary tubes:

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Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO-ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419-1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med._Center	**Oper Date:**	12/10/19
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

-

Chest tube:

-

Drain:

-

GI ostomy type:
GI ostomy location:
GI ostomy healed, moist and pink:

GI stoma condition:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/50
Account No: N00101730890
Age: 69
Physician: MEZTH-Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO-ORTHOPEDICS
Room-Bed/T.Loc: N.A419-1
O.R.: N.OR1-OR ROOM 1
Oper Date: 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/
Run Date: 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A
Run Time: 0449

GI peristomal skin intact:

GI peristomal skin:

Date ostomy device changed:
Mucous fistula:
Mucous fistula location:
Mucous fistula healed, moist, and pink:
Mucous fistula stoma condition:

Mucous fistula peristomal skin intact:
Mucous fistula peristomal skin:

Date mucous fistula device changed:

GI tubes/drain(s):

ICP/Ventriculostomy:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/50
Account No: N00101730890
Age: 69
Physician: MEZTH-Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO-ORTHOPEDICS
Room-Bed/T.Loc: N.A419-1
O.R.: N.OR1-OR ROOM 1
Oper Date: 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/
Run Date: 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A
Run Time: 0449

-

Drain status:
CSF color:
Site description:
Dressing status:
Drainage description:

Dressing type:

Date of last dressing change:

-

Urinary catheter type:
Insertion/applied date:
Insertion/applied time:
Indication for urinary catheter:
Urinary catheter status:
External/condom change date:
External/condom change time:
Indwelling type:

Catheter size:
Inserted/applied by if other than current documenter:
Removal date:
Removal time:
Reason for removal:
Complications during removal:

Urinary catheter complications encountered:

Urinary catheter interventions:

-

Surgical urinary device:

*** CONTINUED ON PAGE 20 ***

Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO-ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419-1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med._Center	**Oper Date:**	12/10/19
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

Negative pressure wound therapy:

Airway type:
Airway tube size:
Airway action:

Tube location verification:

Marking point cm:
Point of reference:
Bite block:

Secured with:

Airway tube changed:

Additional trach devices:

Condition of stoma:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1352 NNUR.SHI HAUGEN,STEVEN A **Run Time:** 0449

Stoma drainage color:

Trach care:

Suction device:

Catheter size:
Route of suction:

Impairment to suctioning:

Suction results:
Consistency of sputum:

Color and description of sputum:

Lavage:

Briefing/anesthesia timeout completed:
Procedure timeout completed at:
Procedures being performed:

Site blocked:
Debriefing completed:

DOCUMENTATION
Peripheral IV summary: **Venous Left Forearm anterior 18 g Inserted 12/10/19 0430**
Venous Left Forearm anterior 18 g Inserted 12/10/19 0430
IV type:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

MDROs:

Occurred 12/10/19 1044 LOPEZ,AMARIS N Recorded 12/10/19 1050 LOPEZ,AMARIS N
- - PRE-PROCEDURE UNIVERSAL PROTOCOL AND RN - -

Procedure: **OPEN REDUCTION INTERNAL FIXATION OF LEFT FEMUR**

Procedure(s) and site(s) confirmed and marked per policy: **Yes**
Patient identified by two identifiers and ID band on: **Yes**
Band on if indicated: **Medication/food allergy**
Fall risk
H and P completed within last 30 days and available: **Yes**
H and P updated, completed and available: **Yes**

Is patient participating in the Enhanced Surgical Recovery (ESR) program: **No**
Did the patient drink a carbohydrate-rich drink prior to surgery: **No**
MD orders reviewed: **Yes**
Procedure documentation verified and available: **Adm Assessment**
Adm History
Pre-Anesthesia Assessment
Consents complete, valid and available: **Procedure(s)**
Anesthesia
Blood
Consent comment:

*** CONTINUED ON PAGE 23 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/50
Account No: N00101730890
Age: 69
Physician: MEZTH-Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO-ORTHOPEDICS
Room-Bed/T.Loc: N.A419-1
O.R.: N.OR1-OR ROOM 1
Oper Date: 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/
Run Date: 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A
Run Time: 0449

Blood products requested:
Blood products available:
Type screen available: **No**
Type cross match within 72 hrs complete:
How many blood units available:

Existing patient implants: **NONE**

Lab results reviewed: **Yes**
LMP:
Pregnancy test completed:
Pregnancy test results:

Pre-procedure readiness comments:

- - NPO STATUS - -

Last solids date: **12/09/19**
Last solids time: **2359**
Last liquids date: **12/10/19**
Last liquids time: **0611**

NPO comments: **SIP OF WATER WITH PAIN MEDICATION**

Patient voided prior to procedure: **Yes**
Bowel prep: **No**

- - SAFETY - -

Assistive devices sent with patient:
None

Assistive device comment: **ALL PERSONAL BELONGINGS W/ PT'S DAUGHTER**

- - PRE-PROCEDURE VITAL SIGNS - -

Blood pressure: **163/97**
Pulse: **98**
Respiratory rate: **17**
Temperature F: **98.6**
Temperature C:
Temperature source: **Temporal**
SPO2 %: **96**
Height ft: **5**
Height in: **2**
Height cm:
Height source: **Stated/Reported**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Date:** 12/28/19 **Run Time:** 0449

Weight kg: **63.630**
Weight source: **Stated/Reported**

BMI calculated: **25.7**

Pre-op skin prep:

-

Site Hair Removed:
Hair removal method:
Hair removed by:
Patient prepped at home:
Pre-op shower completed:
Home prep solution:

Pre-op prep site:
Pre-op prep completed by:

Pre-op prep solution:

Pre-op prep comments:

DOCUMENTATION
MDROs:

Occurred 12/10/19 1052 LOPEZ,AMARIS N Recorded 12/10/19 1054 LOPEZ,AMARIS N
- - **PATIENT/FAMILY TEACHING** - -
Primary learner: **Patient**
Other learner: **Family**

Barriers to communication/learning: **Language barrier**

Primary learners preferred spoken language: **ARA ARABIC**
Primary learners preferred written language: **ARA ARABIC**

Physiological topics:
Circulatory control

Psychological topics:
Coping support

Functional topics:
Nutrition care

Discharge/Health behavior topics:
Safety precautions
Compliance with instructions

Person(s) educated: **Patient**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Date:** 12/28/19 **Run Time:** 0449

Readiness to learn: **Family Asks questions Cooperative**
Method of education: **Verbal discussion**
Responsiveness to learning: **Verbalized understanding Demonstrate understanding**

Physiological topics needing follow-up:

Functional topics needing follow-up:

Psychological topics needing follow-up:

Discharge/Health behavior topics needing follow-up:

Follow-up teaching action:

-

Written information regarding anticoagulation provided to primary learner:
Maintain a consistent amount of Vitamin K foods:
Consult MD before changes in dietary habit:
Diet and medications that can affect the PT/INR level:
Consult MD before adding or stopping prescription or OTC meds:
Warfarin increases bleeding risk:
Take warfarin as instructed:
Importance of monitoring warfarin with scheduled PT/INR blood draws:
Monitoring plans for warfarin post-discharge:
Follow up with MD for scheduled PT/INR blood draw/monitor post discharge:

-

Written information regarding CHF provided to primary learner:
Activity:
Diet/nutrition:
General medication information:
Indications for provider notification:
Weight management:
Follow-up appointments:
Smoking cessation:
Influenza vaccine:
Pneumonia vaccine:

-

Written information regarding stroke provided to primary learner:
Activation of emergency medical system:
Need for follow up after discharge:
All medications prescribed at discharge:

*** CONTINUED ON PAGE 26 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: *ORIF HIP INTERTRONCHANTERIC NAIL*
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Risk factors for stroke:
Warning signs and symptoms for stroke:

-

Written information regarding post sedation provided to primary learner:
Activity:
Diet/nutrition:
General medication information:
When to call the doctor:
Have responsible adult to stay for 24 hours:
Do not drive for 24 hours:
Avoid all alcoholic beverages for 24 hours:

-

Written information regarding sepsis provided to primary learner:
Activation of emergency medical system:
When to seek medical care:
Prevention of infection (e.g. flu and pneumoccal vaccine):
Need for follow-up after discharge:
All medications prescribed at discharge:
Risk factors for sepsis:
Signs and symptoms of sepsis:

-

Opioid safety information provided to primary learner:
Pain management information:
Pain management plan of care:
Non-pharmacological modalities/treatment options:
Potential side effects of management treatment:
ADLs that may exacerbate pain/reduce intervention effectiveness:
Safe use, storage, and disposal of opioids:

Bowel/Gastric topics:

Cardiac Topics:

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Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO-ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419-1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med._Center	**Oper Date:**	12/10/19
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

Physical regulation topics:

Life cycle topics:

Metabolic Topics:

Respiratory Topics:

Skin integrity topics:

Tissue perfusion topics:

Urinary topics:

Activity topics:

Fluid volume topics:

Nutritional topics:

Self-care topics:

Sensory topics:

Cognitive/Neuro topics:

Coping topics:

Role Relationship topics:

Self-concept topics:

Discharge topics:

Health behavior topics:

Medication topics:

Safety Topics:

DOCUMENTATION
Physiological Follow-up Topics:
Functional Follow-up Topics:
Psychological Follow-up Topics:
Health behavior Follow-up Topics:
MDROs:

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Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO-ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419-1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med._Center	**Oper Date:**	12/10/19
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

PREOP TIMES

PREOP AREA	TIME	DATE
PT ARRIVES OPS:	1020	12/10/19
PT READY:	1040	12/10/19

Filed by AMARIS N LOPEZ on 12/10/19 at 1043

PREOP TRANSFER DATA

	STAFF		IN	OUT	DATE
Pre-op Staff:	AMARIS N LOPEZ				
PATIENT DESTINATION:	OR	OR/PROCEDURE ROOM			
REPORT GIVEN TO:	RN				
TRANSPORT METHOD:	ST	STRETCHER			

Filed by AMARIS N LOPEZ on 12/10/19 at 1043

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/50
Account No: N00101730890
Age: 69
Physician: MEZTH-Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO-ORTHOPEDICS
Room-Bed/T.Loc: N.A419 1
O.R.: N.OR1-OR ROOM 1
Osceola_Regional_Med._Center
Oper Date: 12/10/19
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A
Run Date: 12/28/19
Run Time: 0449

PREOP VITAL SIGNS

	12/10/19 1022 CSS.ANL
Blood pressure:	163/97
Blood pressure source:	Monitor
Blood pressure location:	Arm upper left
Pulse:	98
Respiratory rate:	17
SPO2 %:	96
Oxygen delivery devices:	Room air
O2 Liters per minute:	
(Next Page)	
(Prev Page)	
FiO2%:	
Nitric concentration (ppm):	
Document NIRS (rSO2%):	
ETCO2:	
(Next Page)	
(Prev Page)	
Temperature F:	98.6
Temperature C:	
Temperature source:	Temporal
Monitored heart rhythm:	Normal sinus rhythm
Capillary refill less than or equal t...	
Document pain assessment/reassessment:	
RASS/LOC score:	
Post-anesthesia recovery score assess...	
(Next Page)	
(Prev Page)	
.	
Post procedure activity:	
Post-procedure respirations:	
Post-procedure circulation:	
Post-procedure consciousness:	
Post-procedure O2 saturation:	
Post anesthesia recovery score:	
(Next Page)	
(Prev Page)	
Dermatome right:	
Dermatome left:	
Arterial line blood pressure:	
Arterial line MAP:	
Arterial line level and zeroed:	
Intra-abdominal pressure (mmHg):	
Document hemodynamic monitoring:	
(End)	
Document objectives for pain management:	
Deep breath at/below pain mgmt goal:	
Turn at/below pain mgmt goal:	

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Progressive ambulation at/below pain ...
Perform ADLs at/below pain mgmt goal:
Patient goal for pain management:
Numeric pain scale:
Is the patient extubated and unable t...
Facial expression:
Body movements:
Ventilator compliance:
Vocalization (extubated patients):
Muscle tension:
CPOT total score:
Wong-Baker pain scale:
Face:
Legs:
Activity:
Cry:
Consolability:
FLACC total score:
Facial expression:
Cry:
Breathing patterns:
Arms:
Legs:
State of arousal:
NIPS total score greater than 3 indic...

PAP:
PAP (mean):
CVP (mmHg):
CVP (mean):
PAOP (mmHg):
RAP:
RAP (mean):
LAP:
LAP (mean):
SVO2%:
ScvO2%:
TcCO2:
CO (L/min/m2):
Non-invasive CO:
CCO (L/min/m2):
CI (L/min/m2):
CCI (L/min/m2):
SVR (dyne sec)/cm5:
SVRI (dyne sec)/cm5:
SVR (using ABP mean):
PVR (dyne sec)/cm5:
PVRI (dyne sec)/cm5:
SV (ml):
SVV:
SVI:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

LCWI:
RCWI:
LVSW:
LVSWI:
RVSW:
RVSWI:
IAP HTN grading:
Umbilical artery catheter pressure co...
Umbilical artery catheter pressure mean:
Umbilical venous catheter pressure:
Peak diastolic augment pressure:
Peak assisted systolic pressure:
Assisted aortic end diastolic pressure:
Unassisted systolic pressure:
Unassisted aortic end diastolic press...
IABP mean pressure:
IABP trigger:
IABP ratio:
IABP inflation point:
IABP deflation point:
Afterload reduction:
Left cardiac work:
Right cardiac work:
Right ventricular systolic pressure:
Right ventricular diastolic pressure:
Mean arterial pressure:
Ventricular rate:
Bispectral index:
Left cerebral rSO2%:
Right cerebral rSO2%:
Left renal rSO2%:
Right renal rSO2%:
Gastrointestinal rSO2%:
Somatic rSO2% - 1:
Somatic location - 1:
Somatic rSO2% - 2:
Somatic location - 2:

QUERIES NO LONGER ATTACHED TO A CDS

	12/10/19 1022
	CSS.ANL
BMI calculated:	25.7

PRE-OP COMPLETED BY

Completed By AMARIS N LOPEZ
Completed Date 12/10/19
Completed Time 1040

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/07/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1352 NNUR.SHI HAUGEN,STEVEN A **Run Time:** 0449

OR/PROC ASSESSMENTS

Occurred 12/10/19 1550 Kesler baby,Mckenzie Recorded 12/10/19 1553 Kesler baby,Mckenzie
Physiological problem/alteration in:
Skin integrity
Musculoskeletal
Cardiac
Respiratory

Neurological alteration problem expected to:
Target date:
Neurological alteration problem is:
Neurological alteration problem has:
Neurological alteration problem comment:

- CARDIAC ALTERATION - -

Cardiac alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Cardiac alteration problem is: **Stabilizing/Maintaining**
Cardiac alteration problem has:
Cardiac alteration problem comment:

- RESPIRATION ALTERATION - -

Respiration alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Respiration alteration problem is: **Stabilizing/Maintaining**
Respiration alteration problem has:
Respiration alteration problem comment.

Ventilatory weaning impairment problem expected to:
Target date:
Ventilatory weaning impairment problem is:
Ventilatory weaning impairment problem has:
Ventilatory weaning impairment problem comment:

*** CONTINUED ON PAGE 33 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

-

Gastrointestinal alteration problem expected to:
Target date:
Gastrointestinal alteration problem is:
Gastrointestinal alteration problem has:
Gastrointestinal alteration problem comment:

-

Bowel elimination alteration problem expected to:
Target date:
Bowel elimination alteration problem is:
Bowel elimination alteration problem has:
Bowel elimination alteration problem comment:

-

Renal alteration problem expected to:
Target date:
Renal alteration problem is:
Renal alteration problem has:
Renal alteration problem comment:

-

Urinary elimination alteration problem expected to:
Target date:
Urinary elimination alteration problem is:
Urinary elimination alteration problem has:
Urinary elimination alteration problem comment:

- - **MUSCULOSKELETAL ALTERATION** - -

Musculoskeletal alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Musculoskeletal alteration problem is: **Stabilizing/Maintaining**
Musculoskeletal alteration problem has:
Musculoskeletal alteration problem comment:

*** CONTINUED ON PAGE 34 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: CRIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

- - SKIN INTEGRITY ALTERATION - -

Skin integrity alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Skin integrity alteration problem is: **Stabilizing/Maintaining**
Skin integrity alteration problem has:
Skin integrity alteration problem comment:

-

Peripheral vascular alteration problem expected to:
Target date:
Peripheral vascular alteration problem is:
Peripheral vascular alteration problem has:
Peripheral vascular alteration problem comment:

-

Endocrine alteration problem expected to:
Target date:
Endocrine alteration problem is:
Endocrine alteration problem has:
Endocrine alteration problem comment:

-

Immunologic alteration problem expected to:
Target date:
Immunologic alteration problem is:
Immunologic alteration problem has:
Immunologic alteration problem comment:

-

Thermoregulation alteration problem expected to:
Target date:
Thermoregulation alteration problem is:
Thermoregulation alteration problem has:
Thermoregulation alteration problem comment:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Growth and development alteration problem expected to:
Target date:
Growth and development alteration problem is:
Growth and development alteration problem has:
Growth and development alteration problem comment:

Infection alteration problem expected to:
Target date:
Infection alteration problem is:
Infection alteration problem has:
Infection alteration problem comment:

Functional problem/alteration in:
Nutrition
Pain
Comfort
Activity

Fluid volume alteration problem expected to:
Target date:
Fluid volume alteration problem is:
Fluid volume alteration problem has:
Fluid volume alteration problem comment:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/.7/50
Account No: N00101730890 **Age:** 69
Physician: MEZZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SBI HAUGEN,STEVEN A **Run Time:** 0449

Breastfeeding impairment problem expected to:
Target date:
Breastfeeding impairment problem is:
Breastfeeding impairment problem has:
Breastfeeding impairment problem comment:

- - COMFORT ALTERATION - -

Comfort alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Comfort alteration problem is: **Stabilizing/Maintaining**
Comfort alteration problem has:
Comfort alteration problem comment:

- PAIN PROBLEM - -

Pain problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Pain problem is: **Stabilizing/Maintaining**
Pain problem has:
Pain problem comment:

Sensory perception alteration problem expected to:
Target date:
Sensory perception alteration problem is:
Sensory perception alteration problem has:
Sensory perception alteration problem comment:

- ACTIVITY ALTERATION - -

Activity alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Activity alteration problem is: **Stabilizing/Maintaining**
Activity alteration problem has:
Activity alteration problem comment:

*** CONTINUED ON PAGE 37 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
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Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Bathing/hygiene deficit problem expected to:
Target date:
Bathing/hygiene deficit problem is:
Bathing/hygiene deficit problem has:
Bathing/hygiene deficit problem comment:

Dressing/grooming deficit problem expected to:
Target date:
Dressing/grooming deficit problem is:
Dressing/grooming deficit problem has:
Dressing/grooming deficit problem comment:

- - NUTRITION ALTERATION - -

Nutrition alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Nutrition alteration problem is: **Stabilizing/Maintaining**
Nutrition alteration problem has:
Nutrition alteration problem comment:

Toileting deficit problem expected to:
Target date:
Toileting deficit problem is:
Toileting deficit problem has:
Toileting deficit problem comment:

Sleep alteration problem expected to:
Target date:
Sleep alteration problem is:
Sleep alteration problem has:
Sleep alteration problem comment:

Psychological problem/alteration in:
Individual coping

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449
Family coping

Anxiety alteration problem expected to:
Target date:
Anxiety alteration problem is:
Anxiety alteration problem has:
Anxiety alteration problem comment:

Communication impairment alteration expected to:
Target date:
Communication impairment alteration is:
Communication impairment alteration has:
Communication impairment alteration comment:

- - FAMILY COPING IMPAIRMENT - -

Family coping impairment problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Family coping impairment problem is: **Stabilizing/Maintaining**
Family coping impairment problem has:
Family coping impairment problem comment:

- - INDIVIDUAL COPING IMPAIRMENT - -

Individual coping impairment problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Individual coping impairment problem is: **Stabilizing/Maintaining**
Individual coping impairment problem has:
Individual coping impairment problem comment:

Fear alteration problem expected to:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Target date:
Fear alteration problem is:
Fear alteration problem has:
Fear alteration problem comment:

-

Family processes alteration problem expected to:
Target date:
Family processes alteration problem is:
Family processes alteration problem has:
Family processes alteration problem comment:

-

Grieving problem expected to:
Target date:
Grieving problem is:
Grieving problem has:
Grieving problem comment:

-

Post-trauma response problem expected to:
Target date:
Post-trauma response problem is:
Post-trauma response problem has:
Post-trauma response problem comment:

-

Self concept alteration problem expected to:
Target date:
Self concept alteration problem is:
Self concept alteration problem has:
Self concept alteration problem comment:

-

Spiritual state alteration problem expected to:
Target date:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Spiritual state alteration problem is:
Spiritual state alteration problem has:
Spiritual state alteration problem comment:

-

Thought processes alteration problem expected to:
Target date:
Thought processes alteration problem is:
Thought processes alteration problem has:
Thought processes alteration problem comment:

-

Aspiration risk problem expected to:
Target date:
Aspiration risk problem is:
Aspiration risk problem has:
Aspiration risk problem comment:

- - **BLEEDING ALTERATION** - -

Bleeding risk problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Bleeding risk problem is: **Stabilizing/Maintaining**
Bleeding risk problem has:
Bleeding risk problem comment:

Health behavior problem/risk:
Home maintenance
Bleeding risk
Infection risk
Injury risk
Procedural/periop risk

- - **INJURY RISK PROBLEM** - -

Injury risk problem expected to: **Stabilize/Maintain**
Target date: **12/10/19**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Injury risk problem is: **Stabilizing/Maintaining**
Injury risk problem has:
Injury risk problem comment:

-

Violence risk problem expected to:
Target date:
Violence risk problem is:
Violence risk problem has:
Violence risk problem comment:

-

Medication risk problem expected to:
Target date:
Medication risk problem is:
Medication risk problem has:
Medication risk problem comment:

-

Restraint safety precautions problem expected to:
Target date:
Restraint safety precautions problem is:
Restraint safety precautions problem has:
Restraint safety precautions problem comment:

-

Suicide risk problem expected to:
Target date:
Suicide risk problem is:
Suicide risk problem has:
Suicide risk problem comment:

- - **PROCEDURAL/PERIOP RISK** - -

Procedural/periop risk problem expected to: **Stabilize/Maintain**
Target date: **12/10/19**
Procedural/periop risk problem is: **Stabilizing/Maintaining**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Date:** 12/28/19 **Run Time:** 0449

Procedural/periop risk problem has:
Procedural/periop risk problem comment:

Noncompliance problem expected to:
Target date:
Noncompliance problem is:
Noncompliance problem has:
Noncompliance problem comment:

- - HOME MAINTENANCE ALTERATION - -

Home maintenance alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Home maintenance alteration problem is: **Stabilizing/Maintaining**
Home maintenance alteration problem has:
Home maintenance alteration problem comment:

- - INFECTION RISK - -

Infection risk problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Infection risk problem is: **Stabilizing/Maintaining**
Infection risk problem has:
Infection risk problem comment:

Violence/restraints risk problem expected to:
Target date:
Violence/restraints risk problem is:
Violence/restraints risk problem has:
Violence/restraints risk problem comment:

DOCUMENTATION
MDROs:

Occurred 12/10/19 1438 THOMAS,JOSUE P Recorded 12/10/19 1439 THOMAS,JOSUE P

- - CQM ANTIBIOTIC DOSING - -

Antibiotic #1 given: **Pre-operative dosing**

*** CONTINUED ON PAGE 43 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Antibiotic #1: **CEFA**
Antibiotic #1 dose: **2**
Antibiotic #1 units: **Gram(s)**
Antibiotic #1 date: **12/10/19**
Antibiotic #1 time begun: **1355**
Antibiotic #1 route: **IV Intravenous**
Antibiotic #1 given by: **ANESTHESIA**

Antibiotic #2 given:
Antibiotic #2:
Antibiotic #2 dose:
Antibiotic #2 units:
Antibiotic #2 date:
Antibiotic #2 time begun:
Antibiotic #2 route:
Antibiotic #2 given by:

Antibiotic #3 given:
Antibiotic #3:
Antibiotic #3 dose:
Antibiotic #3 units:
Antibiotic #3 date:
Antibiotic #3 time begun:
Antibiotic #3 route:
Antibiotic #3 given by:

Antibiotic #4 given:
Antibiotic #4:
Antibiotic #4 dose:
Antibiotic #4 units:
Antibiotic #4 date:
Antibiotic #4 time begun:
Antibiotic #4 route:
Antibiotic #4 given by:

Antibiotic #5 given:
Antibiotic #5:
Antibiotic #5 dose:
Antibiotic #5 units:
Antibiotic #5 date:
Antibiotic #5 time begun:
Antibiotic #5 route:
Antibiotic #5 given by:

Antibiotic #6 given:
Antibiotic #6:
Antibiotic #6 dose:
Antibiotic #6 units:
Antibiotic #6 date:
Antibiotic #6 time begun:
Antibiotic #6 route:

*** CONTINUED ON PAGE 44 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Antibiotic #6 given by:

Surgical incision date: **12/10/19**
Surgical incision time: **1428**

DOCUMENTATION
MDROs:

Occurred 12/10/19 1702 Kesler baby,Mckenzie Recorded 12/10/19 1702 Kesler-baby,Mckenzie
- - *DRESSING AND PACKING* - -

Skin alteration: **Present/Exists**

Skin alteration:
- - Procedural site Lateral Thigh left - -
Instance list status: Active
Staples/sutures: Staples intact
Cleansed/applied: Normal saline
Dressing/reinforcement type: Abd pad/dressing, Gauze, MEDIPORE TAPE
Packing removed: No
<End>

DOCUMENTATION
Skin alteration summary: **Procedural site Lateral Thigh left**
Skin alteration:

MDROs:

*** CONTINUED ON PAGE 45 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Account No: N00101730890
Physician: MPZTH Mezzanotte,Thomas MD
Specialty: ORTHO ORTHOPEDICS
O.R.: N.OR1-OR ROOM 1
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1352 NNUR.SH1 HAUGEN,STEVEN A

Date of Birth: 09/17/50
Age: 69
Sex: M
Room-Bed/T.Loc: N.A419 1
Oper Date: 12/10/19
Run Date: 12/28/19
Run Time: 0449

OR/PROC TIMES

OR/PROC AREA	TIME	DATE
ANESTHESIA START:	1345	12/10/19
PT IN ROOM:	1345	12/10/19
SURGEON IN ROOM:	1355	12/10/19
PROCEDURE START:	1428	12/10/19

Filed by Mckenzie Kesler baby, RN on 12/10/19 at 1737

POSITION

SUPINE

Filed by Mckenzie Kesler baby, RN on 12/10/19 at 1737

DEVICES

FRACTURE TABLE
PILLOW

Filed by Mckenzie Kesler baby, RN on 12/10/19 at 1737

*** CONTINUED ON PAGE 46 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/50
Account No: N00101730890
Age: 69
Physician: MEZTH-Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO-ORTHOPEDICS
Room-Bed/T.Loc: N.A419 1
O.R.: N.OR1-OR ROOM 1
Oper Date: 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A
Run Date: 12/28/19
Run Time: 0449

OR/PROC STAFF

SURGEONS	IN	OUT	DATE
Procedure:			
p ORIF HIP INTERTRONCHANTERIC NAIL			
Mezzanotte,Thomas MD			
Surgeon:			
Mezzanotte,Thomas MD			
Assisting:			
Hanna, Rebecca PA			

ANESTHESIOLOGISTS	IN	OUT	DATE
Anesthesiologist:			
Gross,Leah E MD			
Assist/CRNA:			
Polete, Jedidiah CRNA			

OTHER CASE STAFF	IN	OUT	DATE
Circulator/ RN:			
THOMAS,JOSUE P	1345	1510	12/10/19
	LUNCH BREAK		
Kesler-baby,Mckenzie	1420	1455	12/10/19
Scrub/ Tech:			
Melendez soto,Alexan	1630		12/10/19
Santiago,Jose	1500		12/10/19
Other:			
HERNANDEZ, LUIS RAD TECH			
	RAD TECH		
NRADLVN			
	RAD TECH		
Morales-alvarez,Abra	1500		12/10/19
	C/ARM TECH		
Vendors/ HCIR:			
IMM,MAT STRYKER REP.	1500		12/10/19
JUSTIN HULL, SYNTHES			
	REP		

Filed by Mckenzie Kesler baby, RN on 12/10/19 at 1737

PROCEDURES

PROPOSED Procedures	Severity	R/L/B	ANES TYPE	ASA CLASS
p ORIF HIP INTERTRONCHANTERIC NAIL	OR LEVEL 3	LEFT	GENERAL ANESTHESIA	4

ACTUAL Procedures	Severity	R/L/B	Wound	Surgeon	START	END
p ORIF HIP INTERTRONCHANTERIC NAIL	OR LEVEL 3	LEFT	CL	MEZTH		

Filed by JOSUE P THOMAS, RN on 12/10/19 at 1401

*** CONTINUED ON PAGE 47 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/50
Account No: N00101730890
Age: 69
Physician: MEZTH-Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO-ORTHOPEDICS
Room-Bed/T.Loc: N.A419-1
O.R.: N.OR1-OR ROOM 1
Oper Date: 12/10/19
Osceola_Regional_Med._Center
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Case Close/
Run Date: 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A
Run Time: 0449

DIAGNOSIS

PRE OP DIAGNOSIS
LEFT HIP FX

POST OP DIAGNOSIS
LEFT HIP FX

Filed by JOSUE P THOMAS, RN on 12/10/19 at 1401

COUNTS

Procedures: ORIF HIP INTERTRONCHANTERIC NAIL

Initial

Item	Counted	Comments
SPONGES	Yes	
SHARPS	Yes	

Counted by: NNUR.JPT
NORAM

2ND

Item	Counted	Comments
SPONGES	Correct	
SHARPS	Correct	

Final

Item	Counted	Comments
SPONGES	Correct	
SHARPS	Correct	

Counted by: NORJS1
NORMK

Comments

Surgeon Given Counts: Yes

X-ray Taken: No

Scan Taken: No

Filed by Mckenzie Kesler-baby, RN on 12/10/19 at 1701

*** CONTINUED ON PAGE 48 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/50
Account No: N00101730890
Age: 69
Physician: MEZTH-Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO-ORTHOPEDICS
Room-Bed/T.Loc: N.A419-1
O.R.: N.OR1-OR ROOM 1
Oper Date: 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/
Run Date: 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A
Run Time: 0449

IMPLANTS

Inventory	Type	Implant/Manufacturer	Qty/Surgeon	Device ID
N.IMPLANTS	IMPLANT	UNLISTED IMPLANT/SUPPLY ****	2	

DEPUY SYNTHES — Mezzanotte,Thomas MD

Lot #/Batch #	Cat #/Serial #	Size/Exp Date	Qty/Site	Culture
	242.110		1 FEMUR LEFT	

Donation ID — Manufacture Date

Implant Tracked: N
Opened By: NORMK Date: 20191210 Time:
Prepared By: NORAM Date: 20191210 Time:

Lot #/Batch #	Cat #/Serial #	Size/Exp Date	Qty/Site	Culture
	02.207.095		1 FEMUR LEFT	

Donation ID — Manufacture Date

Implant Tracked: N
Opened By: NORMK Date: 20191210 Time:
Prepared By: NORAM Date: 20191210 Time:

N.IMPLANTS IMPLANT SCREW BN 3.5X34 02200034 3

SYNTHES L.T.D — Mezzanotte,Thomas MD

Lot #/Batch #	Cat #/Serial #	Size/Exp Date	Qty/Site	Culture
			3 FEMUR LEFT	

Donation ID — Manufacture Date

Implant Tracked: N
Opened By: NORMK Date: 20191210 Time:
Prepared By: NORAM Date: 20191210 Time:

N.IMPLANTS IMPLANT SCREW BN 5x75MM 02205075 1

SYNTHES (DEPUY) — Mezzanotte,Thomas MD

Lot #/Batch #	Cat #/Serial #	Size/Exp Date	Qty/Site	Culture
			1 FEMUR LEFT	

Donation ID — Manufacture Date

Implant Tracked: N
Opened By: NORMK Date: 20191210 Time:
Prepared By: NORAM Date: 20191210 Time:

*** CONTINUED ON PAGE 49 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1352 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

N.IMPLANTS IMPLANT SCREW BN 7.3X90MM 02207290 1

DEPUY SYNTHES Mezzanotte,Thomas MD

Lot #/Batch #	Cat #/Serial #	Size/Exp Date	Qty/Site	Culture
			1 FEMUR LEFT	

Donation ID Manufacture Date

Implant Tracked: N
Opened By: NORMK Date: 20191210 Time:
Prepared By: NORAM Date: 20191210 Time:

N.IMPLANTS IMPLANT SCREW BN 4.5X34MM 214834 2

SYNTHES (DEPUY) Mezzanotte,Thomas MD

Lot #/Batch #	Cat #/Serial #	Size/Exp Date	Qty/Site	Culture
			2 FEMUR LEFT	

Donation ID Manufacture Date

Implant Tracked: N
Opened By: NORMK Date: 20191210 Time:
Prepared By: NORAM Date: 20191210 Time:

N.IMPLANTS IMPLANT SCREW BN 4.5X36MM 214836 5

SYNTHES (DEPUY) Mezzanotte,Thomas MD

Lot #/Batch #	Cat #/Serial #	Size/Exp Date	Qty/Site	Culture
			5 FEMUR LEFT	

Donation ID Manufacture Date

Implant Tracked: N
Opened By: NORMK Date: 20191210 Time:
Prepared By: NORAM Date: 20191210 Time:

N.IMPLANTS IMPLANT SCREW BN 3.5X6X32MMM 02200032 1

DEPUY SYNTHES Mezzanotte,Thomas MD

Lot #/Batch #	Cat #/Serial #	Size/Exp Date	Qty/Site	Culture
			1 FEMUR LEFT	

Donation ID Manufacture Date

Implant Tracked: N
Opened By: NORMK Date: 20191210 Time:

*** CONTINUED ON PAGE 50 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A439 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449
Prepared By: NORAM Date: 20191210 Time:

Filed by Mckenzie Kesler-baby, RN on 12/11/19 at 1436

OR/PROC NOTES

12/10/19 1441 THOMAS,JOSUE P
Chart reviewed prior to transfer into OR. Proper body alignment maintained during transfers and positioning. Sterile technique monitored throughout procedure.

Filed by JOSUE P THOMAS, RN on 12/10/19 at 1442

OR/PROC TIMES

OR/PROC AREA	TIME	DATE
PROCEDURE END:	1725	12/10/19
SURGEON LEAVES ROOM:	1726	12/10/19
PT LEAVES ROOM:	1730	12/10/19

Filed by Mckenzie Kesler-baby, RN on 12/10/19 at 1737

DRESSINGS

ABD PAD
GAUZE
ACE WRAP 6"
KNEE SPLINT

Filed by Mckenzie Kesler-baby, RN on 12/10/19 at 1737

OR/PROC TRANSFER DATA

PATIENT DESTINATION:	P1	PACU PHASE I
REPORT GIVEN TO:	NRCPAW	Patricia A White
TRANSPORT METHOD:	ST	STRETCHER
SURGERY OUTCOME:	CO	COMPLETED

Filed by Mckenzie Kesler-baby, RN on 12/10/19 at 1737

*** CONTINUED ON PAGE 51 ***

Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO-ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419-1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med._Center	**Oper Date:**	12/10/19
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

OR/PROC SCREENS

- - RN CHECKLIST AND ASSESSMENT - -

Procedure: **OPEN REDUCTION INTERNAL FIXATION OF LEFT FEMUR**

Was the admit history and assessment reviewed: **Yes**
Were changes to admit history and/or assessment noted: **Yes**

Document noted changes to history/assessment:

H and P completed within last 30 days and available: **Yes**
H and P updated, completed and available: **Yes**
Allergies noted, confirmed, documented: **Yes**
BMI calculated: **25.7**

Consents complete, valid and available: **Procedure(s)**
Anesthesia
Blood

Consent comment:

Pregnancy test completed:
LMP:

Urinary catheter present on arrival to OR: **No**
Urine characteristics:

Procedural items are available for case: **Implants**
Relevant Images
Special Devices
Special Equipment

- - FIRE RISK - -

Procedure site above the xiphoid process: **No**
Open oxygen source (i.e. face mask, nasal cannula): **Yes**
Ignition source (i.e. cautery, laser, fiber optic light source): **Yes**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 3449
Fire Risk Score: **2** **Low risk/conversion poten**

- - NPO STATUS - -

Last solids date: **12/09/19**
Last solids time: **2359**
Last liquids date: **12/10/19**
Last liquids time: **0611**
NPO comments:

- INTRA-OPERATIVE PREP DOCUMENTATION - -

Prep site 1: **Hip left**
Site 1 hair removed: **No**
Site 1 hair removal method:
Site 1 hair removed by:
Site 1 prep solution: **Alcohol chlorhexidine**

Site 1 prepped by: **NORMK** **Kesler-baby,Mckenzie**
Site 1 prep comment:

Alcohol based prep applied site 1: **Yes**
Time site 1 prep applied:
Time site 1 prep determined dry:
Site 1 prep determined dry by:
Site 1 absence of pooling:
Site 1 absence of pooling determined by:
Corrective actions if pooling occurred site 1:

Time site 1 drape applied:
Site 1 drape applied by:
Procedure site 1 mark visible after prep and drape:

Second prep site:
Prep site 2:
Site 2 hair removed:
Site 2 hair removal method:
Site 2 hair removed by:
Site 2 prep solution:

Site 2 prepped by:
Site 2 prep comment:

*** CONTINUED ON PAGE 53 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Alcohol or alcohol-based prep site 2:
Time site 2 prep applied:
Time site 2 prep determined dry:
Site 2 prep determined dry by:
Site 2 absence of pooling:
Site 2 absence of pooling determined by:

Corrective actions if pooling occurred site 2:

Time site 2 drape applied:
Site 2 drape applied by:
Procedure site 2 mark visible after prep and drape:

Briefing/anesthesia timeout completed:
Procedure timeout completed at:
Procedures being performed:

Site blocked:

Filed by JOSUE P THOMAS, RN on 12/10/19 at 1401

- OR POSTOP PROCEDURE - -

Patient transferred safely to bed or stretcher via: **With help from staff**
Intraoperative x-rays taken:
Fluoroscopy: **Yes**
Fluoro time minutes: **3**
Fluoro time seconds: **27**
Skin condition after ESU pad removal: **Warm/dry/intact**

Patient monitored for goal-directed fluid therapy during surgery: **Yes**
Debriefing completed: **Yes**
Post procedure transfer comments:

Filed by Mckenzie Kesler-baby, RN on 12/10/19 at 1702

OPERATIVE COMPLETED BY

Completed By Mckenzie Kesler-baby
Completed Date 12/10/19
Completed Time 1737

*** CONTINUED ON PAGE 54 ***

Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO-ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419-1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med._Center	**Oper Date:**	12/10/19
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

PHASE I ASSESSMENTS

Occurred 12/10/19 1911 White,Patricia A Recorded 12/10/19 1911 White,Patricia A

Physiological problem/alteration in:

Skin integrity
Musculoskeletal
Cardiac
Respiratory

-

Neurological alteration problem expected to:
Target date:
Neurological alteration problem is:
Neurological alteration problem has:
Neurological alteration problem comment:

- - **CARDIAC ALTERATION** - -

Cardiac alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Cardiac alteration problem is: **Improving/Resolving**
Cardiac alteration problem has:
Cardiac alteration problem comment:

- - **RESPIRATION ALTERATION** - -

Respiration alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Respiration alteration problem is: **Improving/Resolving**
Respiration alteration problem has:
Respiration alteration problem comment:

-

Ventilatory weaning impairment problem expected to:
Target date:
Ventilatory weaning impairment problem is:
Ventilatory weaning impairment problem has:
Ventilatory weaning impairment problem comment:

*** CONTINUED ON PAGE 55 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

-

Gastrointestinal alteration problem expected to:
Target date:
Gastrointestinal alteration problem is:
Gastrointestinal alteration problem has:
Gastrointestinal alteration problem comment:

-

Bowel elimination alteration problem expected to:
Target date:
Bowel elimination alteration problem is:
Bowel elimination alteration problem has:
Bowel elimination alteration problem comment:

-

Renal alteration problem expected to:
Target date:
Renal alteration problem is:
Renal alteration problem has:
Renal alteration problem comment:

-

Urinary elimination alteration problem expected to:
Target date:
Urinary elimination alteration problem is:
Urinary elimination alteration problem has:
Urinary elimination alteration problem comment:

- - **MUSCULOSKELETAL ALTERATION** - -

Musculoskeletal alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Musculoskeletal alteration problem is: **Improving/Resolving**
Musculoskeletal alteration problem has:
Musculoskeletal alteration problem comment:

*** CONTINUED ON PAGE 56 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

- - SKIN INTEGRITY ALTERATION - -

Skin integrity alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Skin integrity alteration problem is: **Improving/Resolving**
Skin integrity alteration problem has:
Skin integrity alteration problem comment:

-

Peripheral vascular alteration problem expected to:
Target date:
Peripheral vascular alteration problem is:
Peripheral vascular alteration problem has:
Peripheral vascular alteration problem comment:

-

Endocrine alteration problem expected to:
Target date:
Endocrine alteration problem is:
Endocrine alteration problem has:
Endocrine alteration problem comment:

-

Immunologic alteration problem expected to:
Target date:
Immunologic alteration problem is:
Immunologic alteration problem has:
Immunologic alteration problem comment:

-

Thermoregulation alteration problem expected to:
Target date:
Thermoregulation alteration problem is:
Thermoregulation alteration problem has:
Thermoregulation alteration problem comment:

*** CONTINUED ON PAGE 57 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Growth and development alteration problem expected to:
Target date:
Growth and development alteration problem is:
Growth and development alteration problem has:
Growth and development alteration problem comment:

Infection alteration problem expected to:
Target date:
Infection alteration problem is:
Infection alteration problem has:
Infection alteration problem comment:

Functional problem/alteration in:
Nutrition
Pain
Comfort
Activity

Fluid volume alteration problem expected to:
Target date:
Fluid volume alteration problem is:
Fluid volume alteration problem has:
Fluid volume alteration problem comment:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Breastfeeding impairment problem expected to:
Target date:
Breastfeeding impairment problem is:
Breastfeeding impairment problem has:
Breastfeeding impairment problem comment:

- - COMFORT ALTERATION - -

Comfort alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Comfort alteration problem is: **Improving/Resolving**
Comfort alteration problem has:
Comfort alteration problem comment:

- - PAIN PROBLEM - -

Pain problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Pain problem is: **Improving/Resolving**
Pain problem has:
Pain problem comment:

Sensory perception alteration problem expected to:
Target date:
Sensory perception alteration problem is:
Sensory perception alteration problem has:
Sensory perception alteration problem comment:

- - ACTIVITY ALTERATION - -

Activity alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Activity alteration problem is: **Improving/Resolving**
Activity alteration problem has:
Activity alteration problem comment:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/51
Account No: N00101730890 **Age:** 69
Physician: MEZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N/RI-OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SHI HAUGEN,STEVEN A **Run Time:** 0449

Bathing/hygiene deficit problem expected to:
Target date:
Bathing/hygiene deficit problem is:
Bathing/hygiene deficit problem has:
Bathing/hygiene deficit problem comment:

Dressing/grooming deficit problem expected to:
Target date:
Dressing/grooming deficit problem is:
Dressing/grooming deficit problem has:
Dressing/grooming deficit problem comment:

- - NUTRITION ALTERATION - -

Nutrition alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Nutrition alteration problem is: **Improving/Resolving**
Nutrition alteration problem has:
Nutrition alteration problem comment:

Toileting deficit problem expected to:
Target date:
Toileting deficit problem is:
Toileting deficit problem has:
Toileting deficit problem comment:

Sleep alteration problem expected to:
Target date:
Sleep alteration problem is:
Sleep alteration problem has:
Sleep alteration problem comment:

Psychological problem/alteration in:
Individual coping

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449
Family coping

-

Anxiety alteration problem expected to:
Target date:
Anxiety alteration problem is:
Anxiety alteration problem has:
Anxiety alteration problem comment:

-

Communication impairment alteration expected to:
Target date:
Communication impairment alteration is:
Communication impairment alteration has:
Communication impairment alteration comment:

- - **FAMILY COPING IMPAIRMENT** - -

Family coping impairment problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Family coping impairment problem is: **Improving/Resolving**
Family coping impairment problem has:
Family coping impairment problem comment:

- - **INDIVIDUAL COPING IMPAIRMENT** - -

Individual coping impairment problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Individual coping impairment problem is: **Improving/Resolving**
Individual coping impairment problem has:
Individual coping impairment problem comment:

-

Fear alteration problem expected to:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Target date:
Fear alteration problem is:
Fear alteration problem has:
Fear alteration problem comment:

Family processes alteration problem expected to:
Target date:
Family processes alteration problem is:
Family processes alteration problem has:
Family processes alteration problem comment:

Grieving problem expected to:
Target date:
Grieving problem is:
Grieving problem has:
Grieving problem comment:

Post-trauma response problem expected to:
Target date:
Post-trauma response problem is:
Post-trauma response problem has:
Post-trauma response problem comment:

Self concept alteration problem expected to:
Target date:
Self concept alteration problem is:
Self concept alteration problem has:
Self concept alteration problem comment:

Spiritual state alteration problem expected to:
Target date:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
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Spiritual state alteration problem is:
Spiritual state alteration problem has:
Spiritual state alteration problem comment:

-

Thought processes alteration problem expected to:
Target date:
Thought processes alteration problem is:
Thought processes alteration problem has:
Thought processes alteration problem comment:

-

Aspiration risk problem expected to:
Target date:
Aspiration risk problem is:
Aspiration risk problem has:
Aspiration risk problem comment:

- - **BLEEDING ALTERATION** - -

Bleeding risk problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Bleeding risk problem is: **Improving/Resolving**
Bleeding risk problem has:
Bleeding risk problem comment:

Health behavior problem/risk:
Home maintenance
Bleeding risk
Infection risk
Injury risk
Procedural/periop risk

- - **INJURY RISK PROBLEM** - -

Injury risk problem expected to: **Stabilize/Maintain**
Target date: **12/10/19**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: DRIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1352 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Injury risk problem is: **Improving/Resolving**
Injury risk problem has:
Injury risk problem comment:

Violence risk problem expected to:
Target date:
Violence risk problem is:
Violence risk problem has:
Violence risk problem comment:

Medication risk problem expected to:
Target date:
Medication risk problem is:
Medication risk problem has:
Medication risk problem comment:

Restraint safety precautions problem expected to:
Target date:
Restraint safety precautions problem is:
Restraint safety precautions problem has:
Restraint safety precautions problem comment:

Suicide risk problem expected to:
Target date:
Suicide risk problem is:
Suicide risk problem has:
Suicide risk problem comment:

- - PROCEDURAL/PERIOP RISK - -

Procedural/periop risk problem expected to: **Stabilize/Maintain**
Target date: **12/10/19**
Procedural/periop risk problem is: **Improving/Resolving**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Procedural/periop risk problem has:
Procedural/periop risk problem comment:

Noncompliance problem expected to:
Target date:
Noncompliance problem is:
Noncompliance problem has:
Noncompliance problem comment:

- - HOME MAINTENANCE ALTERATION - -

Home maintenance alteration problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Home maintenance alteration problem is: **Improving/Resolving**
Home maintenance alteration problem has:
Home maintenance alteration problem comment:

- - INFECTION RISK - -

Infection risk problem expected to: **Improve/Resolve**
Target date: **12/10/19**
Infection risk problem is: **Improving/Resolving**
Infection risk problem has:
Infection risk problem comment:

Violence/restraints risk problem expected to:
Target date:
Violence/restraints risk problem is:
Violence/restraints risk problem has:
Violence/restraints risk problem comment:

DOCUMENTATION
MDROs:

Occurred 12/10/19 2333 White,Patricia A Recorded 12/10/19 2334 White,Patricia A

- - LINES, DRAINS, AIRWAY - -

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Account No: N00101730890
Physician: MEZTH-Mezzanotte,Thomas MD
Specialty: ORTHO-ORTHOPEDICS
O.R.: N.OR1-OR ROOM 1
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A

Date of Birth: 09/17/50
Age: 69
Sex: M
Room-Bed/T.Loc: N.A419-1
Oper Date: 12/10/19
Run Date: 12/28/19
Run Time: 0449

Arterial line:

Arterial/venous sheath:

CVC/PICC procedure:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/[illegible]/50
Account No: N00101730890 **Age:** 69
Physician: MEZZ MEZZANOTTE,THOMAS MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/[illegible]/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1352 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Dialysis fistula/graft:

PD catheter location:
PD catheter type:
PD site condition:

PD site drainage description:

PD catheter sutured:
PD dressing type:

PD dressing intervention:
Date of last PD dressing change:

Epidural line status:
Catheter type:
Epidural placement location:
Timeout documentation:
Site assessment:

Site drainage description:

Line status:
Dressing type:
Dressing Intervention:
Date of last dressing change:

- PERIPHERAL INTRAVENOUS/OTHER - -

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

IV type:

- - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes

- - Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>

Port/Implanted line:

TIM catheter:

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Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO-ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419-1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med._Center	**Oper Date:**	12/10/19

Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL

Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

Other line:

Biliary tubes:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/51
Account No: N00101730890 **Age:** 69
Physician: MEZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Chest tube:

Drain:

GI ostomy type:
GI ostomy location:
GI ostomy healed, moist and pink:

GI stoma condition:

GI peristomal skin intact:

GI peristomal skin:

Date ostomy device changed:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Account No: N00101730890
Physician: MEZTH-Mezzanotte,Thomas MD
Specialty: ORTHO-ORTHOPEDICS
O.R.: N.OR1-OR ROOM 1
Osceola_Regional_Med._Center

Date of Birth: 09/17/50
Age: 69
Sex: M
Room-Bed/T.Loc: N.A419 1
Oper Date: 12/10/19

Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A

Run Date: 12/28/19
Run Time: 0449

Mucous fistula:
Mucous fistula location:
Mucous fistula healed, moist, and pink:
Mucous fistula stoma condition:

Mucous fistula peristomal skin intact:
Mucous fistula peristomal skin:

Date mucous fistula device changed:

GI tubes/drain s):

ICP/Ventriculostomy:

Drain status:
CSF color:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/51
Account No: N00101730890
Age: 69
Physician: MEZTH Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO ORTHOPEDICS
Room-Bed/T.Loc: N.A419 1
O.R.: N.OR1 OR ROOM 1
Oper Date: 12/13/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/
Transmitted: 12/27/19 1352 NNUR.SH1 HAUGEN,STEVEN A
Run Date: 12/28/19
Run Time: 0449

Site description:
Dressing status:
Drainage description:

Dressing type:

Date of last dressing change:

Urinary catheter type:
Insertion/applied date:
Insertion/applied time:
Indication for urinary catheter:
Urinary catheter status:
External/condom change date:
External/condom change time:
Indwelling type:

Catheter size:
Inserted/applied by if other than current documenter:
Removal date:
Removal time:
Reason for removal:
Complications during removal:

Urinary catheter complications encountered:

Urinary catheter interventions:

Surgical urinary device:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Account No: N00101730890
Physician: MEZTH-Mezzanotte,Thomas MD
Specialty: ORTHO-ORTHOPEDICS
O.R.: N.ORI-OR ROOM 1
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A

Date of Birth: 09/17/50
Age: 69
Sex: M
Room-Bed/T.Loc: N.A419-1
Oper Date: 12/10/19
Run Date: 12/28/19
Run Time: 0449

Negative pressure wound therapy:

Airway type:
Airway tube size:
Airway action:

Tube location verification:

Marking point cm:
Point of reference:
Bite block:

Secured with:

Airway tube changed:

Additional trach devices:

Condition of stoma:

Stoma drainage color:

Trach care:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Suction device:

Catheter size:
Route of suction:

Impairment to suctioning:

Suction results:
Consistency of sputum:

Color and description of sputum:

Lavage:

-

Briefing/anesthesia timeout completed:
Procedure timeout completed at:
Procedures being performed:

Site blocked:
Debriefing completed:

DOCUMENTATION
Peripheral IV summary: **Venous Left Forearm anterior 18 g Inserted 12/10/19 0430**
Venous Left Forearm anterior 18 g Inserted 12/10/19 0430
IV type:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

MDROs:

Occurred 12/10/19 1851 White,Patricia A Recorded 12/10/19 1910 White,Patricia A
- - **SURG: ASSESSMENT PACU** - -

Postop assessment and management: **Admitting PACU I**
PACU assessment time: **1730**
Patient identified by two identifiers and ID band on: **Yes**
Patient position on arrival: **Fowlers semi**
Family notified: **Yes**

Level of consciousness: **Awake**

Alertness/orientation: **Alert**

Changes since last assessment:

Ice Applied: **Not applicable**
If location is extremity, was extremity elevated: **Not applicable**

Assess neurological: **Yes**

- - **NEUROLOGICAL ASSESSMENT** - -

Alert and oriented: **Yes**
Oriented to:

-

Document Glasgow coma scale:
Eye opening:
Verbal response:
Motor response:
Glasgow coma score:

-

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SHI HAUGEN,STEVEN A **Run Time:** 0449

Enter/Edit RASS/Cam:
Upon observation, select best response describing patient:
Best description of patients restlessness or agitation:
Best description of patients response to verbal stimuli:
Best description of patients response to physical stimuli:
RASS/LOC score:

Acute change/flux mental status:
Inattention:
Altered level of consciousness:
Disorganized thinking:

CAM score:

Is patient sedated (PEDS):

Response to stimulation:

Cry/speech:

Facial symmetry: **Intact**

Pupils equal round reactive to light and accommodation: **Yes**
Pupil:

Left pupil size:
Right pupil size:
Pupil shape:

Left pupil reaction to light:

Right pupil reaction to light:

Pupil accommodation:

Tongue: **Midline**

Vocalization: **Appropriate**

Reflexes present and appropriate: **Yes**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/53
Account No: N00101730890 **Age:** 69
Physician: MEZZ MEZZANOTTE,THOMAS MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/13/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
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Gag:
Cough:

Babinski left:
Babinski right:

Deep tendon reflexes:

Upper extremities equal and strong bilaterally: **Yes**

Arm left motor strength:

Arm right motor strength:

Hand left motor strength:

Hand right motor strength:

Lower extremities equal and strong bilaterally: **Yes**

Leg left motor strength:

Leg right motor strength:

Foot left motor strength:

Foot right motor strength:

Gait, strength, balance: **Appropriate**

General weakness: **None**
Dizziness: **None**
Headache: **None**
Eye pain: **None**
Blurred vision: **None**
Double vision: **None**

Numbness/tingling, paresis/paralysis, tremors: **None**
Numbness location:

Tingling location:

Paresis location:

Paralysis location:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Tremor location:

Tremor severity:
Numbness/tingling, paresis/paralysis, tremors comment:

Current seizure activity: **None**
Seizure type:

Seizure duration (minutes):
Seizure duration (seconds):
Post-Ictal comments:

Nuchal rigidity: **No**
Fontanelles:

Document train of four:
Supramaximal stimulation:
Supramaximal stimulation site 1:
Number of milliamps (mA) site 1:
Supramaximal stimulation site 2:
Number of milliamps (mA) site 2:
Supramaximal stimulation site 3:
Number of milliamps (mA) site 3:
Train of four site:
Twitches:
Number of milliamps (mA):
Bispectral index:

Document Pupillometry:

Left pupil NPI:
Left pupillary size in mm:
Left % change:
Left MCV maximum constriction velocity in mm/s:

Right pupil NPI:
Right pupillary size in mm:
Right % change:
Right MCV maximum constriction velocity in mm/s:

NPI difference:
Pupil size difference:

Assess respiratory: **Yes**
- - RESPIRATORY ASSESSMENT - -
Respirations even and unlabored: **Yes**
Respiratory effort and pattern:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Bilateral lungs sounds clear, equal and undiminished: **Yes**

Left upper lobe:

Left lower lobe:

Right upper lobe:

Right middle lobe:

Right lower lobe:

Airway: **Patent**

Nasal trumpet size:
Oral airway size:

Chest expansion: **Symmetrical**
Trachea: **Midline**
Oral membranes: **Pink and moist**

Oxygen therapy: **Present/Exists**
Oxygen detail:

Oxygen delivery devices: **Non rebreather mask**

O2 Liters per minute: **15.000000**

FiO2%:
Nitric concentration (ppm):
Cough/sputum/secretions: **None**
Cough:

Color and description of sputum:

Amount of sputum:
Consistency of sputum:

Secretions cleared:

Assess cardiovascular: **Yes**
- - CARDIOVASCULAR ASSESSMENT - -
Heart sounds normal (S1,S2): **Yes**
Heart sounds:

Heart Murmurs:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Account No: N00101730890
Physician: MEZTH Mezzanotte,Thomas MD
Specialty: ORTHO ORTHOPEDICS
O.R.: N.OR1-OR ROOM 1
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A

Date of Birth: 09/17/50
Age: 69
Sex: M
Room-Bed/T.Loc: N.A419 1
Oper Date: 12/18/19
Run Date: 12/28/19
Run Time: 0449

Jugular distension: **None**
Jugular distension location:
Jugular bounding present:
Cardiac monitor: **Present/Exists**
Monitored heart rhythm: **Sinus tachycardia**

Ectopy:

Ectopy frequency:
QT interval (in seconds):
Cardiac pacer/AICD: **None**
Date AICD last discharged:
Pacemaker insertion site:
Pacemaker type:
Temporary pacemaker type:
Pacer wires:
Pacemaker mode:
Pacemaker sensitivity (mV):
Pacemaker rate:
Pacemaker Atrial (mA):
Pacemaker Ventricular (mA):
Pacing problems identified:

Pacemaker threshold test:
Temporary pacemaker maintenance:

Ventricular assist device: **None**
Date of VAD implant:
Assess VAD drive line site:

VAD drainage description:

VAD site dressing:

Date of last dressing change:

VAD mode:
VAD type:
VAD left flow:
VAD right flow:
VAD pump flow (L/min):
VAD speed set point:
VAD low speed limit:
VAD pump speed (rpm):
VAD pump power (watts):
VAD pulse index:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Shift system controller self-test performed:
Shift power module self-test:
Shift safety tab check (system controller):
Verified backup system controller settings:

VAD left performance level:
VAD left flow (L/min):
VAD left flow max (L/min):
VAD left flow min (L/min):
VAD left placement signal (mmHg):
VAD left placement signal mean (mmHg):
VAD left motor current (mA):
VAD left motor current mean (mA):
VAD left purge flow rate (mL/hr):
VAD left purge pressure (mmHg):
VAD right performance level:
VAD right flow (L/min):
VAD right flow max (L/min):
VAD right flow min (L/min):
VAD right placement signal (mmHg):
VAD right placement signal mean (mmHg):
VAD right motor current (mA):
VAD right motor current mean (mA):
VAD right purge flow rate (mL/hr):
VAD right purge pressure (mmHg):
Document pulse and site assessment:

-

Carotid left:

Carotid right:

Brachial left:

Brachial right:

Radial left:

Radial right:

Femoral left:

Femoral right:

Popliteal left:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Account No: N00101730890
Physician: MEZTH Mezzanotte,Thomas MD
Specialty: ORTHO ORTHOPEDICS
O.R.: N.OR1 OR ROOM 1
Osceola Regional Med. Center
Primary Procedure: CRIF HIP INTERTROCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1352 NNUR.SH1 HAUGEN,STEVEN A

Date of Birth: 09/17/50
Age: 69
Sex: M
Room-Bed/T.Loc: N.A419 1
Oper Date: 12/10/19
Run Date: 12/28/19
Run Time: 1449

Popliteal right:

Posterior tibial left:

Posterior tibial right:

Dorsalis pedis left:

Dorsalis pedis right:

Puncture site:
Site assessment:

Dressing:
Dressing status:
Dressing intervention:

Document compression:
Current compression device volume:
Amount compression device released:
New compression device volume:
Current compression device pressure:
Sheath pulled:
Sheath site manual pressure:
Compression comment:

Assess EENT: **Yes**

Eye physical abnormalities or drainage:
Ear physical abnormalities or drainage:
Nose physical abnormalities or drainage:
Mouth/throat physical abnormalities or drainage:
Mucous membranes:

Eye abnormalities:

Left eye drainage:

Left eye chemical/UV comment:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Right eye drainage:

Right eye chemical/UV comment:

Ear abnormalities:

Left ear drainage:

Right ear drainage:

Nose abnormalities:

Left naris drainage:

Left naris chemical comment:

Right naris drainage:

Right naris chemical comment:

Mouth/throat and facial abnormalities:

Mouth/throat drainage color:

Chemical comment:

Assess gastrointestinal: **Yes**

- - GASTROINTESTINAL ASSESSMENT - -

Nausea: **None**
Vomiting/Dry heaving: **None**
Emesis amount:

Emesis color:

Dry heaving:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Abdomen is soft, symmetrical, and non-tender: **Yes**
Firmness:
Abdomen appearance:

Tenderness:
Tenderness location:

Bowel sounds normal-active in all 4 quadrants: **Yes**
Bowel sounds LUQ:
Bowel sounds RUQ:
Bowel sounds LLQ:
Bowel sounds RLQ:

Passing flatus: **Yes**
Document stool: **Normal for patient**
Number of liquid stools:

Known infectious and noninfectious causes:

Stool characteristics:
Stool amount:
Stool color:

Impaction:
Incontinence:
Constipation:
WBC results:

Risk factors for C.diff:

Criteria met for C.diff:

Hiccups:
Reflux:
Pediatric intake:

Assess genitourinary: **Yes**

- - GENITOURINARY ASSESSMENT - -

Urine clear, yellow to amber in color: **Unable to assess**
Characteristics obtained by:
Urine characteristics:

Continent of urine for developmental age without catheter:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Abnormal urinary conditions:

Fistula/graft present:
Fistula/graft 1 location:
Fistula/graft 1 location (L/R):
Fistula/graft 1 thrill present:
Fistula/graft 1 bruit present:
Fistula/graft 2 location:
Fistula/graft 2 location (L/R):
Fistula/graft 2 thrill present:
Fistula/graft 2 bruit present:
Abnormal genitalia:
Abnormal genitalia comment:

Urethral discharge:
Urethral lesions:
Scrotal swelling:
Signs or symptoms of recent injury or trauma:
Recent injury/trauma comment:

Assess gynecological: **No**

Vaginal discharge:

Vaginal lesions:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1352 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Vaginal packing:
Currently pregnant:
Pregnant within last 42 days:
Date last pregnancy ended:
Lactating:
LMP:

Fetal movement reported:
Fetal movement different from pre admission:
Uterine cramping, right upper abdomen or back reported:
Uterine cramping different from pre admission:
Report of water broken or leakage:
Water broken or leakage date:
Water broken or leakage time:

Report of blurred vision or spots:
Upper quadrant abdominal pain:
Nausea:
Vomiting:
Fundus:

Lochia:

Perineum:

Perineum treatments:

Left breast:

Left breast nipple:

Right breast:

Right breast nipple:

Breast treatments:

Assist with breastfeeding/pumping:

Assess musculoskeletal: **Yes**

- MUSCULOSKELETAL ASSESSMENT - -

Full range of motion appropriate for developmental age: **Yes**
Developmentally age appropriate gait: **Yes**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Gait impairment:

Developmentally appropriate independent ambulation: **Yes**

Ambulation:

Paresthesia: **None**
Paresthesia:

Paresthesia comment:

Musculoskeletal acute condition: **None**
Acute condition:

Traction: **None**

Traction:

Positioning aids: **None**
Positioning aids:

Contractures: **None**

Assess integumentary: **Yes**

- - INTEGUMENTARY ASSESSMENT - -

Skin condition: **Warm and dry**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Account No: N00101730890
Physician: MEZTH-Mezzanotte,Thomas MD
Specialty: ORTHO ORTHOPEDICS
O.R.: N.OR1-OR ROOM 1
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A

Date of Birth: 09/17/50
Age: 69
Sex: M
Room-Bed/T.Loc: N.A419 1
Oper Date: 12/10/19
Run Date: 12/28/19
Run Time: 0449

Color within expectations for ethnicity: **Yes**
Color within expectations for ethnicity:

Skin turgor tenting less than 1 second: **Yes**

Skin piercings: **None**

- - SKIN PIERCINGS - -

Skin piercing locations:

Skin piercings removed:

Skin alteration/Procedure site: **None**
Skin alteration:

- SKIN TEST - -

Document skin test monitor: **No**
Skin test to document:

TB skin test date administered:
PPD injection site:
TB skin test results:
TB skin test induration (mm.):

Mumps skin test date administered:
Mumps skin test injection site:
Mumps skin test results:
Mumps skin test induration (mm.):

Candida skin test administration date:
Candida skin test injection site:
Candida skin test result:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Candida skin test induration (mm):

Assess peripheral vascular: **Yes**

- - PERIPHERAL VASCULAR - -

Capillary refill less than or equal to 3 seconds: **Yes**
Delay Location:

Left hand capillary refill time (sec):
Right hand capillary refill time (sec):
Left foot capillary refill time (sec):
Right foot capillary refill time (sec):

Pulses strong and equal bilaterally: **Yes**
Calves symmetrical and pain is absent with dorsiflexion: **Yes**
Calf location (L/R) 1:
Inspection of calves 1:
Calf location (L/R) 2:
Inspection of calves 2:

Peripheral edema: **None**
Nailbeds: **Pink/No signs of clubbing**
Clubbing: **None**
Mechanical prophylaxis in place: **Gcs knee**

Device applied to: **Right**

Peripheral edema location 1:
Peripheral edema location (L/R) 1:
Peripheral edema location (A/P) 1:
Peripheral edema turgor description 1:
Peripheral edema type 1:

Peripheral edema location 2:
Peripheral edema location (L/R) 2:
Peripheral edema location (A/P) 2:
Peripheral edema turgor description 2:
Peripheral edema type 2:

Peripheral edema location 3:
Peripheral edema location (L/R) 3:
Peripheral edema location (A/P) 3:
Peripheral edema turgor description 3:
Peripheral edema type 3:

Peripheral edema location 4:
Peripheral edema location (L/R) 4:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Peripheral edema location (A/P) 4:
Peripheral edema turgor description 4:
Peripheral edema type 4:

Transported with O2:
Reintubated in PACU:
Orders received and noted:
Family notified of transfer:
Discharge order by:

PACU transfer comments:

DOCUMENTATION
MDROs:

Occurred 12/10/19 2333 White,Patricia A Recorded 12/10/19 2333 White,Patricia A
- - **SURG: ASSESSMENT PACU** - -

Postop assessment and management: **Discharge PACU I**
PACU assessment time: **2301**
Patient identified by two identifiers and ID band on: **Yes**
Patient position on arrival: **Fowlers semi**
Family notified: **Yes**

Level of consciousness: **Awake**

Alertness/orientation: **Alert**

Changes since last assessment: **No**

Ice Applied: **Not applicable**
If location is extremity, was extremity elevated: **Not applicable**

Assess neurological: **No**

Alert and oriented:
Oriented to:

Document Glasgow coma scale:
Eye opening:
Verbal response:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Motor response:
Glasgow coma score:

Enter/Edit RASS/Cam:
Upon observation, select best response describing patient:
Best description of patients restlessness or agitation:
Best description of patients response to verbal stimuli:
Best description of patients response to physical stimuli:
RASS/LOC score:

Acute change/flux mental status:
Inattention:
Altered level of consciousness:
Disorganized thinking:

CAM score:

Is patient sedated (PEDS):

Response to stimulation:

Cry/speech:

Facial symmetry:

Pupils equal round reactive to light and accommodation:
Pupil:

Left pupil size:
Right pupil size:
Pupil shape:

Left pupil reaction to light:

Right pupil reaction to light:

Pupil accommodation:

Tongue:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZZTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449
Vocalization:

Reflexes present and appropriate:
Gag:
Cough:

Babinski left:
Babinski right:

Deep tendon reflexes:

Upper extremities equal and strong bilaterally:

Arm left motor strength:

Arm right motor strength:

Hand left motor strength:

Hand right motor strength:

Lower extremities equal and strong bilaterally:

Leg left motor strength:

Leg right motor strength:

Foot left motor strength:

Foot right motor strength:

Gait, strength, balance:

General weakness:
Dizziness:
Headache:
Eye pain:
Blurred vision:
Double vision:

Numbness/tingling, paresis/paralysis, tremors:
Numbness location:

Tingling location:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZZTH Mezzanotte,Thomas M. **Sex:** M
Specialty: R.HC ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/13/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1352 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Paresis location:

Paralysis location:

Tremor location:

Tremor severity:
Numbness/tingling, paresis/paralysis, tremors comment:

Current seizure activity:
Seizure type:

Seizure duration (minutes):
Seizure duration (seconds):
Post Ictal comments:

Nuchal rigidity:
Fontanelles:

Document train of four:
Supramaximal stimulation:
Supramaximal stimulation site 1:
Number of milliamps (mA) site 1:
Supramaximal stimulation site 2:
Number of milliamps (mA) site 2:
Supramaximal stimulation site 3:
Number of milliamps (mA) site 3:
Train of four site:
Twitches:
Number of milliamps (mA):
Bispectral index:

Document Pupillometry:

Left pupil NPI:
Left pupillary size in mm:
Left % change:
Left MCV maximum constriction velocity in mm/s:

Right pupil NPI:
Right pupillary size in mm:
Right % change:
Right MCV maximum constriction velocity in mm/s:

NPI difference:
Pupil size difference:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1952 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Assess respiratory: **No**

Respirations even and unlabored:
Respiratory effort and pattern:

Bilateral lungs sounds clear, equal and undiminished:

Left upper lobe:

Left lower lobe:

Right upper lobe:

Right middle lobe:

Right lower lobe:

Airway:

Nasal trumpet size:
Oral airway size:

Chest expansion:
Trachea:
Oral membranes:

Oxygen therapy:
Oxygen detail:

Oxygen delivery devices:

O2 Liters per minute:

FiO2%:
Nitric concentration (ppm):
Cough/sputum/secretions:
Cough:

Color and description of sputum:

Amount of sputum:
Consistency of sputum:

Secretions cleared:

Assess cardiovascular: **No**

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Heart sounds normal (S1,S2):
Heart sounds:

Heart Murmurs:
Jugular distension:
Jugular distension location:
Jugular bounding present:
Cardiac monitor:
Monitored heart rhythm:

Ectopy:

Ectopy frequency:
QT interval (in seconds):
Cardiac pacer/AICD:
Date AICD last discharged:
Pacemaker insertion site:
Pacemaker type:
Temporary pacemaker type:
Pacer wires:
Pacemaker mode:
Pacemaker sensitivity (mV):
Pacemaker rate:
Pacemaker Atrial (mA):
Pacemaker Ventricular (mA):
Pacing problems identified:

Pacemaker threshold test:
Temporary pacemaker maintenance:

Ventricular assist device:
Date of VAD implant:
Assess VAD drive line site:

VAD drainage description:

VAD site dressing:

Date of last dressing change:

VAD mode:
VAD type:
VAD left flow:
VAD right flow:
VAD pump flow (L/min):
VAD speed set point:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEYTH Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1952 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

VAD low speed limit:
VAD pump speed (rpm):
VAD pump power (watts):
VAD pulse index:

Shift system controller self test performed:
Shift power module self test:
Shift safety tab check (system controller):
Verified backup system controller settings:

VAD left performance level:
VAD left flow (L/min):
VAD left flow max (L/min):
VAD left flow min (L/min):
VAD left placement signal (mmHg):
VAD left placement signal mean (mmHg):
VAD left motor current (mA):
VAD left motor current mean (mA):
VAD left purge flow rate (mL/hr):
VAD left purge pressure (mmHg):
VAD right performance level:
VAD right flow (L/min):
VAD right flow max (L/min):
VAD right flow min (L/min):
VAD right placement signal (mmHg):
VAD right placement signal mean (mmHg):
VAD right motor current (mA):
VAD right motor current mean (mA):
VAD right purge flow rate (mL/hr):
VAD right purge pressure (mmHg):
Document pulse and site assessment:

Carotid left:

Carotid right:

Brachial left:

Brachial right:

Radial left:

Radial right:

Femoral left:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
O.R.: N.OR1 OR ROOM 1 **Oper Date:** 12/10/19
Osceola_Regional_Med._Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/ **Run Date:** 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Femoral right:

Popliteal left:

Popliteal right:

Posterior tibial left:

Posterior tibial right:

Dorsalis pedis left:

Dorsalis pedis right:

Puncture site:
Site assessment:

Dressing:
Dressing status:
Dressing intervention:

-

Document compression:
Current compression device volume:
Amount compression device released:
New compression device volume:
Current compression device pressure:
Sheath pulled:
Sheath site manual pressure:
Compression comment:

Assess EENT: **No**

-

Eye physical abnormalities or drainage:
Ear physical abnormalities or drainage:
Nose physical abnormalities or drainage:
Mouth/throat physical abnormalities or drainage:
Mucous membranes:

-

Eye abnormalities:

Left eye drainage:

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Surgical Case Record

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Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
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Case Close/ **Run Date:** 12/28/19
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Left eye chemical/UV comment:

Right eye drainage:

Right eye chemical/UV comment:

Ear abnormalities:

Left ear drainage:

Right ear drainage:

Nose abnormalities:

Left naris drainage:

Left naris chemical comment:

Right naris drainage:

Right naris chemical comment:

Mouth/throat and facial abnormalities:

Mouth/throat drainage color:

Chemical comment:

Assess gastrointestinal: **No**

Nausea:
Vomiting/Dry heaving:
Emesis amount:

*** CONTINUED ON PAGE 98 ***

Surgical Case Record

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Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A **Run Time:** 0449

Emesis color:

Dry heaving:
Abdomen is soft, symmetrical, and non-tender:
Firmness:
Abdomen appearance:

Tenderness:
Tenderness location:

Bowel sounds normal active in all 4 quadrants:
Bowel sounds LUQ:
Bowel sounds RUQ:
Bowel sounds LLQ:
Bowel sounds RLQ:

Passing flatus:
Document stool:
Number of liquid stools:

Known infectious and noninfectious causes:

Stool characteristics:
Stool amount:
Stool color:

Impaction:
Incontinence:
Constipation:
WBC results:

Risk factors for C.diff:

Criteria met for C.diff:

Hiccups:
Reflux:
Pediatric intake:

Assess genitourinary: **No**

Urine clear, yellow to amber in color:
Characteristics obtained by:
Urine characteristics:

Continent of urine for developmental age without catheter:

*** CONTINUED ON PAGE 99 ***

Surgical Case Record

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Abnormal urinary conditions:

Fistula/graft present:
Fistula/graft 1 location:
Fistula/graft 1 location (L/R):
Fistula/graft 1 thrill present:
Fistula/graft 1 bruit present:
Fistula/graft 2 location:
Fistula/graft 2 location (L/R):
Fistula/graft 2 thrill present:
Fistula/graft 2 bruit present:
Abnormal genitalia:
Abnormal genitalia comment:

Urethral discharge:
Urethral lesions:
Scrotal swelling:
Signs or symptoms of recent injury or trauma:
Recent injury/trauma comment:

Assess gynecological: **No**

*** CONTINUED ON PAGE 100 ***

Surgical Case Record

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Specialty: ORTHO-ORTHOPEDICS **Room-Bed/T.Loc:** N.A419-1
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Vaginal discharge:

Vaginal lesions:
Vaginal packing:
Currently pregnant:
Pregnant within last 42 days:
Date last pregnancy ended:
Lactating:
LMP:

Fetal movement reported:
Fetal movement different from pre-admission:
Uterine cramping, right upper abdomen or back reported:
Uterine cramping different from pre-admission:
Report of water broken or leakage:
Water broken or leakage date:
Water broken or leakage time:

Report of blurred vision or spots:
Upper quadrant abdominal pain:
Nausea:
Vomiting:
Fundus:

Lochia:

Perineum:

Perineum treatments:

Left breast:

Left breast nipple:

Right breast:

Right breast nipple:

Breast treatments:

Assist with breastfeeding/pumping:

Assess musculoskeletal: **No**

*** CONTINUED ON PAGE 101 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
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Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
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Full range of motion appropriate for developmental age:
Developmentally age appropriate gait:
Gait impairment:

Developmentally appropriate independent ambulation:

Ambulation:

Paresthesia:
Paresthesia:

Paresthesia comment:

Musculoskeletal acute condition:
Acute condition:

Traction:

Traction:

Positioning aids:
Positioning aids:

Contractures:

Assess integumentary: **No**

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Surgical Case Record

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Skin condition:

Color within expectations for ethnicity:
Color within expectations for ethnicity:

Skin turgor-tenting less than 1 second:

Skin piercings:

Skin piercing locations:

Skin piercings removed:

Skin alteration/Procedure site:
Skin alteration:

Document skin test monitor:
Skin test to document:

TB skin test date administered:
PPD injection site:
TB skin test results:
TB skin test induration (mm):

Mumps skin test date administered:
Mumps skin test injection site:
Mumps skin test results:
Mumps skin test induration (mm):

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Surgical Case Record

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Candida skin test administration date:
Candida skin test injection site:
Candida skin test result:
Candida skin test induration (mm):

Assess peripheral vascular: **No**

Capillary refill less than or equal to 3 seconds:
Delay Location:

Left hand capillary refill time (sec):
Right hand capillary refill time (sec):
Left foot capillary refill time (sec):
Right foot capillary refill time (sec):

Pulses strong and equal bilaterally:
Calves symmetrical and pain is absent with dorsiflexion:
Calf location (L/R) 1:
Inspection of calves 1:
Calf location (L/R) 2:
Inspection of calves 2:

Peripheral edema:
Nailbeds:
Clubbing:
Mechanical propnylaxis in place:

Device applied to:

Peripheral edema location 1:
Peripheral edema location (L/R) 1:
Peripheral edema location (A/P) 1:
Peripheral edema turgor description 1:
Peripheral edema type 1:

Peripheral edema location 2:
Peripheral edema location (L/R) 2:
Peripheral edema location (A/P) 2:
Peripheral edema turgor description 2:
Peripheral edema type 2:

Peripheral edema location 3:
Peripheral edema location (L/R) 3:
Peripheral edema location (A/P) 3:
Peripheral edema turgor description 3:
Peripheral edema type 3:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/17/50
Account No: N00101730890 **Age:** 69
Physician: MEZTH-Mezzanotte,Thomas MD **Sex:** M
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Peripheral edema location 4:
Peripheral edema location (L/R) 4:
Peripheral edema location (A/P) 4:
Peripheral edema turgor description 4:
Peripheral edema type 4:

- - PACU DISCHARGE - -

Transported with O2: **Yes**
Reintubated in PACU: **No**
Orders received and noted: **Yes**
Family notified of transfer: **Yes**
Discharge order by: **RODDA1 Rodriguez-Morveli,Dante MD**

PACU transfer comments:

DOCUMENTATION
MDROs:

PHASE I TIMES

PHASE I AREA	TIME	DATE
PT ARRIVES PACU:	1730	12/10/19
ANESTHESIA END:	1758	12/10/19
PT DISCHARGE PHASE 1:	1900	12/10/19
PT PACU HOLDING OUT:		

Filed by Patricia A White, RN on 12/10/19 at 2330

PHASE I TRANSFER DATA

	STAFF	IN	OUT	DATE
Post-op Staff:				
	Patricia A White			

PATIENT DESTINATION: CC ICU/CC
REPORT GIVEN TO: ICU RN
TRANSPORT METHOD: ST STRETCHER

Filed by Patricia A White, RN on 12/10/19 at 2330

*** CONTINUED ON PAGE 105 ***

Surgical Case Record

Patient:	N000880775 AYAD,AZIZ	**Date of Birth:**	09/17/50
Account No:	N00101730890	**Age:**	69
Physician:	MEZTH-Mezzanotte,Thomas MD	**Sex:**	M
Specialty:	ORTHO-ORTHOPEDICS	**Room-Bed/T.Loc:**	N.A419-1
O.R.:	N.OR1-OR ROOM 1 Osceola_Regional_Med._Center	**Oper Date:**	12/10/19
Primary Procedure:	ORIF HIP INTERTRONCHANTERIC NAIL		
Case Close/ Transmitted:	12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A	**Run Date:**	12/28/19
		Run Time:	0449

PHASE I NOTES

12/10/19 1730 White,Patricia A
RECEIVED TO PACU S/P OPEN REDUCTION INTERNAL FIXATION OF LEFT FEMUR,INITIALLY HEARTRATE OF 130 WITH LOW BLOOD PRESSURE UPON ARRIVAL.INCISIONAL SITE WITH STAPLES 4X4S ACE WRAP AND KNEE IMMOBILZER IN PLACE.UPON ARRIVAL 2 UNITS OF PACKED RED BLOOD CELLS RENDERED BY CRNA POLETE WITH OF RN WHITE RN

12/10/19 1740 White,Patricia A
BLOOD OBTAINED FOR TROPONIN LEVEL,AND BMP STAT TO LAB.EKG @ BEDSIDE.

12/10/19 1800 White,Patricia A
DAUGHTER ELAINE @ BEDSIDE FOR TRANSLATION.DR MOVELLI AWARE OF EKG AND TROPONIN LEVEL.STATES WANTS PT TO NUERO TRAUMA ICU.DAUGHTER AWARE

12/10/19 1930 White,Patricia A
PT STATES PAIN IS 5/10 AND PT RESTING EASY

12/10/19 1730 White,Patricia A
FOLEY DRAINING DARK AMBER URINE

12/10/19 2008 White,Patricia A
IV @ 75 CC/HR VIA PUMP

12/10/19 2030 White,Patricia A
PT RESTING WITHOUT COMPLAINTS

12/10/19 2301 White,Patricia A
ROOM AVAILABLE ,TRANSPORTED VIA STRETCHER,REPORT TO ICU RN

12/10/19 2130 White,Patricia A
FAMILY @ BEDSIDE FOR VISIT,PT STATES PAIN IS 2/10

12/10/19 2200 White,Patricia A
RESTING @ INTERVALS

12/10/19 2230 White,Patricia A
VOICING NO COMPLAINTS

Filed by Patricia A White, RN on 12/10/19 at 2336

*** CONTINUED ON PAGE 106 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/50
Account No: N00101730890
Age: 69
Physician: MEZTH-Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO-ORTHOPEDICS
Room-Bed/T.Loc: N.A419-1
O.R.: N.OR1-OR ROOM 1
Oper Date: 12/10/19
Osceola_Regional_Med._Center
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Case Close/
Run Date: 12/28/19
Transmitted: 12/27/19 1052 NNUR.SH1 HAUGEN,STEVEN A
Run Time: 0449

PHASE I VITAL SIGNS

	12/10/19 1730 NRCPAW	12/10/19 2301 NRCPAW
Blood pressure:	99/45	114/66
Blood pressure source:	Arterial	Non-invasive monitor
Blood pressure location:	Arm lower right	Arm upper right
Pulse:	130	107
Respiratory rate:	19	19
SPO2 %:	98	97
Oxygen delivery devices:	Nasal cannula	Nasal cannula
O2 Liters per minute:	3.000000	3.000000
(Next Page)		
(Prev Page)		
FiO2%:		
Nitric concentration (ppm):		
Document NIRS (rSO2%):		
ETCO2:		
(Next Page)		
(Prev Page)		
Temperature F:	98.6	98.6
Temperature C:		
Temperature source:	Temporal	Temporal
Monitored heart rhythm:	Sinus tachycardia	Sinus tachycardia
Capillary refill less than or equal t...	Yes	Yes
Document pain assessment/reassessment:		
RASS/LOC score:	0 Alert and calm	0 Alert and calm
Post-anesthesia recovery score assess...	Yes	Yes
(Next Page)		
(Prev Page)		
Post-procedure activity:	Moves only 2 extremities	Moves only 2 extremities
Post-procedure respirations:	Breathes deeply/coughs	Breathes deeply/coughs
Post-procedure circulation:	BP +/- 20% Pre-anesthesia	BP +/- 20% Pre-anesthesia
Post-procedure consciousness:	Fully awake	Fully awake
Post-procedure O2 saturation:	O2 sat greater than 92 RA	O2 sat greater than 92 RA
Post anesthesia recovery score:	9	9
(Next Page)		
(Prev Page)		
Dermatome right:		
Dermatome left:		
Arterial line blood pressure:		
Arterial line MAP:		
Arterial line level and zeroed:		
Intra-abdominal pressure (mmHg):		
Document hemodynamic monitoring:		
(End)		
Document objectives for pain management:		
Deep breath at/below pain mgmt goal:		
Turn at/below pain mgmt goal:		

*** CONTINUED ON PAGE 107 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ **Date of Birth:** 09/27/50
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Specialty: ORTHO ORTHOPEDICS **Room-Bed/T.Loc:** N.A419 1
O.R.: N.OR1-OR ROOM 1 **Oper Date:** 12/10/19
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Progressive ambulation at/below pain ...
Perform ADLs at/below pain mgmt goal:
Patient goal for pain management:
Numeric pain scale:
Is the patient extubated and unable t...
Facial expression:
Body movements:
Ventilator compliance:
Vocalization (extubated patients):
Muscle tension:
CPOT total score:
Wong Baker pain scale:
Face:
Legs:
Activity:
Cry:
Consolability:
FLACC total score:
Facial expression:
Cry:
Breathing patterns:
Arms:
Legs:
State of arousal:
NIPS total score greater than 3 indic...

PAP:
PAP (mean):
CVP (mmHg):
CVP (mean):
PAOP (mmHg):
RAP:
RAP (mean):
LAP:
LAP (mean):
SVO2%:
ScvO2%:
TcCO2:
CO (L/min/m2):
Non-invasive CO:
CCO (L/min/m2):
CI (L/min/m2):
CCI (L/min/m2):
SVR (dyne sec)/cm5:
SVRI (dyne sec)/cm5:
SVR (using ABP mean):
PVR (dyne sec)/cm5:
PVRI (dyne sec)/cm5:
SV (ml):
SVV:
SVI:

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Surgical Case Record

Patient: N000880775 AYAD,AZIZ
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Account No: N00101730890
Age: 69
Physician: MEZTH Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO ORTHOPEDICS
Room-Bed/T.Loc: N.A419 1
O.R.: N.OR1 OR ROOM 1
Oper Date: 12/10/19
Osceola Regional Med. Center

Primary Procedure: ORIF HIP INTERTROCHANTERIC NAIL
Case Close/
Transmitted: 12/27/19 1952 NNUR.SHI HAUGEN,STEVEN A
Run Date: 12/28/19
Run Time: 0449

LCWI:
RCWI:
LVSW:
LVSWI:
RVSW:
RVSWI:
IAP HTN grading:
Umbilical artery catheter pressure co...
Umbilical artery catheter pressure mean:
Umbilical venous catheter pressure:
Peak diastolic augment pressure:
Peak assisted systolic pressure:
Assisted aortic end diastolic pressure:
Unassisted systolic pressure:
Unassisted aortic end diastolic press...
IABP mean pressure:
IABP trigger:
IABP ratio:
IABP inflation point:
IABP deflation point:
Afterload reduction:
Left cardiac work:
Right cardiac work:
Right ventricular systolic pressure:
Right ventricular diastolic pressure:
Mean arterial pressure:
Ventricular rate:
Bispectral index:
Left cerebral rSO2%:
Right cerebral rSO2%:
Left renal rSO2%:
Right renal rSO2%:
Gastrointestinal rSO2%:
Somatic rSO2% 1:
Somatic location - 1:
Somatic rSO2% 2:
Somatic location - 2:

QUERIES NO LONGER ATTACHED TO A CDS

	12/10/19 1730 NRCPAW	12/10/19 2301 NRCPAW
BMI calculated:	25.7	
BMI calculated:		25.7

PACU COMPLETED BY

Completed By Patricia A White
Completed Date 12/10/19

*** CONTINUED ON PAGE 109 ***

Surgical Case Record

Patient: N000880775 AYAD,AZIZ
Date of Birth: 09/17/50
Account No: N00101730890
Age: 69
Physician: MEZTH Mezzanotte,Thomas MD
Sex: M
Specialty: ORTHO ORTHOPEDICS
Room-Bed/T.Loc: N.A419 1
O.R.: N.OR1 OR ROOM 1
Oper Date: 12/13/19
Osceola Regional Med. Center
Primary Procedure: ORIF HIP INTERTRONCHANTERIC NAIL
Case Close/
Run Date: 12/28/19
Transmitted: 12/27/19 1352 NNUR.SH1 HAUGEN,STEVEN A
Run Time: 0449
Completed Time 2301

USER LEGEND

CSS.ANL - AMARIS N LOPEZ.
NNUR.JPT JOSUE P THOMAS, RN
NCRAM Alexan Melendez soto.
NCRJS1 Jose Santiago.
NCRMK - Mckenzie Kesler baby, RN
NRCPAW Patricia A White, RN
NRDAM Abra Morales alvarez.

DOCTOR/CRNA LEGEND

GROLE2 Leah E Gross MD.
HANRE Rebecca Hanna PA.
MEZTH - Thomas Mezzanotte MD.
POLJE Jedidiah CRNA Polete.

STAFF TYPE LEGEND

RN RN

PRINTED BY HPF.FEED 12/28/19 0449

INTRA-OPERATIVE IMPLANT RECORD

DATE: 12·10·19 DEPT: OR ☑ OH ☐ CATH LAB ☐

IMPLANT INFORMATION: SITE: Lt FEMUR IMPLANTING MD: MEZTH

A. TYPE: 10 Hole (L) Proximal Femur Plate (1)
SIZE: #242.110
SERIAL #: CAT #:
LOT #: 7.3 x 90 mm FT conical 02.207.290 (1)
REORDER: YES ☐ NO ☐

B. TYPE: 7.3 x 95mm Locking (1) #02.207.095
SIZE:
SERIAL #: 5.0 x 75mm cannulated locking CAT #: #02.205.075
LOT #:
REORDER: YES ☐ NO ☐

C. TYPE: 4.5 mm x 34 mm cortex 214.834 (2)
SIZE:
SERIAL #: 4.5mm x 36 mm cortex CAT #: 214.836 (5)
LOT #:
REORDER: YES ☐ NO ☐

D. TYPE: 3.5 x 32 mm Star cortex 02.200.032 (1)
SIZE: (In/out)
SERIAL #: CAT #:
LOT #:
REORDER: YES ☐ NO ☐

E. TYPE: 3.5mm x 34mm cortex (3)
SIZE: #02.200.034
SERIAL #: CAT #:
LOT #:
REORDER: YES ☐ NO ☐

BONE CEMENT: POWDER: LIQUID:
BATCH #:
STERILIZATION #:
EXPIRATION #:
RN Signature: MEG RN

Original – Patient Record Yellow – Dept. Record

OSCEOLA REGIONAL MEDICAL CENTER

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

"ORS" OSC-598 Intraoperative Implant Record (Rev 3/17) Page 1 of 1

PATIENT: AYAD,AZIZ ACCT #: N00101730890 LOC: N ERHMS U.#: N000880775
AGE/SX: 69/M ROOM: N ER REG: 12/10/19
REG DR: Block,Ernest F MD DOB: 09/17/50 BED: E17 DIS:
STATUS: ADMIN TLOC:

SPEC #: 1210:OS:C01258R COLL: 12/10/19-1740 STATUS: COMP REQ #: 09750509
RECD: 12/10/19-1751 SUBM DR: Rodriguez-Morveli,Dante MD

ENTERED: 12/10/19-1732 OTHR DR: Block,Ernest F MD
Mezzanotte,Thomas MD
Undefined Provider

ORDERED: BASIC METABOLIC, PHOS, MAG, TROPONIN-I

Test	Result	Flag	Reference	Units	Site Verified
BASIC METABOLIC LYTES					
NA	141		136-145	mmol/L	1 12/10/19-1828
	SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM AND POTASSIUM MEASUREMENTS. THIOPENTAL INCREASES SODIUM RESULTS AS MUCH AS 6 TO 33 mmol/L DEPENDING ON DOSAGE OF THIOPENTAL. Reference: SIEMENS HEALTHCARE DIAGNOSTICS				
K	[redacted]		L	3.7-5.1 mmol/L	1 12/10/19-1828
	SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM AND POTASSIUM MEASUREMENTS. Reference: SIEMENS HEALTHCARE DIAGNOSTICS				
CL	[redacted]	H	98-107	mmol/L	1 12/10/19-1828
CO2	[redacted]	L	21-32	mmol/L	1 12/10/19-1829
ANION GAP	12.6				1 12/10/19-1829
GLUCOSE	[redacted]	H	74-106	mg/dl	1 12/10/19-1829
	Disclaimer: Falsely depressed results may occur on samples drawn from patients receiving Sulfasalazine. Falsely elevated results may occur on samples drawn from patients receiving Sulfapyridine. Reference: Siemens Healthcare Diagnostics				
BUN	14		7-18	mg/dl	1 12/10/19-1828
CREAT	0.73		0.55-1.3	mg/dl	1 12/10/19-1831
GFR	60				1 12/10/19-1831
	MODERATELY DECREASED KIDNEY FUNCTION				

** CONTINUED ON NEXT PAGE **

Test	Result	Flag	Reference	Site / Verified
	GFR 30-59 ml/min/1.73m2			
	SEVERELY DECREASED KIDNEY FUNCTION:			
	GFR 15-29 ml/min/1.73m2			
BUN/CREA	19			1
				12/10/19 1831
CALCIUM	[redacted]	L	8.4-10.1 mg/dl	1
				12/10/19 1828
PHOS	3.7		2.5-4.9 mg/dL	1
				12/10/19 1831
MAG	[redacted]	L	1.8-2.5 mg/dL	1
				12/10/19 1829
	PATIENTS INELDRP RECEIVING MGSO4			
	THERAPEUTIC RANGE: 4.0-6.2 mg/dL			
	PANIC: >=7.5mg/dL			
TROPONIN-I	0.02		=<0.05 ng/mL	1
				12/10/19 1831
	The 2018 Fourth Universal Definition of Myocardial Infarction is defined by the presence of acute myocardial injury (a rise &/or fall of Troponin (cTnI) values, with at least one value above the 99th percentile upper reference level) plus clinical evidence of acute myocardial ischemia with at least one of the following clinical criteria:			
	- Symptoms of myocardial ischemia;			
	- New ischemic ECG changes;			
	- Development of pathological Q waves;			
	- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischemic etiology;			
	- Identification of a coronary thrombus by angiography or autopsy.			
	It is important to understand that a positive troponin does not diagnose myocardial ischemia/infarction. A positive troponin risk stratifies a patient to an increased likelihood of ischemia or infarction, is not diagnostic and requires clinical correlation. Currently, a negative troponin at this facility is defined as any troponin result <= 0.056 and a positive troponin is defined as any troponin result >= 0.057 ng/mL. Any result >= 10.06 ng/mL is a critical result and the "Communication of Critical Results" policy must be followed STAT.			

1 - OSCEOLA REGIONAL MEDICAL CENTE
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
700 WEST OAK ST, KISSIMMEE, FLORIDA 34741
Wallis Crespo,Maria MD

** END OF REPORT **

OSCEOLA REGIONAL MEDICAL CENTER
700 W OAK STREET
KISSIMMEE,FL 34741

	DATE	TIME
CROSSMATCH EXPIRES:	12/13/19	0622

** Expiration info shown above does not reflect any manual extensions **

PATIENT NAME: AYAD AZIZ
MR# N000880775
DOB/SEX: 09/17/50 M
LOCATION N ERHMS N ER-E17
PT ABO/RH: [B POS]

UNIT: W036819841551
PRODUCT: RBC E0382
UNIT TYPE: B POS
UNIT EXP: 01/07/20 2359

SPEC NBR: '210 OS 8B00001S

COMPATIBLE? Y 12/10/19 1604 <NLAB SS>

Osceola Regional Medical Center
Clinical Laboratory
700 West Oak St
Kissimmee, FL 34741
(407) 518-3716

HPF LAB Discharge Summary Report w/o Pathology

PATIENT: AYAD,AZIZ
REG DR. Block,Ernest F MD

ACCT #: N00101730890 LOC: N.PCU U #: N000880775
AGE/SX: 69/M ROOM: N.A419 REG: 12/10/19
STATUS: DIS IN BED: 1 DIS: 12/17/19

*** HEMATOLOGY ***

Date Time	12/16/19 0505	12/14/19 0545	12/13/19 0420	Reference	Units
WBC	8.46	8.55	11.39	(4.0-12.0)	K/mm3
RBC	2.71 *	2.73 *	3.22 *	(4.6-6.0)	M/mm3
HGB	7.9 *	7.9 *	9.2 *	(14.0-18.0)	gm/dL
HCT	23.0 *	22.9 *	26.6 *	(42.0-52.0)	%
MCV	84.9	83.9	82.6	(80.0-100.0)	fL
MCH	29.2	28.9	28.6	(27.0-31.0)	pg
MCHC	34.3	34.5	34.6	(32-37.5)	g/dL
RDW	15.3 *	15.4 *	14.6 *	(12.0-14.0)	%
PLT	156	126 *	114 *	(130-400)	K/mm3
MPV	9.6	9.9	11.0 *	(7.0-10.0)	fL
NEUTROPHIL %		56.5		(38.0-74.0)	%
LYMPH %		24.4		(20-45)	%
MONO %		17.5 *		(3-10)	%
EOS %		0.8		(0-4)	%
BASO %		0.4		(0-2.0)	%
IMMATURE GRANS		0		(0-0.22)	%
NRBC%		0.0			%
NEUTROPHIL #		4.8			K/mm3
LYMPH #		2.1			K/mm3
MONO #		1.5			K/mm3
EOS #		0.1			K/mm3
BASO #		0.0			K/mm3
IMMATURE GRANS		0 0		(0.0-0.1)	K/mm3
NRBC#		0			
MDIFF NEEDED?		(A)			

(A) ACCEPT AUTO DIFF

Date Time	---------12/12/19--------- 1545	 0310	12/11/19 0430	Reference	Units
WBC	11.59	10.80	10.47	(4.0-12.0)	K/mm3
RBC	2.59 *	2.76 *	3.27 *	(4.6-6.0)	M/mm3
HGB	7.5 *	7.8 *	9.2 D *	(14.0-18.0)	gm/dL
HCT	21.7 *	23.3 *	27.6 *	(42.0-52.0)	%
MCV	83.8	84.4	84.4	(80.0-100 0)	fL
MCH	29.0	28.3	28.1	(27.0-31.0)	pg
MCHC	34.6	33.5	33.3	(32-37.5)	g/dL
RDW	14.9 *	15.5 *	15.7 *	(12.0-14.0)	%
PLT	142	106 *	114 *	(130-400)	K/mm3
MPV	10.2 *	10.7 *	11.2 *	(7.0-10.0)	fL

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** HEMATOLOGY *** (continued)

Date	12/12/19		12/11/19		
Time	1545	0310	0430	Reference	Units
NEUTROPHIL %		60.9	73.3	(38.0-74.0)	%
LYMPH %		22.0	10.2	* (20-45)	%
MONO %		15.6	* 14.0	* (3-10)	%
EOS %		0.4	2.1	(0-4)	%
BASO %		0.6	0.2	(0-2.0)	%
IMMATURE GRANS		1	* 0	(0-0.22)	%
NRBC%		0.2	0.0		%
NEUTROPHIL #		6.6	7.7		K/mm3
LYMPH #		2.4	1.1		K/mm3
MONO #		1.7	1.5		K/mm3
EOS #		0.0	0.2		K/mm3
BASO #		0.1	0.0		K/mm3
IMMATURE GRANS		0.1	0.0	(0.0-0.1)	K/mm3
NRBC#		0.02	0		
MDIFF NEEDED?		(B)			

(B) ACCEPT AUTO DIFF

Date	12/10/19		
Time	0427	Reference	Units
WBC	6.39	(4.0-12.0)	K/mm3
RBC	4.39 *	(4.6-6.0)	M/mm3
HGB	12.2 *	(14.0-18.0)	gm/dL
HCT	36.8 *	(42.0-52.0)	%
MCV	83.8	(80.0-100.0)	fL
MCH	27.8	(27.0-31.0)	pg
MCHC	33.2	(32-37.5)	g/dL
RDW	14.7 *	(12.0-14.0)	%
PLT	139	(130-400)	K/mm3
MPV	11.1 *	(7.0-10.0)	fL
NEUTROPHIL %	60.1	(38.0-74.0)	%
LYMPH %	23.2	(20-45)	%
MONO %	14.6 *	(3-10)	%
EOS %	0.8	(0-4)	%
BASO %	0.8	(0-2.0)	%
IMMATURE GRANS	1 *	(0-0.22)	%
NRBC%	0.0		%
NEUTROPHIL #	3.9		K/mm3
LYMPH #	1.5		K/mm3
MONO #	0.9		K/mm3
EOS #	0.1		K/mm3
BASO #	0.1		K/mm3

Patient: AYAD,AZIZ Age/Sex 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** HEMATOLOGY *** (continued)

Date Time	12/10/19 0427	Reference	Units
IMMATURE GRANS	0.0	(0.0-0.1)	K/mm3
NRBC#	0		
MDIFF NEEDED?	(C)		

(C) ACCEPT AUTO DIFF

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD AZIZ #N00101730890 (Continued)

*** COAGULATION ***

Date	---------12/12/19---------		12/11/19		
Time	1200	0310	1845	Reference	Units
PT			12.3	(9.0-12.7)	SECONDS
INR			1.2(D) *	(0.85-1.17)	

(D) INR intended use is for progressive assessment of individual patients stabilized on long term anticoagulant therapy. Proper therapeutic dosage is based on clinical condition. The usual therapeutic goal is an INR of 2 to 3.
**This test is performed using Siemens CS2500 Methodology **
*Clinical correlation must be made using same methodology *

PTT	64.30(E)	113.10(F) *H	25.90(E)		SECONDS

(E) REFERENCE RANGES
Normal Patient 21 - 34 seconds
Heparinized Patients 48.1 - 67.5 seconds

(F) **********VALUE EXCEEDS CRITICAL LEVEL**********
RESULT CALLED TO NICAXT BY NLENR AT 0524 ON 12/12/19
VERBAL READ BACK OF RESULTS CONFIRMED.
See also (E)

Patient: AYAD AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** URINALYSIS ***

Date Time	12/16/19 2355			Reference	Units
COLOR	Amber(G)			(Yellow)	

(G)
******NOTE: Test Strip results may be affected by:
Highly colored urines
Medications
pH
Very low specific gravity
Clinical judgement with other testing may be required.****

APPEARANCE	Clear			(Clear)	
GLU	(H)			(Negative)	

(H) >500 mg/dl

BILIRUBIN	Negative			(Negative)	
KETONE	Negative			(Negative)	
SPEC GRAV	1.028			(1.001-1.060)	
BLOOD	Negative			(Negative)	
PH	6.0			(5.0-9.0)	
PROTEIN	Negative			(Negative)	
UROBIL	4.0			(Negative)	
NITRITE	Negative			(Negative)	
LEUK ESTER	(I)			(Negative)	

(I) Negative
See also (J)
(J) This test is affected in the visual interpretation on the test strip by: preservatives, high levels of albumin, and by the drugs cephalexin and gentamicin.

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY ***

Date	12/17/19		12/16/19		
Time	1120	0455	2024	Reference	Units
GLUCOMETER	201(K) *	174(M) *	267(N) *	(70-110)	mg/dL

(K) See (L), (ℓa)
(L) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.
(M) See (L), (ℓa)
(N) See (L), (ℓa)

Date	12/16/19				
Time	1737	1234	0535	Reference	Units
GLUCOMETER	203(O) *	211(Q) *	162(R) *	(70-110)	mg/dL

(O) See (P), (ℓa)
(P) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.
(Q) See (P), (ℓa)
(R) See (P), (ℓa)

Date	12/16/19	12/15/19			
Time	0505	2105	1729	Reference	Units
NA	137(S)			(136-145)	mmol/L

(S)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
AND POTASSIUM MEASUREMENTS.
THIOPENTAL INCREASES SODIUM RESULTS AS MUCH AS 6 TO 33
mmol/L DEPENDING ON DOSAGE OF THIOPENTAL.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

NOTES. (ℓa) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

Osceola Regional Medical Center
Clinical Laboratory
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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date Time	12/16/19 0505	---------12/15/19--------- 2105	1729	Reference	Units
K	3.6(T) *			(3.7-5.1)	mmol/l

(T) SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM AND POTASSIUM MEASUREMENTS.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

CL	107			(98-107)	mmol/L
CO2	22			(21-32)	mmol/l
ANION GAP	11.6				
GLUCOSE	170(U) *			(74-106)	mg/dl

(U) Disclaimer
Falsely depressed results may occur on samples drawn from patients receiving Sulfasalazine.
Falsely elevated results may occur on samples drawn from patients receiving Sulfapyridine.
Reference: Siemens Healthcare Diagnostics

GLUCOMETER		202(V) *	262(X) *	(70-110)	mg/dL

(V) See (W), (&b)
(W) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.
(X) See (W), (&b)

BUN	16			(7-18)	mg/dl
CREAT	0.66			(0.55-1.3)	mg/dl
GFR	> 60(Y)				

(Y) MODERATELY DECREASED KIDNEY FUNCTION:
GFR 30-59 ml/min/1.73m2
SEVERELY DECREASED KIDNEY FUNCTION:
GFR 15-29 ml/min/1.73m2

BUN/CREA	24				

NOTES (&b) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

Osceola Regional Medical Center
Clinical Laboratory
700 West Oak St
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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date	12/16/19	---------12/15/19---------			
Time	0505	2105	1729	Reference	Units
CALCIUM	8.1 *			(8.4-10.1)	mg/dl
PREALB	6.7 *			(20-40)	mg/dL

Date	---------12/15/19---------		12/14/19		
Time	1249	0506	2115	Reference	Units
GLUCOMETER	187(Z) *	144(AB) *	211(AC) *	(70-110)	mg/dL

(Z) See (AA), (&c)
(AA) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.
(AB) See (AA), (&c)
(AC) See (AA), (&c)

Date	----------12/14/19----------				
Time	1714	1134	0739	Reference	Units
GLUCOMETER	201(AD) *	204(AF) *	205(AG) *	(70-110)	mg/dL

(AD) See (AE), (&c)
(AE) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.
(AF) See (AE), (&c)
(AG) See (AE), (&c)

NOTES: (&c) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date Time	12/14/19 0545	---------12/13/19--------- 2202	1807	Reference	Units
NA	134(AH) *			(136-145)	mmol/L

(AH)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM AND POTASSIUM MEASUREMENTS.
THIOPENTAL INCREASES SODIUM RESULTS AS MUCH AS 6 TO 33 mmol/L DEPENDING ON DOSAGE OF THIOPENTAL.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

K	3.7(AI)			(3.7-5.1)	mmol/l

(AI)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM AND POTASSIUM MEASUREMENTS.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

CL	106			(98-107)	mmol/L
CO2	23			(21-32)	mmol/l
ANION GAP	8.7				
GLUCOSE	128(AJ) *			(74-106)	mg/dl

(AJ) Disclaimer
Falsely depressed results may occur on samples drawn from patients receiving Sulfasalazine.
Falsely elevated results may occur on samples drawn from patients receiving Sulfapyridine.
Reference: Siemens Healthcare Diagnostics

GLUCOMETER		154(AK) *	183(AM) *	(70-110)	mg/dL

(AK) See (AL), (8d)
(AL) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.
(AM) See (AL), (8d)

NOTES: (8d) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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Clinical Laboratory
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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date	12/14/19	---------12/13/19---------			
Time	0545	2202	1807	Reference	Units
BUN	28 *			(7-18)	mg/dl
CREAT	0.72			(0.55-1.3)	mg/dl
GFR	> 60(AN)				

(AN) MODERATELY DECREASED KIDNEY FUNCTION:
GFR 30-59 ml/min/1.73m2
SEVERELY DECREASED KIDNEY FUNCTION:
GFR 15-29 ml/min/1.73m2

BUN/CREA	39				
CALCIUM	8.0 *			(8.4-10.1)	mg/dl
PHOS	2.7			(2.5-4.9)	mg/dL
MAG	2.0(AO)			(1.8-2.5)	mg/dL

(AO)
*****PATIENTS IN LDRP RECEIVING MGSO4*****
THERAPEUTIC RANGE: 4.0-6.2 mg/dL
PANIC: >=7.5mg/dL

Date	----------12/13/19----------				
Time	1152	0740	0423	Reference	Units
GLUCOMETER	161(AP) *	187(AR) *	149(AS) *	(70-110)	mg/dL

(AP) See (AQ), (@e)
(AQ) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.
(AR) See (AQ), (@e)
(AS) See (AQ), (@e)

NOTES (@e) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

Osceola Regional Medical Center
Clinical Laboratory
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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date Time	12/13/19 0420	---------12/12/19--------- 2230	1722	Reference	Units
NA	134(AT) *			(136-145)	mmol/L

(AT)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM AND POTASSIUM MEASUREMENTS.
THIOPENTAL INCREASES SODIUM RESULTS AS MUCH AS 6 TO 33 mmol/L DEPENDING ON DOSAGE OF THIOPENTAL.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

K	3.9(AU)			(3.7-5.1)	mmol/l

(AU)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM AND POTASSIUM MEASUREMENTS.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

CL	107			(98-107)	mmol/L
CO2	22			(21-32)	mmol/l
ANION GAP	8.9				
GLUCOSE	160(AV) *			(74-106)	mg/dl

(AV) Disclaimer
Falsely depressed results may occur on samples drawn from patients receiving Sulfasalazine.
Falsely elevated results may occur on samples drawn from patients receiving Sulfapyridine.
Reference: Siemens Healthcare Diagnostics

GLUCOMETER		195(AW) *	243(AY) *	(70-110)	mg/dL

(AW) See (AX), (8f)
(AX) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.
(AY) See (AX), (8f)

NOTES: (8f) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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Clinical Laboratory
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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date	12/13/19	---------12/12/13---------			
Time	0420	2230	1722	Reference	Units
BUN	36 *			(7-18)	mg/dl
CREAT	0 85			(0 55-1 3)	mg/dl
GFR	> 60(AZ)				

(AZ) MODERATELY DECREASED KIDNEY FUNCTION:
GFR 30-59 ml/min/1.73m2
SEVERELY DECREASED KIDNEY FUNCTION:
GFR 15-29 ml/min/1 73m2

BUN/CREA	42				
CALCIUM	8 2 *			(8 4-10.1)	mg/dl

Date	---------12/12/19---------		12/11/19		
Time	1201	0310	2147	Reference	Units
NA		139(BA)		(136-145)	mmol/L

(BA)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
AND POTASSIUM MEASUREMENTS.
THIOPENTAL INCREASES SODIUM RESULTS AS MUCH AS 6 TO 33
mmol/L DEPENDING ON DOSAGE OF THIOPENTAL.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

K		3.6(BB) *		(3.7-5 1)	mmol/l

(BB)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
AND POTASSIUM MEASUREMENTS.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

CL		110 *		(98-107)	mmol/L
CO2		24		(21-32)	mmol/l
ANION GAP		8.6			

Patient: AYAD AZIZ Age/Sex 69/M Acct#N00101730890 Unit#N000880775

Osceola Regional Medical Center
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(407) 518-3716

HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date	12/12/19		12/11/19		
Time	1201	0310	2147	Reference	Units
GLUCOSE		165(BC) *		(74-106)	mg/dl

(BC) Disclaimer
Falsely depressed results may occur on samples drawn from patients receiving Sulfasalazine.
Falsely elevated results may occur on samples drawn from patients receiving Sulfapyridine.
Reference: Siemens Healthcare Diagnostics

GLUCOMETER	215(BD) *		135(BF) *	(70-110)	mg/dL

(BD) See (BE), (#g)
(BE) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.
(BF) See (BE), (#g)

BUN		20 *		(7-18)	mg/dl
CREAT		0.70		(0.55-1.3)	mg/dl
GFR		> 60(BG)			

(BG) MODERATELY DECREASED KIDNEY FUNCTION:
GFR 30-59 ml/min/1.73m2
SEVERELY DECREASED KIDNEY FUNCTION:
GFR 15-29 ml/min/1.73m2

BUN/CREA		29			
CALCIUM		8.2 *		(8.4-10.1)	mg/dl

Date	12/11/19				
Time	1750	1708	1125	Reference	Units
GLUCOMETER		252(BH) *		(70-110)	mg/dL

(BH) See (BI), (#g)
(BI) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.

NOTES: (#g) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date	12/11/19					
Time	1750		1708		1125		Reference	Units
MAG	2.6(BJ)	*					(1.8-2.5)	mg/dL

(BJ)
*****PATIENTS IN LDRP RECEIVING MGSO4*****
THERAPEUTIC RANGE: 4.0-6.2 mg/dL
PANIC: >=7.5mg/dL

CK	629	*		563	*	(35-232)	unit/L
CKMB	11.5(BK)	*		12.7(BK)	*	(0.5-3.6)	ng/ml

(BK) Disclaimer
Falsely elevated results may occur on samples drawn
from patients receiving Sulfasalazine.
Reference: Siemens Healthcare Diagnostics

RELATIVE% INDEX	1.8	*		2.3	*	(0-1.5)	INDEX

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date	12/11/19				
Time	1750	1708	1125	Reference	Units
TROPONIN-I	1.57(BL) *H		1.53(BN) *H	(=<0.05)	ng/mL

(BL)
PREVIOUS RESULT CALLED ON 12/11/19 at 0529.
CALL NOT REQUIRED ON REPEAT OF CRITICAL VALUE WITHIN 72
HOURS WITH NO DELTA CHECK.
See also (BM)

(BM) The 2018 Fourth Universal Definition of Myocardial
Infarction is defined by the presence of acute myocardial
injury (a rise &/or fall of Troponin (cTnI) values, with at
least one value above the 99th percentile upper reference
level) plus clinical evidence of acute myocardial ischemia
with at least one of the following clinical criteria:
- Symptoms of myocardial ischemia;
- New ischemic ECG changes;
- Development of pathological Q waves;
- Imaging evidence of new loss of viable myocardium or new
regional wall motion abnormality in a pattern consistent
with an ischemic etiology;
- Identification of a coronary thrombus by angiography or
autopsy
It is important to understand that a positive troponin does
not diagnose myocardial ischemia/infarction. A positive
troponin risk stratifies a patient to an increased
likelihood of ischemia or infarction, is not diagnostic and
requires clinical correlation. Currently, a negative
troponin at this facility is defined as any troponin result
<= 0.056 and a positive troponin is defined as any troponin
result >= 0.057 ng/mL. Any result >= 0.06 ng/mL is a
critical result and the 'Communication of Critical Results'
policy must be followed STAT.

(BN) PREVIOUS RESULT CALLED ON 12/11/19 at 0529.
CALL NOT REQUIRED ON REPEAT OF CRITICAL VALUE WITHIN 72
HOURS WITH NO DELTA CHECK.
See also (BM)

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date	12/11/19		12/10/19		
Time	1123	0430	1740	Reference	Units
NA		143(BO)	141(BO)	(136-145)	mmol/L

(BO)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM AND POTASSIUM MEASUREMENTS.
THIOPENTAL INCREASES SODIUM RESULTS AS MUCH AS 6 TO 33 mmol/L DEPENDING ON DOSAGE OF THIOPENTAL.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

K		3.8(BP)	3.6(BP) *	(3.7-5.1)	mmol/l

(BP)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM AND POTASSIUM MEASUREMENTS.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

CL		115	114 *	(98-107)	mmol/L
CO2		21	18 *	(21-32)	mmol/l
ANION GAP		10.8	12.6		
GLUCOSE		232(BQ)	174(BQ) *	(74-106)	mg/dl

(BQ) Disclaimer
Falsely depressed results may occur on samples drawn from patients receiving Sulfasalazine.
Falsely elevated results may occur on samples drawn from patients receiving Sulfapyridine.
Reference: Siemens Healthcare Diagnostics

GLUCOMETER	234(BR) *			(70-110)	mg/dL

(BR) See (BS), (8h)
(BS) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-180 MG/DL.

BUN		19	14 *	(7-18)	mg/dl

NOTES: (8h) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date	12/11/19		12/10/19		
Time	1123	0430	1740	Reference	Units
CREAT		0.91	0.73	(0.55-1.3)	mg/dl
GFR		> 60(BT)	> 60(BT)		

(BT) MODERATELY DECREASED KIDNEY FUNCTION.
GFR 30-59 ml/min/1.73m2
SEVERELY DECREASED KIDNEY FUNCTION:
GFR 15-29 ml/min/1.73m2

BUN/CREA		21	19		
CALCIUM		7.5	* 7.2	* (8.4-10.1)	mg/dl
PHOS		3.5	3.7	(2.5-4.9)	mg/dL
MAG		1.3(BU)	* 1.3(BU)	* (1.8-2.5)	mg/dL

(BU)
*****PATIENTS IN LDRP RECEIVING MGSO4*****
THERAPEUTIC RANGE: 4.0-6.2 mg/dL
PANIC: >=7.5mg/dL

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date	---------12/11/19---------		12/10/19		
Time	1123	0430	1740	Reference	Units
TROPONIN-I	1.59(BV)	*H 10.02(BW)		(=<0.05)	ng/mL

(BV) **********VALUE EXCEEDS CRITICAL LEVEL**********
RESULT CALLED TO NNAIS1
BY CSS.ML20 AT 0529 ON 12/11/19
VERBAL READ BACK OF RESULTS CONFIRMED.
See also (BW)

(BW) The 2018 Fourth Universal Definition of Myocardial Infarction is defined by the presence of acute myocardial injury (a rise &/or fall of Troponin (cTnI) values, with at least one value above the 99th percentile upper reference level) plus clinical evidence of acute myocardial ischemia with at least one of the following clinical criteria:
- Symptoms of myocardial ischemia;
- New ischemic ECG changes;
- Development of pathological Q waves;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischemic etiology;
- Identification of a coronary thrombus by angiography or autopsy

It is important to understand that a positive troponin does not diagnose myocardial ischemia/infarction. A positive troponin risk stratifies a patient to an increased likelihood of ischemia or infarction, is not diagnostic and requires clinical correlation. Currently, a negative troponin at this facility is defined as any troponin result <= 0.056 and a positive troponin is defined as any troponin result >= 0.057 ng/mL. Any result >= 0.06 ng/mL is a critical result and the 'Communication of Critical Results' policy must be followed STAT.

Date	----------12/10/19----------				
Time	1717	1537	1025	Reference	Units
SODIUM POCT	142(@1)	140(@1)		(138-146)	mmol/L

NOTES: (@1) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date	12/10/19				
Time	1717	1537	1025	Reference	Units
POTASSIUM POCT	3.6(BX)	3.5(BZ)		(3.5-4.9)	mmol/L

(BX) See (BY), (ej)
(BY) ****** This test uses whole blood!! Hemolysis affects
Potassium levels and cannot be detected on whole blood.*****
(BZ) See (BY), (ej)

GLUCOSE POCT	158(ej)	* 121(ej)	*	(70-105)	mg/dL
IONIZED CA POCT	1.04(ej)	* 1.13(ej)		(1.12-1.32)	mmol/L
HGB (CAL) POCT	8.5(ej)	* 9.9(ej)	*	(12-17)	gm/dL
GLUCOMETER			149(CA)	* (70-110)	mg/dL

(CA) See (CB), (ej)
(CB) FASTING BLOOD GLUCOSE LEVELS SHOULD RANGE FROM 70-110 MG/DL.
1-2 HR PP GLUCOSE LEVELS SHOULD RANGE FROM 110-160 MG/DL.

HCT POCT	25(ej)	* 29(ej)	*	(38-51)	%PCV

Date	12/10/19			
Time	0427	0427	Reference	Units
NA		143(CC)	(136-145)	mmol/L

(CC)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN
BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM
AND POTASSIUM MEASUREMENTS.
THIOPENTAL INCREASES SODIUM RESULTS AS MUCH AS 6 TO 33
mmol/L DEPENDING ON DOSAGE OF THIOPENTAL.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

NOTES: (ej) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date Time	---------12/10/19--------- 0427	 0427	Reference	Units
K	3.2(CD) *	3.3(CD) *	(3.7-5.1)	mmol/l

(CD)
SAMPLES EXPOSED TO BENZALKONIUM SALTS PRESENT IN CERTAIN BLOOD CATHETER DEVICES WILL CAUSE FALSELY ELEVATED SODIUM AND POTASSIUM MEASUREMENTS.
Reference: SIEMENS HEALTHCARE DIAGNOSTICS

CL		110 *	(98-107)	mmol/L
CO2		22	(21-32)	mmol/l
ANION GAP		14.3		
GLUCOSE		110(CE) *	(74-106)	mg/dl

(CE) Disclaimer
Falsely depressed results may occur on samples drawn from patients receiving Sulfasalazine.
Falsely elevated results may occur on samples drawn from patients receiving Sulfapyridine.
Reference: Siemens Healthcare Diagnostics

BUN		14	(7-18)	mg/dl
CREAT		0.72	(0.55-1.3)	mg/dl
GFR		> 60(CF)		

(CF) MODERATELY DECREASED KIDNEY FUNCTION:
GFR 30-59 ml/min/1.73m2
SEVERELY DECREASED KIDNEY FUNCTION:
GFR 15-29 ml/min/1.73m2

BUN/CREA		19		
T.PROT		6.7	(6.4-8.2)	g/dL
ALB	3.6	3.5	(3.4-5.0)	g/dl
CALCIUM	9.3	9.0	(8.4-10.1)	mg/dl
BILT		1.1	(0.2-1.5)	mg/dl
AST		60(CG) *	(10-37)	unit/L

(CG) Disclaimer
Falsely depressed results may occur on samples drawn from patients receiving Sulfasalazine.
Reference: Siemens Healthcare Diagnostics

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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BPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CHEMISTRY *** (continued)

Date Time	---------12/10/19--------- 0427	0427	Reference	Units
ALT		35(CH)	(12-78)	unit/L

(CH) Disclaimer
Falsely depressed results may occur on samples drawn from patients receiving Sulfasalazine.
Reference: Siemens Healthcare Diagnostics

ALKP TOTAL		89	(45-117)	unit/L
MAG	1.5(CI) *		(1.8-2.5)	mg/dL

(CI)
*****PATIENTS IN LDRP RECEIVING MGSO4*****
THERAPEUTIC RANGE: 4.0-6.2 mg/dL
PANIC: >=7.5mg/dL

TROPONIN-I		(CJ)	(=<0.05)	ng/mL

(CJ) < 0.02
See also (CK)
(CK) The 2018 Fourth Universal Definition of Myocardial Infarction is defined by the presence of acute myocardial injury (a rise &/or fall of Troponin (cTnI) values, with at least one value above the 99th percentile upper reference level) plus clinical evidence of acute myocardial ischemia with at least one of the following clinical criteria:
- Symptoms of myocardial ischemia;
- New ischemic ECG changes;
- Development of pathological Q waves;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischemic etiology:
- Identification of a coronary thrombus by angiography or autopsy
It is important to understand that a positive troponin does not diagnose myocardial ischemia/infarction. A positive troponin risk stratifies a patient to an increased likelihood of ischemia or infarction, is not diagnostic and requires clinical correlation. Currently a negative troponin at this facility is defined as any troponin result <= 0.056 and a positive troponin is defined as any troponin result >= 0.057 ng/mL. Any result >= 0.06 ng/mL is a critical result and the 'Communication of Critical Results' policy must be followed STAT.

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SPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CARDIAC PROFILE ***

Date	12/11/19					
Time	1750		1125		0430	Reference	Units
CK	629	*	563	*		(35-232)	unit/L
CKMB	11.5(CL)	*	12.7(CL)	*		(0.5-3.6)	ng/ml

(CL) Disclaimer
Falsely elevated results may occur on samples drawn
from patients receiving Sulfasalazine.
Reference: Siemens Healthcare Diagnostics

RELATIVE% INDEX	1.8	*	2.3	*		(0-1.5)	INDEX

Patient: AYAD,AZIZ Age/Sex 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CARDIAC PROFILE *** (continued)

Date Time	12/11/19 1750	1125	0430	Reference	Units
TROPONIN-I	1.57(CM) *H	1.53(CO) *H	1.59(CP) *H	(=<0.05)	ng/mL

(CM)
PREVIOUS RESULT CALLED ON 12/11/19 at 0529.
CALL NOT REQUIRED ON REPEAT OF CRITICAL VALUE WITHIN 72
HOURS WITH NO DELTA CHECK.
See also (CN)

(CN) The 2018 Fourth Universal Definition of Myocardial
Infarction is defined by the presence of acute myocardial
injury (a rise &/or fall of Troponin (cTnI) values, with at
least one value above the 99th percentile upper reference
level) plus clinical evidence of acute myocardial ischemia
with at least one of the following clinical criteria:
- Symptoms of myocardial ischemia;
- New ischemic ECG changes;
- Development of pathological Q waves;
- Imaging evidence of new loss of viable myocardium or new
regional wall motion abnormality in a pattern consistent
with an ischemic etiology;
- Identification of a coronary thrombus by angiography or
autopsy
It is important to understand that a positive troponin does
not diagnose myocardial ischemia/infarction. A positive
troponin risk stratifies a patient to an increased
likelihood of ischemia or infarction, is not diagnostic and
requires clinical correlation. Currently, a negative
troponin at this facility is defined as any troponin result
<= 0.056 and a positive troponin is defined as any troponin
result >= 0.057 ng/mL. Any result >= 0.06 ng/mL is a
critical result and the "Communication of Critical Results"
policy must be followed STAT.

(CO) PREVIOUS RESULT CALLED ON 12/11/19 at 0529.
CALL NOT REQUIRED ON REPEAT OF CRITICAL VALUE WITHIN 72
HOURS WITH NO DELTA CHECK.
See also (CN)

(CP) **********VALUE EXCEEDS CRITICAL LEVEL**********
RESULT CALLED TO NNAYS1
BY CSS.HL20 AT 0529 ON 12/11/19
VERBAL READ BACK OF RESULTS CONFIRMED.
See also (CN)

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CARDIAC PROFILE *** (continued)

Date	---------12/10/19---------				
Time	1740	0427		Reference	Units
TROPONIN-I	0.02(CQ)	(CR)		(=<0.05)	ng/mL

(CQ) The 2018 Fourth Universal Definition of Myocardial Infarction is defined by the presence of acute myocardial injury (a rise &/or fall of Troponin (cTnI) values, with at least one value above the 99th percentile upper reference level) plus clinical evidence of acute myocardial ischemia with at least one of the following clinical criteria:
- Symptoms of myocardial ischemia;
- New ischemic ECG changes;
- Development of pathological Q waves;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischemic etiology;
- Identification of a coronary thrombus by angiography or autopsy

It is important to understand that a positive troponin does not diagnose myocardial ischemia/infarction. A positive troponin risk stratifies a patient to an increased likelihood of ischemia or infarction, is not diagnostic and requires clinical correlation. Currently, a negative troponin at this facility is defined as any troponin result <= 0.056 and a positive troponin is defined as any troponin result >= 0.057 ng/mL. Any result >= 0.06 ng/mL is a critical result and the 'Communication of Critical Results' policy must be followed STAT.

(CR) < 0.02
See also (CQ)

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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BPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** SEROLOGY ***

Date Time	12/16/19 0505		Reference	Units
CRP	11.300		(0.290-19.000	mg/dl

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** BLOOD GASES ***

Date	12/10/19					
Time	1717		1537		Reference	Units
=>ISA pH	7.33(@k)	*	7.39(@k)		(7.35-7.45)	
=>ISA PCO2	37.0(@k)		38.2(@k)		(35-45)	mmHg
=>ISA PO2	198(@k)	*	196(@k)	*	(80-105)	mmHg
=>ISA TCO2(c)	21(CS)	*	24(CU)		(23-27)	mmol/L

(CS) See (CT), (@k)
(CT) REFERENCE RANGES: ARTERIAL 23-27, VENOUS 24-29
(CU) See (CT), (@k)

=>ISA HCO3(c)	19.6(@k)	*	23.2(@k)		(22-26)	mmol/L
=>ISA BE(c)	-6(@k)	*	-2(@k)		(-2-3)	mmol/L
=>ISA O2SAT	100(@k)	*	100(@k)	*	(95-98)	%
=>SITE	(CV)		(CW)			

(CV) A Line
See also (@k)
(CW) L Radial
See also (@k)

Test	Date	Time	Result	Reference	Units
=>IS ALLENS	12/10/19	1717	N/A(@k)		

LEUKO-REDUCED RBC

Unit #	Bld Type	Product	Status	Issue Date	Issue Time User	Rsrvd

COLLECTED: Dec 10, 2019 6:22am Flag Reference Units

BLOOD TYPE	B POS	12/10/19 0737
AB SCREEN ECHO	NEGATIVE	12/10/19 0737
BLD TYPE RECHEK	B POS	12/10/19 0753
CROSSMATCH		
RBCL	W036819842263 RBC E0382 B POS Comp? Y	12/10/19 1604

NOTES: (@k) OSCEOLA REGIONAL MEDICAL CENTE
POINT OF CARE CBG
TEST PERFORMED AT OSCEOLA REGIONAL MEDICAL CENTER
Wallis Crespo,Maria MD

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

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HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

LEUKO-REDUCED RBC

Unit #	Bld Type	Product	Status	Issue Date	Issue Time	Issue User	Rsrvd
COLLECTED: Dec 10, 2019 6:22am			Flag	Reference Units			
RBCL		W036819841551	RBC E0382 B POS Comp? Y		12/10/19	1604	
RBCL		W036819832114	RBC E0382 B POS Comp? Y		12/12/19	0629	
RBCL		W036819841177	RBC E0382 B POS Comp? Y		12/12/19	1655	
RBCL		W036819830999	RBC E0382 B POS Comp? Y		12/12/19	1655	

LEUKO-REDUCED RBC

RBC E0382 W036819830999 TRANSFUSED B POS 12/12/19 Y 250 ML 2300 0203
ISSUED TO: CSS.JCC
?PER ORDERS DR: BAWANY, SHEILA
VISUAL OK? Y
Blood product was sent via tube system to station#25.

RBC E0382 W036819832114 TRANSFUSED B POS 12/12/19 Y 250 ML 0852 1156
ISSUED TO: NICMLS
?PER ORDERS DR: BILSKI,TRACY
VISUAL OK? Y
Blood product was sent via tube system to station#25/NTICU.

RBC E0382 W036819841177 TRANSFUSED B POS 12/12/19 Y 250 ML 1932 2250
ISSUED TO: NICMLS
?PER ORDERS DR: BLOCK
VISUAL OK? Y
Blood product was sent via tube system to station#25.

RBC E0382 W036819841551 PRSMD TRFSD B POS 12/10/19 Y 250 ML 1721 1721
ISSUED TO: NCRWP
?PER ORDERS DR: BAWANY
VISUAL OK? Y

RBC E0382 W036819842263 PRSMD TRFSD B POS 12/10/19 Y 250 ML 1721 1721
ISSUED TO: NCRWP
?PER ORDERS DR: BAWANY
VISUAL OK? Y

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

Osceola Regional Medical Center
Clinical Laboratory
700 West Oak St
Kissimmee, FL 34741
(407) 518-3716

HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CANCELLED SPECIMENS ***

1210:OS:C00425S CAN, Coll: 12/10/19-0439 Recd: - (R#09749269) Slone,Mary C MD
Ordered: TROPONIN-I
Comment: combined
1210:OS:C01291R CAN, Coll: 12/10/19-1755 Recd: - (R#09750550) Gray,Sanjiv MD
Ordered: TROPONIN-I
Comment: DUPLICATED
1210:OS:H00392S CAN, Coll: 12/10/19-1759 Recd: - (R#09750559) Gray,Sanjiv MD
Ordered: CBC W/O DIFF
Comment: Auto-cancelled after 2 days.
1210:OS:C01299S CAN, Coll: 12/10/19-1759 Recd: - (R#09750559) Gray,Sanjiv MD
Ordered: PHOS, MAG
Comment:
TO COMBINE
1211:OS:C00295R CAN, Coll: 12/11/19-0020 Recd: - (R#09750551) Gray,Sanjiv MD
Ordered: TROPONIN-I
Comment: Auto-cancelled after 2 days.
1211:OS:C00369R CAN, Coll: 12/11/19-0400 Recd: - (R#09751510) Gray,Sanjiv MD
Ordered: PHOS, MAG
Comment:
COMBINE
1211:OS:C00202R CAN, Coll: 12/11/19-1155 Recd: - (R#09751306) Gray,Sanjiv MD
Ordered: TROPONIN-I
Comment: DUPLICATE
1211:OS:C00203R CAN, Coll: 12/11/19-1755 Recd: - (R#09751307) Gray,Sanjiv MD
Ordered: TROPONIN-I
Comment: Auto-cancelled after 2 days.
1211:OS:H00448S CAN, Coll: 12/11/19-1835 Recd: - (R#09753016) Din,Salah U MD
Ordered: CBC W/O DIFF
Comment: Auto-cancelled after 2 days.
1212:OS:CG00082S CAN, Coll: 12/12/19-0722 Recd: - (R#09754157) Bilski,Tracy M
Ordered: PTT
Comment: Cancelled via OE: Error
1212:OS:CG00109S CAN, Coll: 12/12/19-1800 Recd: - (R#09754678) Block,Ernest F
Ordered: PTT
Comment: Auto-cancelled after 2 days.
1213:OS:H00030R CAN, Coll: 12/13/19-0600 Recd: - (R#09755541) Din,Salah U MD
Ordered: CBC W/O DIFF
Comment: OE Requested Cancellation of this order (1213-0502).
1217:OS:H00093R CAN, Coll: 12/17/19-0400 Recd: - (R#09763431) Logan,Gideon MD
Ordered: CBC W/AUTO DIFF
Comment: SEE C128
1217:OS:CG00015R CAN, Coll: 12/17/19-0400 Recd: - (R#09763431) Logan,Gideon MD
Ordered: PT, PTT
Comment:
SEE C128

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

Osceola Regional Medical Center
Clinical Laboratory
700 West Oak St
Kissimmee, FL 34741
(407) 518-3716

HPF LAB Discharge Summary Report w/o Pathology

Patient: AYAD,AZIZ #N00101730890 (Continued)

*** CANCELLED SPECIMENS ***

1217:OS:C00128R CAN, Coll: 12/17/19-0400 Recd: - (R#09763431) Logan,Gideon MD
Ordered: BASIC METABOLIC
Comment:
PT REFUSED AT 0650 NPGMPH REQUUEST TO CANCEL NLABMXO

Patient: AYAD,AZIZ Age/Sex: 69/M Acct#N00101730890 Unit#N000880775

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Gray,Sanjiv MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A419 1
EXAM DATE: 12/15/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002956864 US SCROTUM AND CONTENTS, 002956865 DUP AB PEL SC COMP

EXAM DESCRIPTION:
- US SCROTUM AND CONTENTS; - DUP AB PEL SC COMP

INDICATIONS:
SCrotal pain and swelling; Testical pain and swelling

TECHNIQUE:
Sonographic grayscale real time examination of the scrotum was performed.

COMPARISON:
None.

FINDINGS:
The left and right testicles are homogeneous in echogenicity and demonstrate blood flow by color Doppler evaluation. The right testicle measures 4.8 x 2.3 x 2.2 cm and the left 4.5 x 2.6 x 2.8 cm. The right epididymis measures 0.8 x 1 x 1 point cm and the left 1 x 1.6 x 1.7 cm. No varicoceles visualized. Small bilateral hydroceles. Right epididymal anechoic focus with posterior acoustic enhancement, 0.4 x 0.50.4 cm, left 0.4 x 0.60.5 cm.

IMPRESSION:
No sonographic evidence of testicular torsion.

Small bilateral hydroceles.

Subcentimeter bilateral epididymal cysts, as described above.

** Electronically Signed by ALFREDO HURTADO M.D. **
** on 12/15/2019 at 1326 **
Reported and signed by: HURTADO, ALFREDO, M.D.

CC: Ernest F Block MD; Sanjiv Gray MD

DICTATED DATE/TIME: 12/15/2019 (1325)

TECHNOLOGIST: JERMAIN JUBITANA
TECHNOLOGIST 2:
TRANSCRIBED DATE/TIME: 12/15/2019 (1325)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/15/2019 (1326)

PAGE 1 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Gray,Sanjiv MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A419 1
EXAM DATE: 12/15/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Skattum,Andrew C DO
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A419 1
EXAM DATE: 12/17/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002957934 DUP VEIN UNI LTD LT

EXAM DESCRIPTION:
Lower Extremity Venous Duplex

INDICATIONS:
Lower extremity swelling.

COMPARISON:
None

TECHNIQUE:
Compression Gray scale, pulse wave Doppler and color Doppler ultrasound were used to evaluate the deep venous system of left lower extremity from the groin to bottom of the popliteal fossa including the common femoral vein, superficial femoral vein, deep femoral vein, and popliteal vein. Additional views of the visualized portions of the calf veins and saphenous femoral junction were also included.

FINDINGS:
No noncompressible venous segments were identified. Normal phasic spontaneous flow with good augmentation was seen. No Bakers cyst identified.

IMPRESSION:
No deep venous thrombosis evident.

** Electronically Signed by RUSHI PATEL M.D. on 12/17/2019 at 1027 **
Reported and signed by: RUSHI PATEL, M.D.

CC: Ernest F Block MD; Andrew C Skattum DO

DICTATED DATE/TIME: 12/17/2019 (1026)

TECHNOLOGIST: ZHANG, JINSONG R.D.M.S.
TECHNOLOGIST 2:
TRANSCRIBED DATE/TIME: 12/17/2019 (1026)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/17/2019 (1027)

PAGE 1 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Skattum,Andrew C DO
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A419 1
EXAM DATE: 12/17/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Gray,Sanjiv MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A419 1
EXAM DATE: 12/15/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002956864 US SCROTUM AND CONTENTS, 002956865 DUP AB PEL SC COMP

EXAM DESCRIPTION:
- US SCROTUM AND CONTENTS; - DUP AB PEL SC COMP

INDICATIONS:
SCrotal pain and swelling; Testical pain and swelling

TECHNIQUE:
Sonographic grayscale real time examination of the scrotum was performed.

COMPARISON:
None.

FINDINGS:
The left and right testicles are homogeneous in echogenicity and demonstrate blood flow by color Doppler evaluation. The right testicle measures 4.8 x 2.3 x 2.2 cm and the left 4.5 x 2.6 x 2.8 cm. The right epididymis measures 0.8 x 1 x 1 point cm and the left 1 x 1.6 x 1.7 cm. No varicoceles visualized. Small bilateral hydroceles. Right epididymal anechoic focus with posterior acoustic enhancement, 0.4 x 0.50.4 cm, left 0.4 x 0.60.5 cm.

IMPRESSION:
No sonographic evidence of testicular torsion.

Small bilateral hydroceles.

Subcentimeter bilateral epididymal cysts, as described above.

** Electronically Signed by ALFREDO HURTADO M.D. **
** on 12/15/2019 at 1326 **
Reported and signed by: HURTADO, ALFREDO, M.D.

CC: Ernest F Block MD; Sanjiv Gray MD

DICTATED DATE/TIME: 12/15/2019 (1325)

TECHNOLOGIST: JERMAIN JUBITANA
TECHNOLOGIST 2:
TRANSCRIBED DATE/TIME: 12/15/2019 (1325)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/15/2019 (1326)

PAGE 1 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Gray,Sanjiv MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A419 1
EXAM DATE: 12/15/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #. 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Gray,Sanjiv MD
DOB: 09/17/1950 AGE. 69 SEX: M
ACCT: N00101730890 LOC: N.A209 1
EXAM DATE. 12/13/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002956045 CT HEAD/BRAIN W/CONT

EXAM DESCRIPTION:
- CT HEAD/BRAIN W/CONT

HISTORY:
AMS - Altered Mental Status

TECHNIQUE:
Images are acquired from skullbase to vertex without intravenous contrast stop.

A radiation dose optimization technique was used for this scan.

214 images in PACs.

COMPARISON:
CT brain December 11, 2019.

FINDINGS:
Again noted is a burr hole in the left frontoparietal distribution.

No acute intracranial bleed, mass or midline shift is identified.

The ventricles do not appear significantly dilated.

Changes of chronic small vessel disease and age related atrophy are present.

Again noted is fluid in the right sphenoid sinus. The mastoid air cells are clear.

IMPRESSION:
There is no intracranial mass or hemorrhage observed on noncontrast imaging of the brain.

Changes of chronic small vessel disease and age related atrophy.

Again noted is fluid in the right sphenoid sinus distribution. Similar on prior exam. Again noted are changes status post left craniotomy.

EXAMS:
002956045 CT HEAD/BRAIN W/CONT
<Continued>

** Electronically Signed by WILLIAM STANTON M.D. **
** on 12/13/2019 at 1635 **
Reported and signed by: WILLIAM STANTON, M.D.

CC: Ernest F Block MD; Sanjiv Gray MD

DICTATED DATE/TIME: 12/13/2019 (1633)
TECHNOLOGIST: Paola Ibarra RT(R)(CT)
TECHNOLOGIST 2: CARDENAS, JOSE RT (R)(CT)
TRANSCRIBED DATE/TIME: 12/13/2019 (1633)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/13/2019 (1635)

PAGE 2 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Gray,Sanjiv MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A209 1
EXAM DATE: 12/13/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Din,Salah U MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A209 1
EXAM DATE: 12/11/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002954485 CT HEAD/BRAIN W/O CONT

INDICATIONS:
CBVD - Cerebrovascular Disease

COMPARISON:
No prior

TECHNIQUE:
Axial CT of the head was performed without contrast. A radiation dose optimization technique was used for this scan.

FINDINGS:
There is mild generalized cerebral atrophy.

There is no intracranial hemorrhage.

There are low-attenuation changes in the bilateral periventricular white matter, nonspecific but most consistent with chronic small vessel ischemic disease.

The remaining brain parenchyma is normal in attenuation. There is no evidence of a mass, mass effect, or midline shift. The ventricles and basal cisterns are normal. There are no abnormal intra or extra-axial fluid collections.

There is a small craniectomy defect at the vertex.

There is near-total opacification of the right sphenoid sinus with periosteal thickening. The visualized paranasal sinuses are otherwise clear.

The visualized mastoid air cells are clear.

IMPRESSION:
Mild generalized cerebral atrophy. Chronic small vessel ischemic disease.

Small craniectomy defect at the vertex. Please correlate clinically.

No acute intracranial abnormality.

Right sphenoid chronic sinusitis.

EXAMS:
002954485 CT HEAD/BRAIN W/O CONT
<Continued>

** Electronically Signed by HENRY NGUYEN MD on 12/12/2019 at 1530 **
Reported and signed by: NGUYEN, HENRY, MD

CC: Ernest F Block MD; Salah U Din MD

DICTATED DATE/TIME: 12/12/2019 (1526)
TECHNOLOGIST: Paola Ibarra RT(R)(CT)
TECHNOLOGIST 2:
TRANSCRIBED DATE/TIME: 12/12/2019 (1526)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/12/2019 (1530)

PAGE 2 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Din,Salah U MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A209 1
EXAM DATE: 12/11/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Gray,Sanjiv MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A419 1
EXAM DATE: 12/15/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002956858 XR CHEST 1 V

EXAM DESCRIPTION:
- XR CHEST 1 V

COMPARISON:
AP chest 12/11/2019.

INDICATIONS:
COUGH - Cough

FINDINGS:
AP chest x-ray demonstrates the lungs are clear. Cardiac silhouette is within normal limits. No pneumothorax or pleural effusion identified. Mild osteopenia.

IMPRESSION:
No acute pulmonary disease identified.

** Electronically Signed by ALFREDO HURTADO M.D. **
** on 12/15/2019 at 1336 **
Reported and signed by: HURTADO, ALFREDO, M.D.

CC: Ernest F Block MD; Sanjiv Gray MD

DICTATED DATE/TIME: 12/15/2019 (1336)

TECHNOLOGIST: Zayas,Mariela R.T.(R)
TECHNOLOGIST 2:
TRANSCRIBED DATE/TIME: 12/15/2019 (1336)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/15/2019 (1336)

PAGE 1 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Gray,Sanjiv MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A419 1
EXAM DATE: 12/15/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #. 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Bilski,Tracy MD
DOB: 09/17/1950 AGE 69 SEX: M
ACCT: N00101730890 LOC: N.A209 1
EXAM DATE. 12/11/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002954421 XR CHEST 1 V

EXAM DESCRIPTION:
- XR CHEST 1 V

HISTORY:
SOB - Shortness Of Breath

TECHNIQUE:
AP view of the chest is submitted for review.

COMPARISON:
December 10, 2019.

FINDINGS:
There is a new ovoid opacity in left lower lung zone may represent artifact versus early infiltrate. Lungs are otherwise clear. Cp angles are sharp. Heart size within normal limits. Pulmonary vascularity within limits.

IMPRESSION:
New ovoid opacity over the left lower lung zone may represent early infiltrate or artifact. Follow-up imaging

** Electronically Signed by WILLIAM STANTON M.D. **
** on 12/11/2019 at 1254 **
Reported and signed by: WILLIAM STANTON, M.D.

CC: Tracy Bilski MD; Ernest F Block MD

DICTATED DATE/TIME: 12/11/2019 (1253)

TECHNOLOGIST: GARCIA, IVAN R.T. (R)
TECHNOLOGIST 2:
TRANSCRIBED DATE/TIME: 12/11/2019 (1253)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/11/2019 (1254)

PAGE 1 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Bilski,Tracy MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.A209 1
EXAM DATE: 12/11/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Gray,Sanjiv MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.ER E17
EXAM DATE: 12/10/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002954148 XR CHEST 1 V

EXAM DESCRIPTION:
- XR CHEST 1 V

REASON FOR EXAM:
hypotension postop

COMPARISON:
Chest radiograph performed on December 10, 2019

TECHNIQUE:
Frontal view of the chest was obtained

FINDINGS:
No focal infiltrate or effusion. Pulmonary vasculature is not congested. There is no pneumothorax. Cardiomediastinal silhouette is unremarkable. Osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence of acute cardiopulmonary process.

** Electronically Signed by BASSEM SAMAAN M.D. **
** on 12/10/2019 at 1920 **
Reported and signed by: BASSEM SAMAAN, M.D.

CC: Ernest F Block MD; Sanjiv Gray MD

DICTATED DATE/TIME: 12/10/2019 (1920)

TECHNOLOGIST: NEVY, LOUIS , RT(R)
TECHNOLOGIST 2:
TRANSCRIBED DATE/TIME: 12/10/2019 (1920)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/10/2019 (1920)

PAGE 1 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Gray,Sanjiv MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.ER E17
EXAM DATE: 12/10/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Bawany,Sheila MD R3
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.ER E17
EXAM DATE: 12/10/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002953748 XR CHEST 1 V

INDICATION: GLF

COMPARISON: No prior studies are available at the time of dictation.

TECHNIQUE: Single AP radiograph of the chest is submitted Number of images provided at the time of dictation is: 2

FINDINGS: There is no acute parenchymal disease. Cardiac silhouette is normal. The costophrenic recesses are sharp. No pneumothorax.The bony elements are unremarkable.

IMPRESSION:

NO ACUTE PARENCHYMAL DISEASE.

** Electronically Signed by Binor Said, MD **
** on 12/10/2019 at 0639 **
Reported and signed by: Binor Said, MD

Envision Physician Services
EVHC DR. BINOR SAID FL
(888) 557-3617

** Electronically Signed by BINOR SAID M.D. on 12/10/2019 at 0639 **
Reported and signed by: SAID, BINOR, M.D.

CC: Sheila R3 Bawany MD; Timothy Julien MD

DICTATED DATE/TIME: 12/10/2019 (0639)

TECHNOLOGIST: Roman Jr, Hector R.T. (R)
TECHNOLOGIST 2:
TRANSCRIBED DATE/TIME: 12/10/2019 (0639)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/10/2019 (0639)

PAGE 1 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Bawany,Sheila MD R3
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.ER E17
EXAM DATE: 12/10/2019 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Slome,Mary C MD R2
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.ER
EXAM DATE: 12/10/2019 STATUS: PRE ER
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002953737 XR KNEE 1 OR 2 V RT

INDICATION: FX - Fracture

COMPARISON: No prior studies are available at the time of dictation.

TECHNIQUE: lateral views of the Left knee are submitted. Number of images provided at the time of dictation is: 2

FINDINGS: There is no fracture and/or dislocation. The joint spaces are preserved. There is no significant joint effusion. Soft tissues are unremarkable. Bone mineralization is within normal limits for the patient's age.

IMPRESSION:

No fracture and/or dislocation.

** Electronically Signed by Binor Said, MD **
** on 12/10/2019 at 0533 **
Reported and signed by: Binor Said, MD

Envision Physician Services
EVHC DR. BINOR SAID FL
(888) 557-3617

** Electronically Signed by BINOR SAID M.D. on 12/10/2019 at 0533 **
Reported and signed by: SAID, BINOR, M.D.

CC: Timothy Julien MD; Mary C R2 Slome MD

DICTATED DATE/TIME: 12/10/2019 (0533)

TECHNOLOGIST: Roman Jr, Hector R.T. (R)
TECHNOLOGIST 2:
TRANSCRIBED DATE/TIME: 12/10/2019 (0533)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/10/2019 (0533)

PAGE 1 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Slome,Mary C MD R2
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.ER
EXAM DATE: 12/10/2019 STATUS: PRE ER
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Walker,Ayanna D MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.ER
EXAM DATE: 12/10/2019 STATUS: PRE ER
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

EXAMS:
002953734 XR PELVIS 1/2 VIEWS

INDICATION: FX - Fracture

COMPARISON: No prior studies are available at the time of dictation.

TECHNIQUE: AP Pelvis radiograph is submitted: Number of images provided at the time of dictation is: 2

FINDINGS: Mildly displaced left proximal femoral fracture. Diffuse osteopenia. There is no dislocation. There is no diastasis of the pubic symphysis or sacroiliac joints. The pubic rami are intact. The flat bones of the pelvis are intact.

IMPRESSION:

Mildly displaced left proximal femoral fracture. Diffuse osteopenia.

** Electronically Signed by Binor Said, MD **
** on 12/10/2019 at 0532 **
Reported and signed by: Binor Said, MD

Envision Physician Services
EVHC DR. BINOR SAID FL
(888) 557-3617

** Electronically Signed by BINOR SAID M.D. on 12/10/2019 at 0531 **
Reported and signed by: SAID, BINOR, M.D.

CC: Ayanna D Walker MD

DICTATED DATE/TIME: 12/10/2019 (0532)

TECHNOLOGIST: Roman Jr, Hector R.T. (R)
TECHNOLOGIST 2:
TRANSCRIBED DATE/TIME: 12/10/2019 (0532)
TRANSCRIPTIONIST: RAD.VR
ELECTRONIC SIGNATURE DATE/TIME: 12/10/2019 (0531)

PAGE 1 Signed Report

OSCEOLA REGIONAL MEDICAL CTR.
700 W. OAK STREET
KISSIMMEE, FL. 34741
RADIOLOGY DEPT.
PHONE #: 407-518-3758
FAX #: 407-518-3760

NAME: AYAD,AZIZ
PHYS: Walker,Ayanna D MD
DOB: 09/17/1950 AGE: 69 SEX: M
ACCT: N00101730890 LOC: N.ER
EXAM DATE: 12/10/2019 STATUS: PRE ER
RADIOLOGY NO:
UNIT NO: N000880775
ADMIT:12/10/19 DISCHARGE:

OSCEOLA REGIONAL MEDICAL CENTER
Heart and Vascular Institute

Osceola Regional Medical Center
700 West Oak Street
Kissimmee, FL 34741
(407)846-2266

Transthoracic Echocardiogram
2D, M-mode, Doppler, and Color Doppler
Study date: 11-Dec-2019, 12: 12

Name:	AZIZ AYAD	**DOB:**	17-Sep-1950	**Status:**	Inpatient
MRN:	N812620	**Age:**	69 years	**Location:**	N.NTICU- N.A209- 1
MPI:	N000880775	**Gender:**	Male	**Ht - Wt:**	62 in - 139.7 lb
Acct #:	N00101730890	**BP:**	116/ 62	**BSA:**	1.64 m²

Indications: Arrhythmias.

Reading Physician: Salah Din, MD
Sonographer: Sasha McKenzie, RVS RCS

Conclusions

1. **Procedure information**:
   a. This was a technically difficult study.
2. **Left ventricle**:
   a. LV chamber size appeared within normal limits.
   b. LV systolic function was mildly to moderately reduced. Ejection fraction was estimated in the range of 40 % to 45 %.
   c. Regional wall motion abnormalities.
   d. Features were consistent with a pseudonormal left ventricular filling pattern, with concomitant abnormal relaxation and increased filling pressure (grade 2 diastolic dysfunction).
3. **Mitral valve**:
   a *There was mild annular calcification*
   b. There was trace regurgitation.
4. **Left atrium**
   a. The atrium was mildly dilated.
5. **Pulmonary artery**
   a. Estimated systlic PA pressure 42 mmHg
6. **Tricuspid valve**:
   a. There was mild regurgitation.
7. **IVC, hepatic veins**.
   a. The inferior vena cava was dilated

Summary Measurements

CW measurements:
Aortic Valve: AV VTI was 34.9 cm. AV Vmax was 1.7 m/s. AV Vmean was 1.3 m/s. AV maxPG was 11 5 mmHg. . meanPG was 7.4 mmHg.

PW measurements:
Aortic Valve: AVA (VTI) was 2.2 cm2. AVA Vmax was 2 cm2.
Left Ventricle: LVOT VTI was 20.7 cm. LVOT maxPG was 3.6 mmHg.

Procedure: The study included complete 2D imaging, M-mode, complete spectral Doppler, and color Doppler. Systolic blood pressure was 116 mmHg, at the start of the study. Diastolic blood pressure was 62 mmHg, at the start of the study. This was a technically difficult study.

Left ventricle: LV chamber size appeared within normal limits. LV systolic function was mildly to moderately reduced. Ejection fraction was estimated in the range of 40 % to 45 %. Regional wall motion abnormalities. Wall thickness appeared normal. Doppler: Features were consistent with a pseudonormal left ventricular filling pattern, with concomitant abnormal relaxation and *increased filling pressure (grade 2 diastolic dysfunction)*

Right ventricle: RV chamber size appeared within normal limits. Wall motion appeared within normal limits.

Left atrium: The atrium was mildly dilated.

Right atrium: RA size appeared normal

Aorta: The root exhibited normal size.

Aortic valve: The aortic valve appeared trileaflet. Leaflets exhibited normal excursion. Doppler: No significant aortic regurgitation was evident.

Mitral valve: There was mild annular calcification. There was mild thickening. Doppler: There was trace regurgitation.

Tricuspid valve: The tricuspid valve appeared structurally normal with normal excursion. Doppler; There was mild regurgitation

Pulmonic valve: Not well visualized. Doppler: There was trace regurgitation.
Pulmonary artery: Estimated systlic PA pressure 42 mmHg
Systemic veins: IVC: The inferior vena cava was dilated.
Pericardium: There was no evidence of pericardial effusion.

System measurement tables

2D measurements

Interventricular septum		**Normal**
IVSd	0.8 cm	.6-1 cm
Left Ventricle		**Normal**
%FS	24.9 %	25-43 %
EDV(Teich)	125.7 ml	
EF (Teich)	48.9 %	>55 %
EF Biplane	64.5 %	
ESV(Teich)	64.2 ml	
LVEF MOD A2C	76.1 %	
LVIDd	5.1 cm	4.2-5.9 cm
LVIDs	3.9 cm	2.1-4 cm
LVOT Diam	2.2 cm	=2 cm
LVPWd	1 cm	.6-1 cm
SV MOD A2C	55.2 ml	
SV(Teich)	61.5 ml	

PW measurements

Aortic Valve		**Normal**
AVA (VTI)	2.2 cm2	
AVA Vmax	2 cm2	
Left Ventricle		**Normal**
LVOT VTI	20.7 cm	
LVOT Vmax	1 m/s	
LVOT Vmean	0.7 m/s	
LVOT maxPG	3.6 mmHg	
LVOT meanPG	2.1 mmHg	
Mitral Valve		**Normal**
MV A Vel	1.1 m/s	
MV Dec Slope	7.3 m/s2	
MV DecT	84.5 ms	
MV E Vel	0.6 m/s	
MV E/A Ratio	0.6	
MV PHT	24.5 ms	
MVA By PHT	9 cm2	
Right Ventricle		**Normal**
RVSP	25.6 mmHg	

CW measurements

Aortic Valve		**Normal**
AV VTI	34.9 cm	
AV Vmax	1.7 m/s	
AV Vmean	1.3 m/s	
AV maxPG	11.5 mmHg	
AV meanPG	7.4 mmHg	
Right Atrium		**Normal**
RAP	10 mmHg	
Tricuspid Valve		**Normal**
TR Vmax	2 m/s	
TR maxPG	15.6 mmHg	

Prepared and signed by

Salah Din, MD
Signed 11-Dec-2019 15:05:06

OSCEOLA REGIONAL MEDICAL CENTER
700 WEST OAK STREET
KISSIMMEE, FL 34741

PATIENT: AYAD,AZIZ
ACCOUNT #: N00101730890
ATTENDING PHYSICIAN: Dr. Block,Ernest F MD
DICTATED BY: Dr. Din,Salah U MD
DATE OF ADMISSION: 12/10/19
DATE OF DISCHARGE:

MEDICAL RECORD #:N000880775
ROOM/BED: N.A209-1

LOCATION: N.NTICU

Osceola Regional Medical Center
700 West Oak Street
Kissimmee, FL 34741
(407)846-2266

Transthoracic Echocardiogram
2D, M-mode, Doppler, and Color Doppler

Study date: 11-Dec-2019, 12: 12

Name: AZIZ AYAD
MRN: N812620
MPI: N000880775
Acct #: N00101730890
DOB: 17-Sep-1950
Age: 69 years
Gender: Male
BP: 116/ 62
Status: Inpatient
Location: N.NTICU- N.A209- 1
Ht - Wt: 62 in - 139.7 lb

Indications: Arrhythmias.

Reading Physician: Salah Din, MD
Sonographer: Sasha McKenzie, RVS RCS

CONCLUSIONS:

- Procedure information:
- This was a technically difficult study.

Left ventricle:
- LV chamber size appeared within normal limits.
- LV systolic function was mildly to moderately reduced. Ejection fraction was estimated in the range of 40 % to 45 %.
- Regional wall motion abnormalities.
- Features were consistent with a pseudonormal left ventricular filling pattern, with concomitant abnormal relaxation and increased filling pressure (grade 2 diastolic dysfunction).

· Mitral valve:

- There was mild annular calcification.
  There was trace regurgitation.

- Left atrium:
- The atrium was mildly dilated.

- Pulmonary artery:
- Estimated systlic PA pressure 42 mmHg

- Tricuspid valve:
- There was mild regurgitation.

- IVC, hepatic veins:
- The inferior vena cava was dilated.

SUMMARY MEASUREMENTS
CW measurements:
Aortic Valve: AV VTI was 34.9 cm. AV Vmax was 1.7 m/s. AV Vmean was 1.3 m/s. AV maxPG was 11.5 mmHg. AV meanPG was 7.4 mmHg.
PW measurements:
Aortic Valve: AVA (VTI) was 2.2 cm2. AVA Vmax was 2 cm2.
Left Ventricle: LVOT VTI was 20.7 cm. LVOT maxPG was 3.6 mmHg.

PROCEDURE: The study included complete 2D imaging, M-mode, complete spectral Doppler, and color Doppler. Systolic blood pressure was 116 mmHg, at the start of the study. Diastolic blood pressure was 62 mmHg, at the start of the study. This was a technically difficult study.

LEFT VENTRICLE: LV chamber size appeared within normal limits. LV systolic function was mildly to moderately reduced. Ejection fraction was estimated in the range of 40 % to 45 %. Regional wall motion abnormalities. Wall thickness appeared normal. DOPPLER: Features were consistent with a pseudonormal left ventricular filling pattern, with concomitant abnormal relaxation and increased filling pressure (grade 2 diastolic dysfunction).

RIGHT VENTRICLE: RV chamber size appeared within normal limits. Wall motion appeared within normal limits.

LEFT ATRIUM: The atrium was mildly dilated.

RIGHT ATRIUM: RA size appeared normal.

AORTA: The root exhibited normal size.

AORTIC VALVE: The aortic valve appeared trileaflet. Leaflets exhibited normal excursion. DOPPLER: No significant aortic regurgitation was evident.

MITRAL VALVE: There was mild annular calcification. There was mild thickening. DOPPLER: There was trace regurgitation.

TRICUSPID VALVE: The tricuspid valve appeared structurally normal with normal excursion. DOPPLER: There was mild regurgitation.

PULMONIC VALVE: Not well visualized. DOPPLER: There was trace regurgitation.

PATIENT NAME: AYAD,AZIZ ACCOUNT #: N00101730890

PULMONARY ARTERY: Estimated systlic PA pressure 42 mmHg

SYSTEMIC VEINS: IVC: The inferior vena cava was dilated.

PERICARDIUM: There was no evidence of pericardial effusion.

SYSTEM MEASUREMENT TABLES

2D
IVSd: 0.8 cm
%FS: 24.9 %
EDV(Teich): 125.7 ml
EF (Teich): 48.9 %
EF Biplane: 64.5 %
ESV(Teich): 64.2 ml
LVEF MOD A2C: 76.1 %
LVIDd: 5.1 cm
LVIDs: 3.9 cm
LVOT Diam: 2.2 cm
LVPWd: 1 cm
SV MOD A2C: 55.2 ml
SV(Teich): 61.5 ml

CW
AV VTI: 34.9 cm
AV Vmax: 1.7 m/s
AV Vmean: 1.3 m/s
AV maxPG: 11.5 mmHg
AV meanPG: 7.4 mmHg
RAP: 10 mmHg
TR Vmax: 2 m/s
TR maxPG: 15.6 mmHg

PW
AVA (VTI): 2.2 cm2
AVA Vmax: 2 cm2
LVOT VTI: 20.7 cm
LVOT Vmax: 1 m/s
LVOT Vmean: 0.7 m/s
LVOT maxPG: 3.6 mmHg
LVOT meanPG: 2.1 mmHg
MV A Vel: 1.1 m/s
MV Dec Slope: 7.3 m/s2
MV DecT: 84.5 ms
MV E Vel: 0.6 m/s
MV E/A Ratio: 0.6
MV PHT: 24.5 ms
MVA By PHT: 9 cm2
RVSP: 25.6 mmHg

Prepared and signed by

PATIENT NAME: AYAD,AZIZ ACCOUNT #: N00101730890

Salah Din, MD

Signed 11-Dec-2019 15:05:06

PATIENT NAME: AYAD,AZIZ ACCOUNT #: N00101730890

OSCEOLA REGIONAL MEDICAL CENTER
700 WEST OAK STREET
KISSIMMEE, FL 34741

PATIENT: AYAD,AZIZ
MEDICAL RECORD #:N000880775
ACCOUNT #: N00101730890
ROOM/BED: N.ER·E17
ATTENDING PHYSICIAN: Dr. Block,Ernest F MD
DICTATED BY: Dr. Barrett,Robert L Jr MD
DATE OF ADMISSION: 12/10/19
LOCATION: N.ERHMS
DATE OF DISCHARGE:

Test Reason : HIP ALERT
Blood Pressure : ***/*** mmHG
Vent. Rate : 083 BPM Atrial Rate : 083 BPM
P-R Int : 190 ms QRS Dur : 092 ms
QT Int : 458 ms P-R-T Axes : 066 039 103 degrees
QTc Int : 538 ms

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Nonspecific ST and T wave abnormality
Prolonged QT
Abnormal ECG

Confirmed by Barrett MD, Robert (24050) on 12/10/2019 11:54:05 AM

Referred By: SELF REFERRED Confirmed By:Robert Barrett MD

This is the FINAL report.
Please Refer to MUSE for the Electronically Signed Tracing.

PATIENT NAME: AYAD,AZIZ ACCOUNT #: N00101730890

OSCEOLA REGIONAL MEDICAL CENTER
700 WEST OAK STREET
KISSIMMEE, FL 34741

PATIENT: AYAD,AZIZ
MEDICAL RECORD #:N000880775
ACCOUNT #: N00101730890
ROOM/BED: N.A209-1
ATTENDING PHYSICIAN: Dr. Block,Ernest F MD
DICTATED BY: Dr. Din,Salah U MD
DATE OF ADMISSION: 12/10/19
LOCATION: N.NTICU
DATE OF DISCHARGE:

Test Reason : S/P PROCEDURE
Blood Pressure : ***/*** mmHG
Vent. Rate : 084 BPM Atrial Rate : 084 BPM
P-R Int : 180 ms QRS Dur : 092 ms
QT Int : 434 ms P-R-T Axes : 040 -04 103 degrees
QTc Int : 512 ms

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Septal infarct , age undetermined
Abnormal ECG

Confirmed by Din MD, Salah (24413) on 12/11/2019 1:03:09 PM

Referred By: SELF REFERRED Confirmed By:Salah Din MD

This is the FINAL report.
Please Refer to MUSE for the Electronically Signed Tracing.

PATIENT NAME: AYAD,AZIZ ACCOUNT #: N00101730890

OSCEOLA REGIONAL MEDICAL CENTER
700 WEST OAK STREET
KISSIMMEE, FL 34741

PATIENT: AYAD,AZIZ
MEDICAL RECORD #:N000880775
ACCOUNT #: N00101730890
ROOM/BED: N.A209-1
ATTENDING PHYSICIAN: Dr. Block,Ernest F MD
DICTATED BY: Dr. Din,Salah U MD
DATE OF ADMISSION: 12/10/19
LOCATION: N.NTICU
DATE OF DISCHARGE:

Test Reason : HYPOVOLEMIA
Blood Pressure : ***/*** mmHG
Vent. Rate : 128 BPM Atrial Rate : 128 BPM
P-R Int : 136 ms QRS Dur : 090 ms
QT Int : 338 ms P-R-T Axes : 010 001 100 degrees
QTc Int : 493 ms

Sinus tachycardia
Septal infarct , age undetermined
Abnormal ECG

Confirmed by Din MD, Salah (24413) on 12/11/2019 12:55:15 PM

Referred By: SELF REFERRED *Confirmed By:Salah Din MD*

This is the FINAL report.
Please Refer to MUSE for the Electronically Signed Tracing.

PATIENT NAME: AYAD,AZIZ ACCOUNT #: N00101730890

OSCEOLA REGIONAL MEDICAL CENTER
700 WEST OAK STREET
KISSIMMEE, FL 34741

PATIENT: AYAD,AZIZ
MEDICAL RECORD #:N000880775
ACCOUNT #: N00101730890
ROOM/BED: N.A209-1
ATTENDING PHYSICIAN: Dr. Block,Ernest F MD
DICTATED BY: Dr. Madan,Atul MD
DATE OF ADMISSION: 12/10/19
LOCATION: N.NTICU
DATE OF DISCHARGE:

Test Reason : + TROPONINS
Blood Pressure : ***/*** mmHG
Vent. Rate : 077 BPM Atrial Rate : 077 BPM
P-R Int : 202 ms QRS Dur : 104 ms
QT Int : 400 ms P-R-T Axes : 000 -14 135 degrees
QTc Int : 452 ms

Normal sinus rhythm
Left ventricular hypertrophy with repolarization abnormality
Cannot rule out Septal infarct , age undetermined
Abnormal ECG

Confirmed by Madan MD, Atul (24114) on 12/12/2019 12:53:40 PM

Referred By: SELF REFERRED Confirmed By:Atul Madan MD

This is the FINAL report.
Please Refer to MUSE for the Electronically Signed Tracing.

PATIENT NAME: AYAD,AZIZ ACCOUNT #: N00101730890

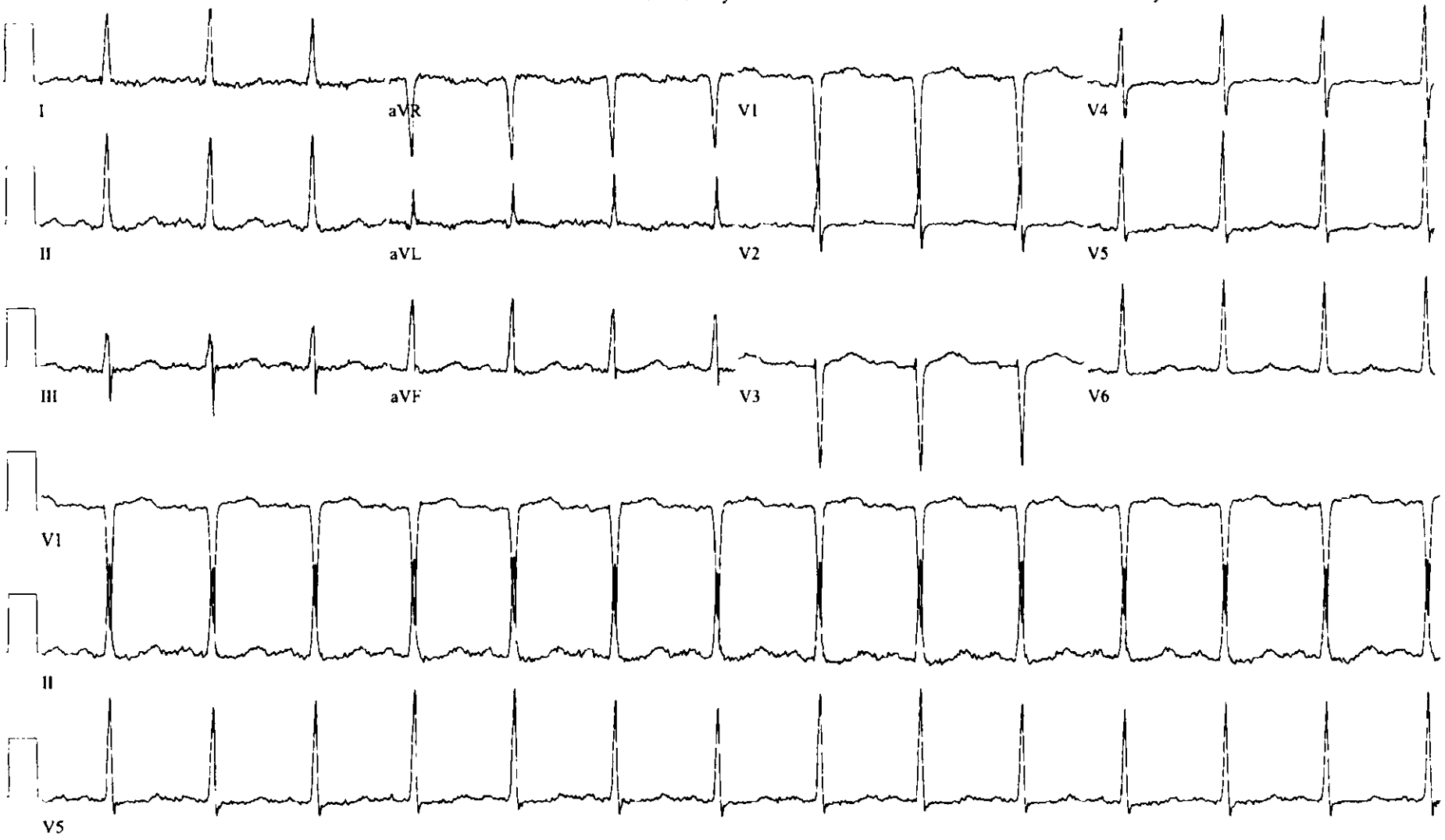
AYAD, AZIZ ID:N000880775 10-DEC-2019 04:33:25 Osceola Regional Medical Center-ER ROUTINE RECORD

17-SEP-1950 (69 yr)	Vent. rate	83	BPM	Normal sinus rhythm
Male	PR interval	190	ms	Minimal voltage criteria for LVH, may be normal variant
	QRS duration	92	ms	Nonspecific ST and T wave abnormality
Room:N.ER	QT/QTc	458/538	ms	Prolonged QT
Loc:2	P-R-T axes	66 39	103	Abnormal ECG

Confirmed by Barrett MD, Robert (24050) on 12/10/2019 11:54:05 AM

Technician: PM
Test ind:HIP ALERT

Referred by: SELF REFERRED Confirmed By: Robert Barrett MD



25mm/s 10mm/mV 150Hz 9.0 7 12SL 239 CID: 6 SID: N812620 EID:24050 EDT: 11:54 10-DEC-2019 ORDER: E12100021 ACCOUNT: N00101730890

AYAD, AZIZ ID:N000880775 10-DEC-2019 17:39:51 Osceola Regional Medical Center-EKG ROUTINE RECORD

17-SEP-1950 (69 yr)
Male

Room:BAY 1
Loc:1

Vent rate	128	BPM
PR interval	136	ms
QRS duration	90	ms
QT/QTc	338/493	ms
P-R-T axes	10 1	100

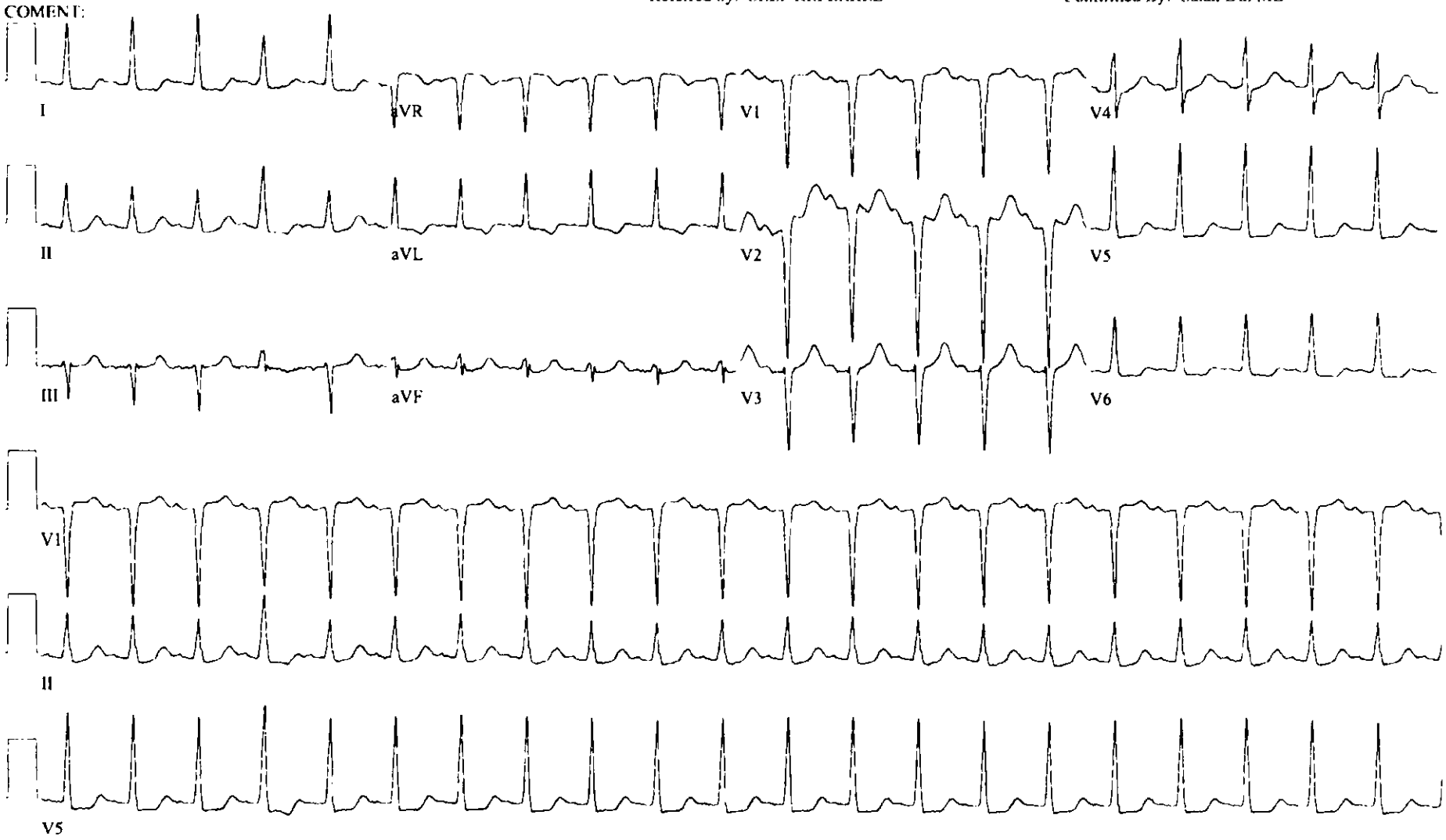
Sinus tachycardia
Septal infarct , age undetermined
Abnormal ECG

Confirmed by Din MD, Salah (24413) on 12/11/2019 12:55:15 PM

Technician: NNUR.LRZ
Test ind:HYPOVOLEMIA

Referred by: SELF REFERRED Confirmed By: Salah Din MD

COMENT:



25mm/s 10mm/mV 150Hz 9.0 7 12SL 241 HD CID: 25

SID: N812620 EID:24413 EDT: 12:55 11-DEC-2019 ORDER: E12100115 ACCOUNT: N00101730890

AYAD, AZIZ ID:N000880775 11-DEC-2019 06:04:51 Osceola Regional Medical Center-ICU ROUTINE RECORD

17-SEP-1950 (69 yr)
Male

Room:A209
Loc:8

Vent rate	84	BPM
PR interval	180	ms
QRS duration	92	ms
QT/QTc	434/512	ms
P-R-T axes	40 -4	103

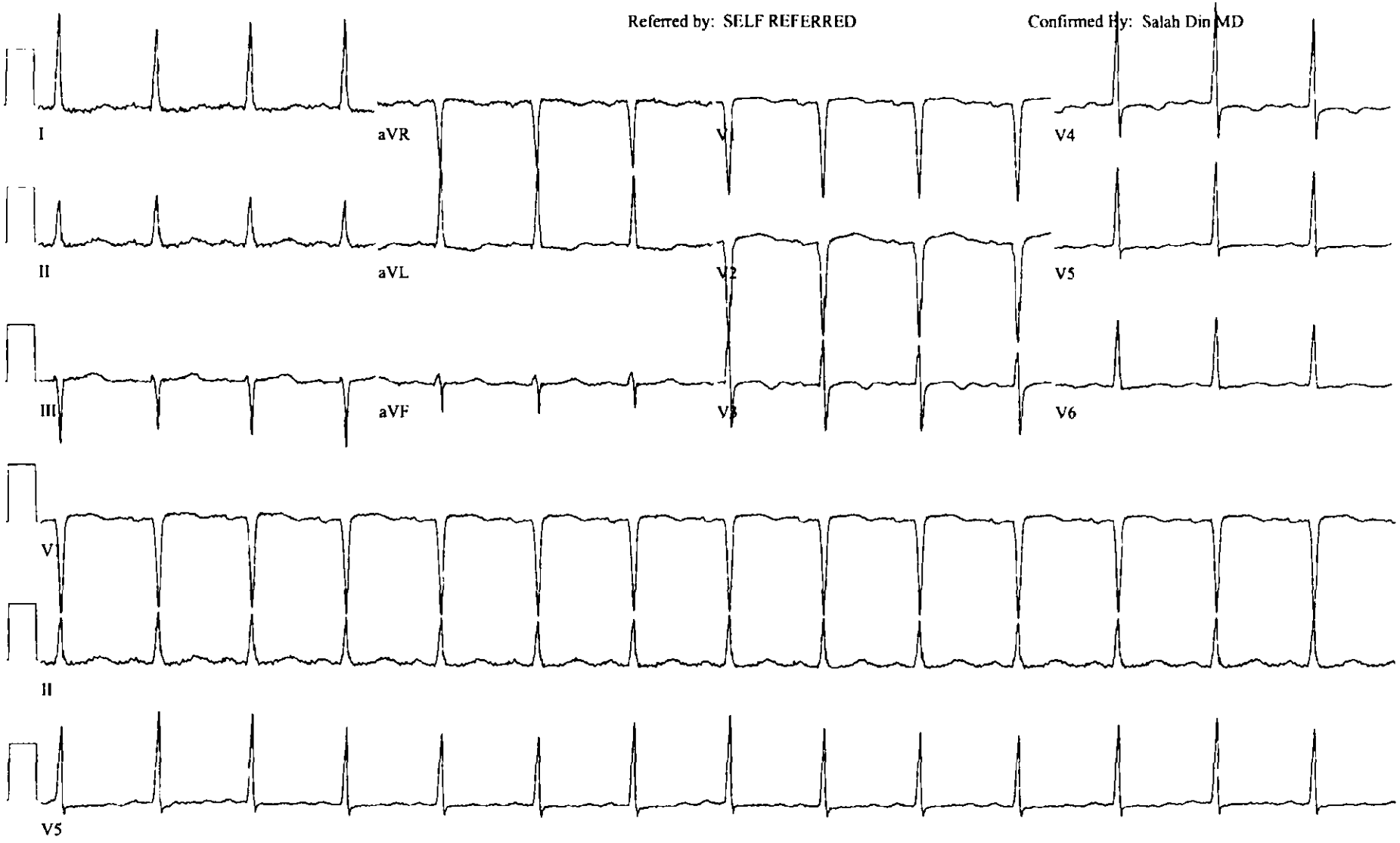
Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Septal infarct , age undetermined
Abnormal ECG

Confirmed by Din MD, Salah (24413) on 12/11/2019 1:03:09 PM

Technician: NNAYF1
Test ind:S/P PROCEDURE

Referred by: SELF REFERRED

Confirmed By: Salah Din MD



25mm/s 10mm/mV 150Hz 9.0.7 12SL 241 HD CID: 17

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AYAD, AZIZ ID:N000880775 11-DEC-2019 18:21:34 Osceola Regional Medical Center-ICU ROUTINE RECORD

17-SEP-1950 (69 yr)
Male

Room:A209
Loc:8

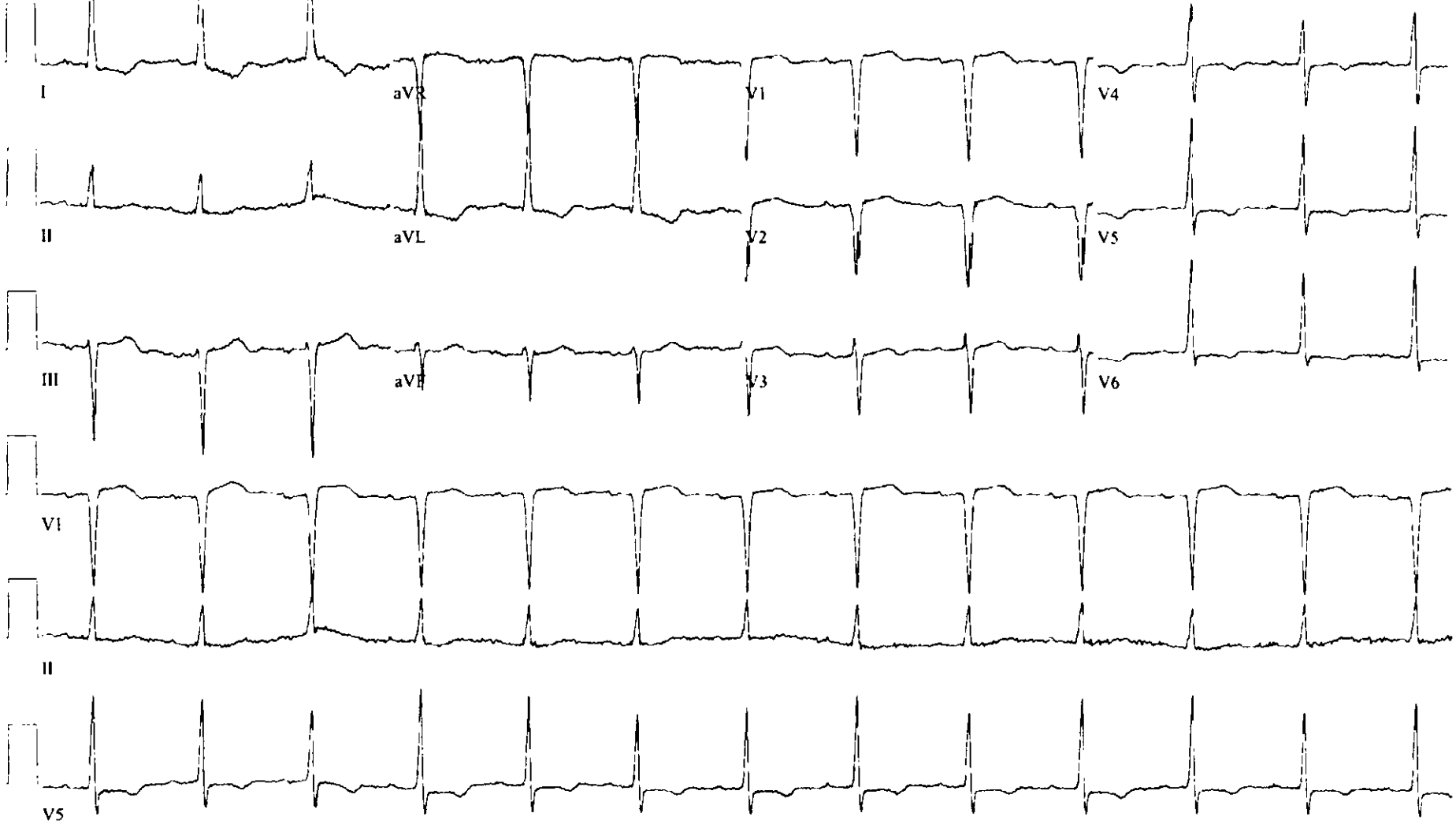
Vent rate	77	BPM
PR interval	202	ms
QRS duration	104	ms
QT/QTc	400/452	ms
P-R-T axes	0 -14	135

Normal sinus rhythm
Left ventricular hypertrophy with repolarization abnormality
Cannot rule out Septal infarct , age undetermined
Abnormal ECG

Confirmed by Madan MD, Atul (24114) on 12/12/2019 12:53:40 PM

Technician: NICMLS
Test ind: TROPONINS

Referred by: SELF REFERRED Confirmed By: Atul Madan MD



25mm/s 10mm/mV 150Hz 9.0 7 12SL 241 HD CID: 17

SID: N812620 EID:24114 EDT: 12:53 12-DEC-2019 ORDER: E12110059 ACCOUNT: N00101730890

AYAD, AZIZ ID: N001017308 10-Dec-2019 17:39:51 OSCEOLA REGIONAL MEDICAL CENTER MSICU

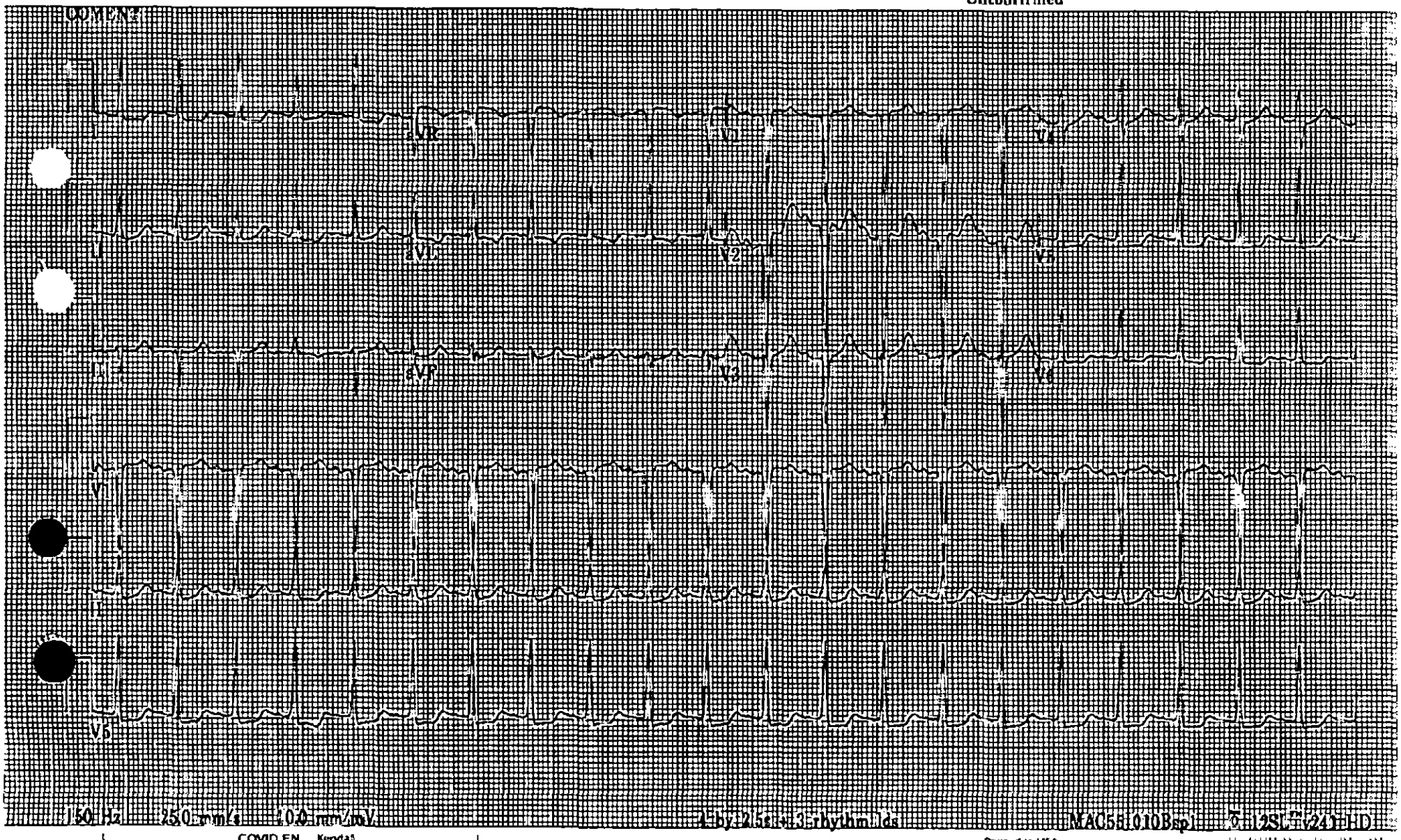
69years
Female

Room: BAY 1

Vent. rate	128 bpm	Sinus tachycardia
PR interval	136 ms	Septal infarct, age undetermined
QRS duration	90 ms	Abnormal ECG
QT/QTc	338/493 ms	
P-R-T axes	10 1 100	

Technician: NNUR.LRZ
Test ind: HYPOVOLEMIA

Unconfirmed



AYAD, AZIZ ID: 000880775 10-Dec-2019 4:33:25 OSCEOLA REGIONAL MEDICAL CENTER ER6

69years
Male

Vent. rate	83	bpm
PR interval	190	ms
QRS duration	92	ms
QT/QTc	458/538	ms
P-R-T axes	66 39 103	

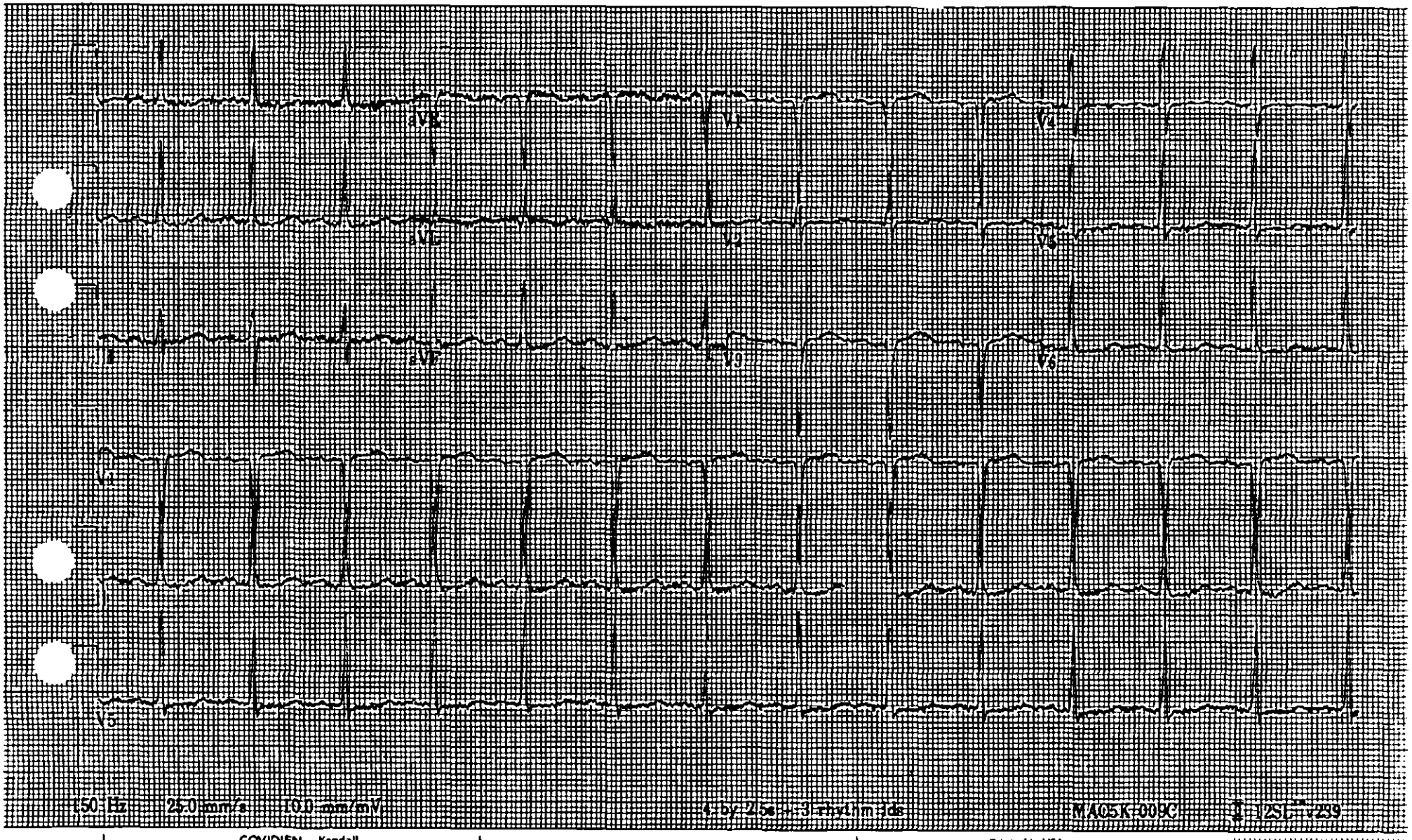
Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Nonspecific ST and T wave abnormality
Prolonged QT
Abnormal ECG

Technician: PM
Test ind:

AYAD,AZIZ
N00101730890 PRE ER
12/10/19
DOB: 09/17/50 69 M MR#: N000880775

Referr

Unconfirmed



COVIDIEN Kendall

Printed in USA.

AYAD, AZIZ ID: 0000880775 11-Dec-2019 18:21:34 OSCEOLA REGIONAL MEDICAL CENTER ICU

69years
Male

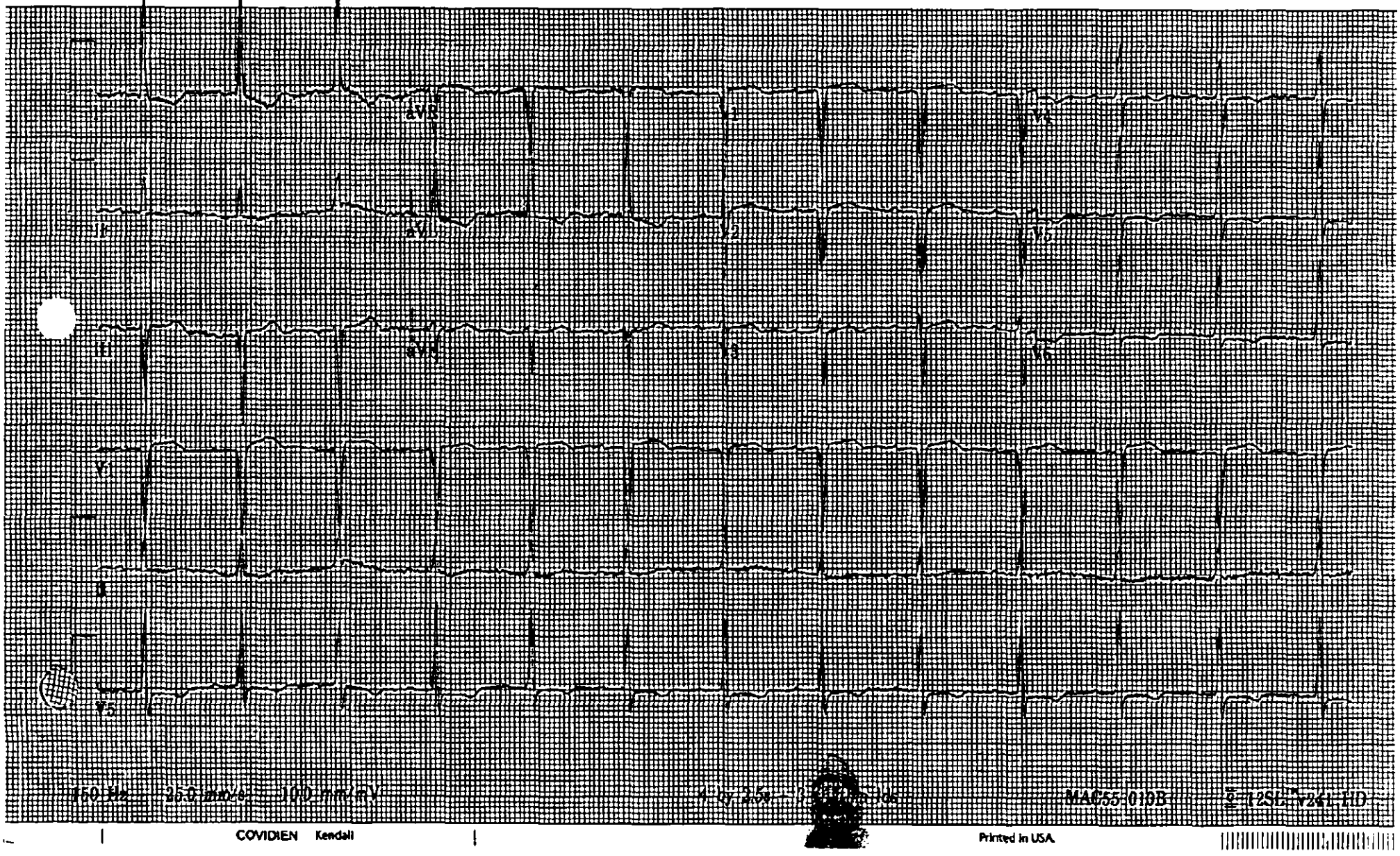
Room: A209

Vent. rate	77 bpm	Normal sinus rhythm
PR interval	202 ms	Left ventricular hypertrophy with repolarization abnormality
QRS duration	104 ms	Cannot rule out Septal infarct, age undetermined
QT/QTc	400/452 ms	Abnormal ECG
P-R-T axes	0 -14 135	

Technician: NICMLS
Test ind: + TROPONINS

Referred by: DIN, MD

Unconfirmed



AYAD, AZIZ ID: N001017308 10-Dec-2019 17:39:51 OSCEOLA REGIONAL MEDICAL CENTER MSICU

69years
Female

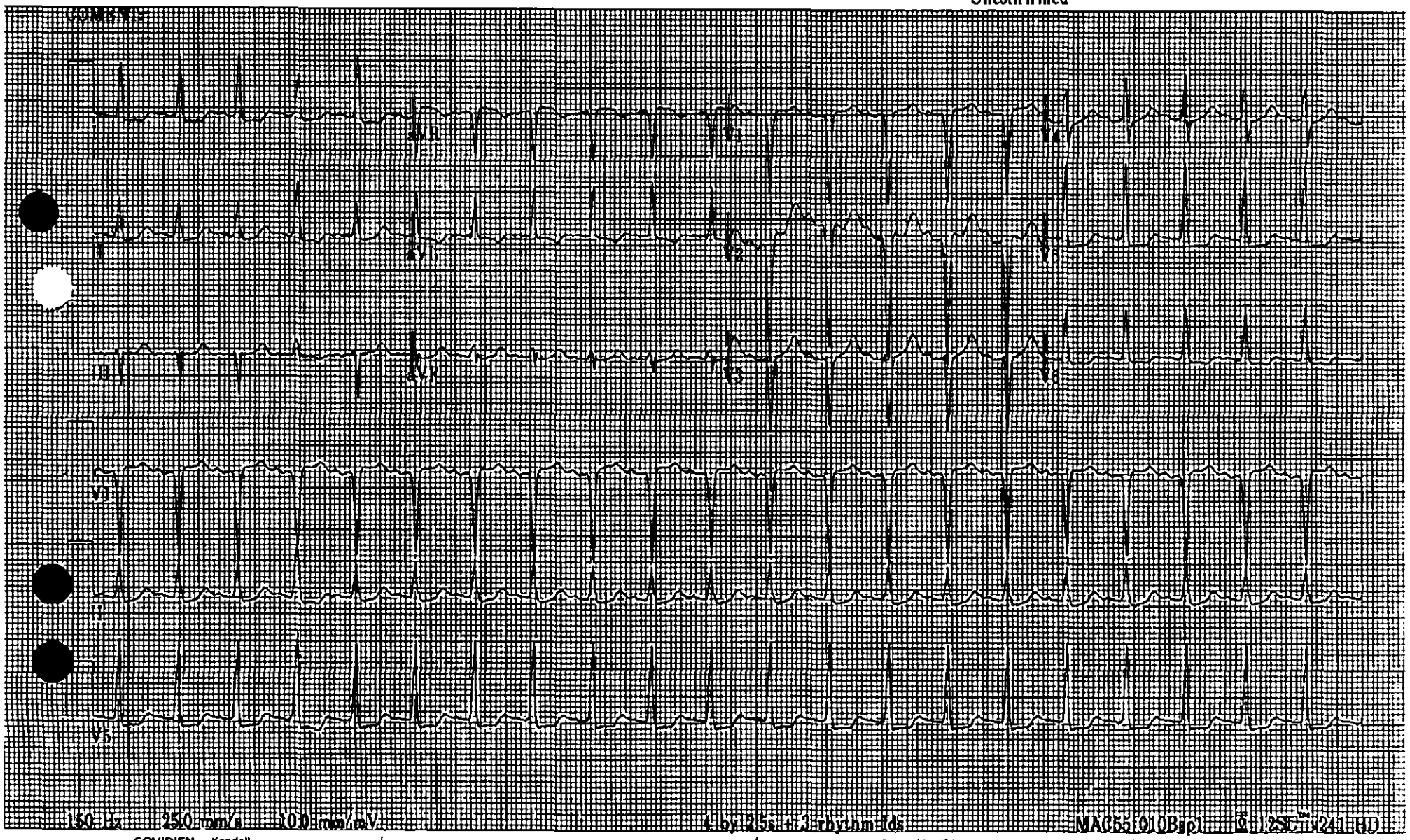
Room: BAY 1

Vent. rate	128	bpm
PR interval	136	ms
QRS duration	90	ms
QT/QTc	338/493	ms
P-R-T axes	10 1 100	

Sinus tachycardia
Septal infarct, age undetermined
Abnormal ECG

Technician: NNUR.LRZ
Test ind: HYPOVOLEMIA

Unconfirmed



COVIDIEN Kendall

Printed in USA

AYAD, AZIZ ID: 0101730890 11-Dec-2019 6:03:04 OSCEOLA REGIONAL MEDICAL CENTER ICU

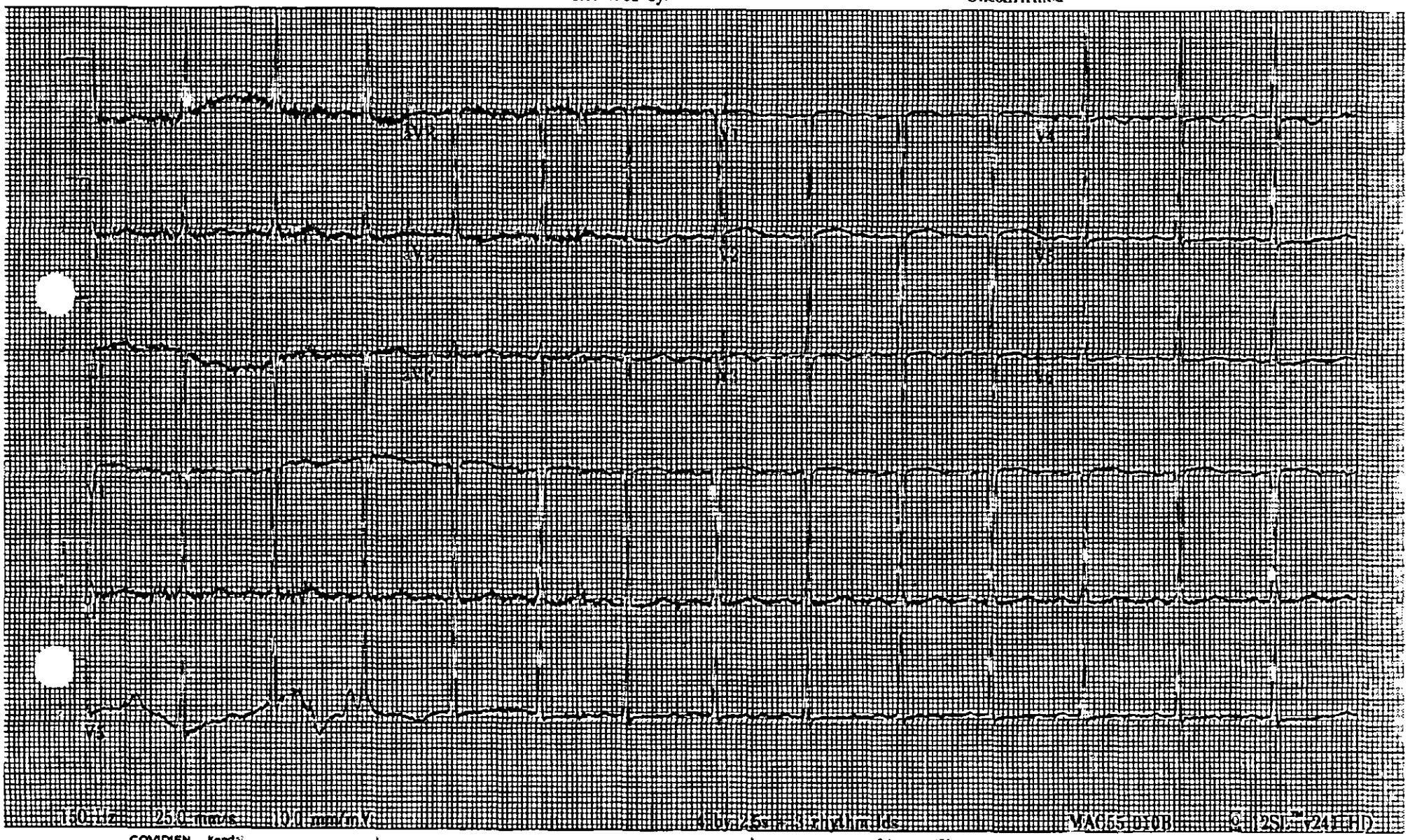
Male

Room. A209

Vent rate	84 bpm	Normal sinus rhythm
PR interval	178 ms	Moderate voltage criteria for LVH, may be normal variant
QRS duration	84 ms	Cannot rule out Septal infarct, age undetermined
QT/QTc	408/482 ms	ST & T wave abnormality, consider lateral ischemia
P-R-T axes	101 -4 86	Abnormal ECG

Techoician. NNAYF1
Test ind:

Referred by: Unconfirmed



AYAD, AZIZ ID: 0101730890 11-Dec-2019 6:04:51 OSCEOLA REGIONAL MEDICAL CENTER ICU

Male

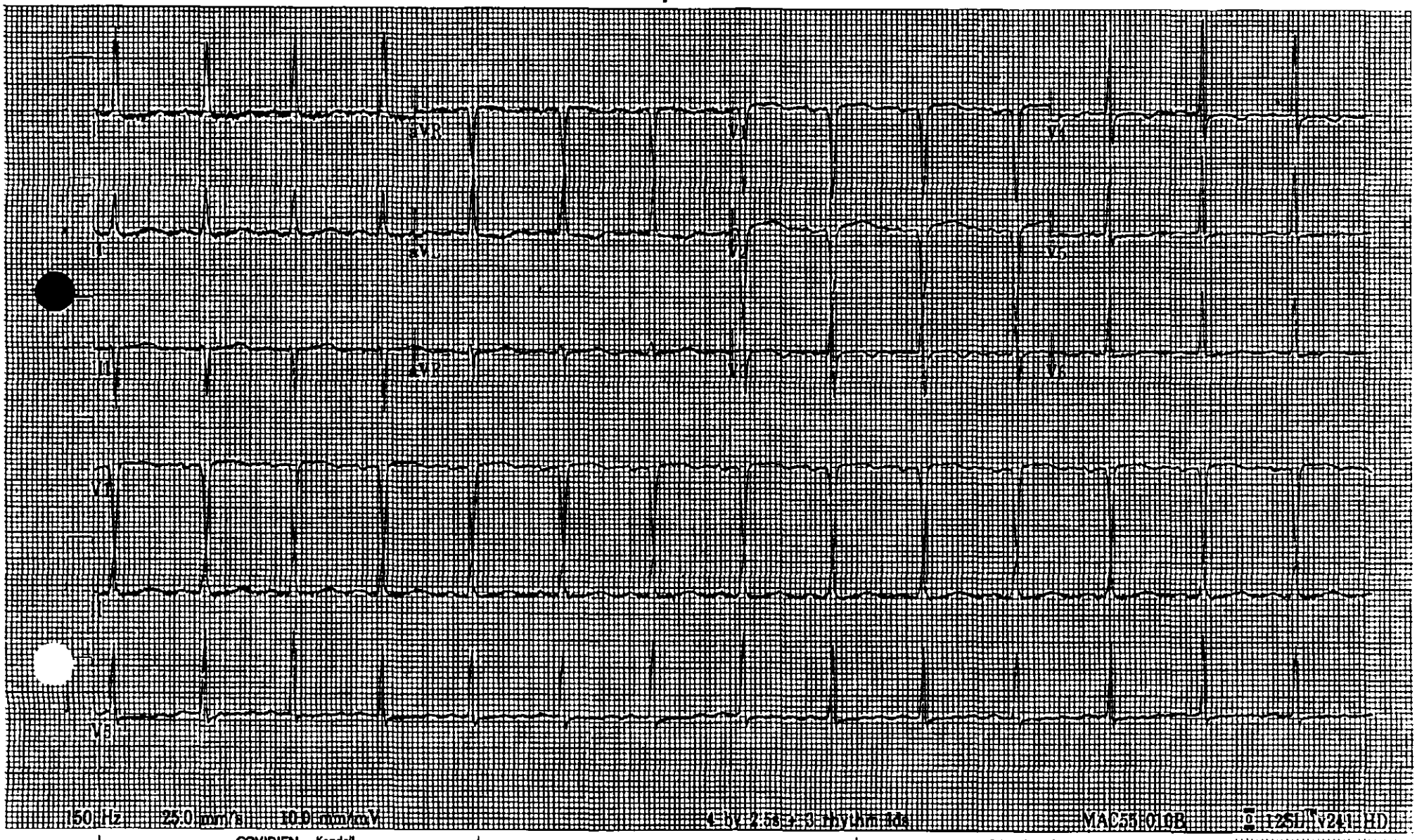
Room: A209

Vent. rate	84 bpm	Normal sinus rhythm
PR interval	180 ms	Minimal voltage criteria for LVH, may be normal variant
QRS duration	92 ms	Septal infarct, age undetermined
QT/QTc	434/512 ms	Abnormal ECG
P-R-T axes	40 -4 103	

12/10/19 DOB.09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

Technician: NNAYF1
Test ind:

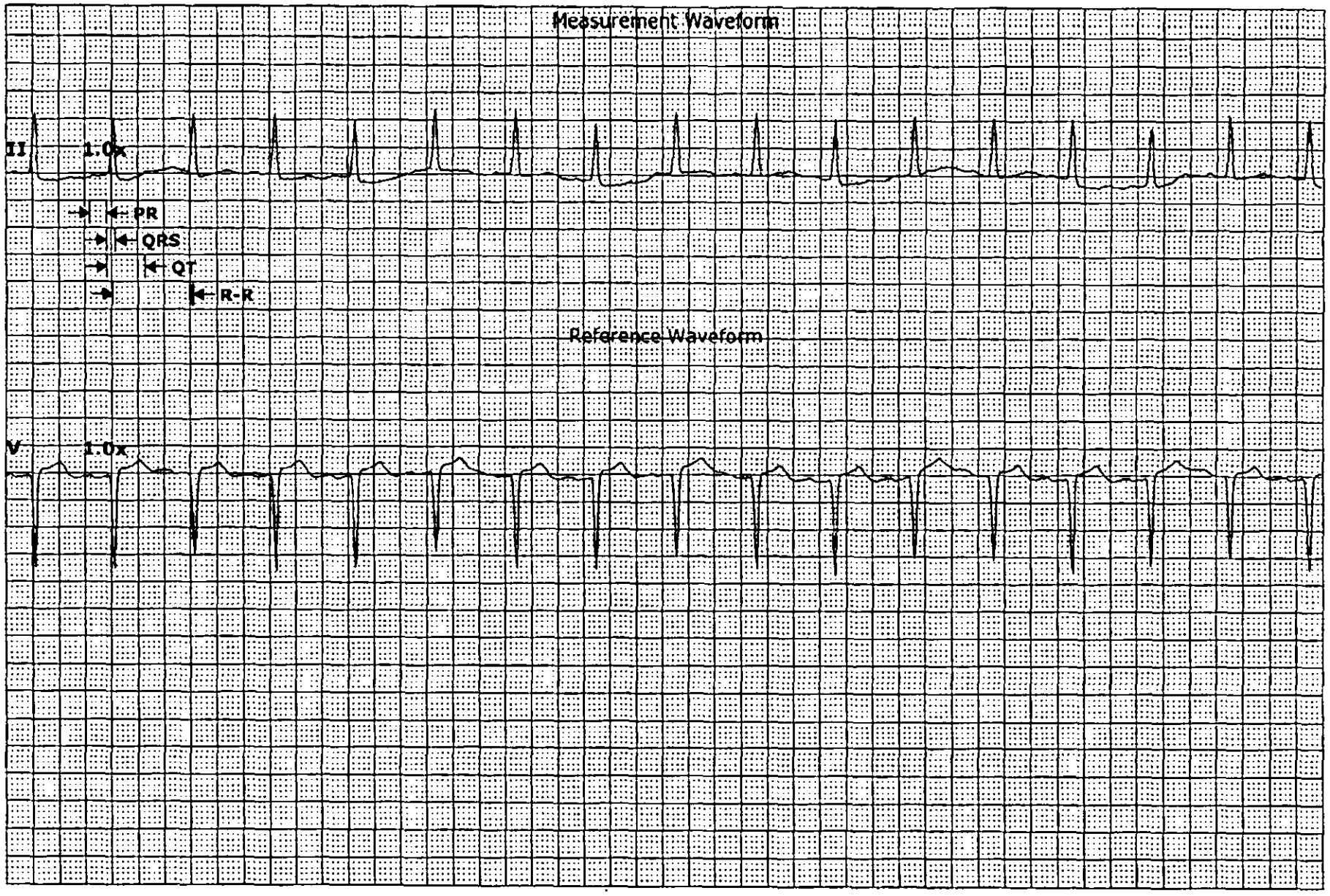
Referred by: Unconfirmed



COVIDIEN Kendall Printed In USA.

AYA,AZI **N000880775** **Caliper Measurements** **PCU|A419***

16-Dec-2019 19:41:41 - 16-Dec-2019 19:41:51



Values displayed reflect measurements acquired against the measured waveform only.

PR	= 0.139	sec	QT	= 0.294	sec
QRS	= 0.078	sec	R-R	= 0.615	sec
QTc	= 0.375	sec	Rate	= 98	bpm

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

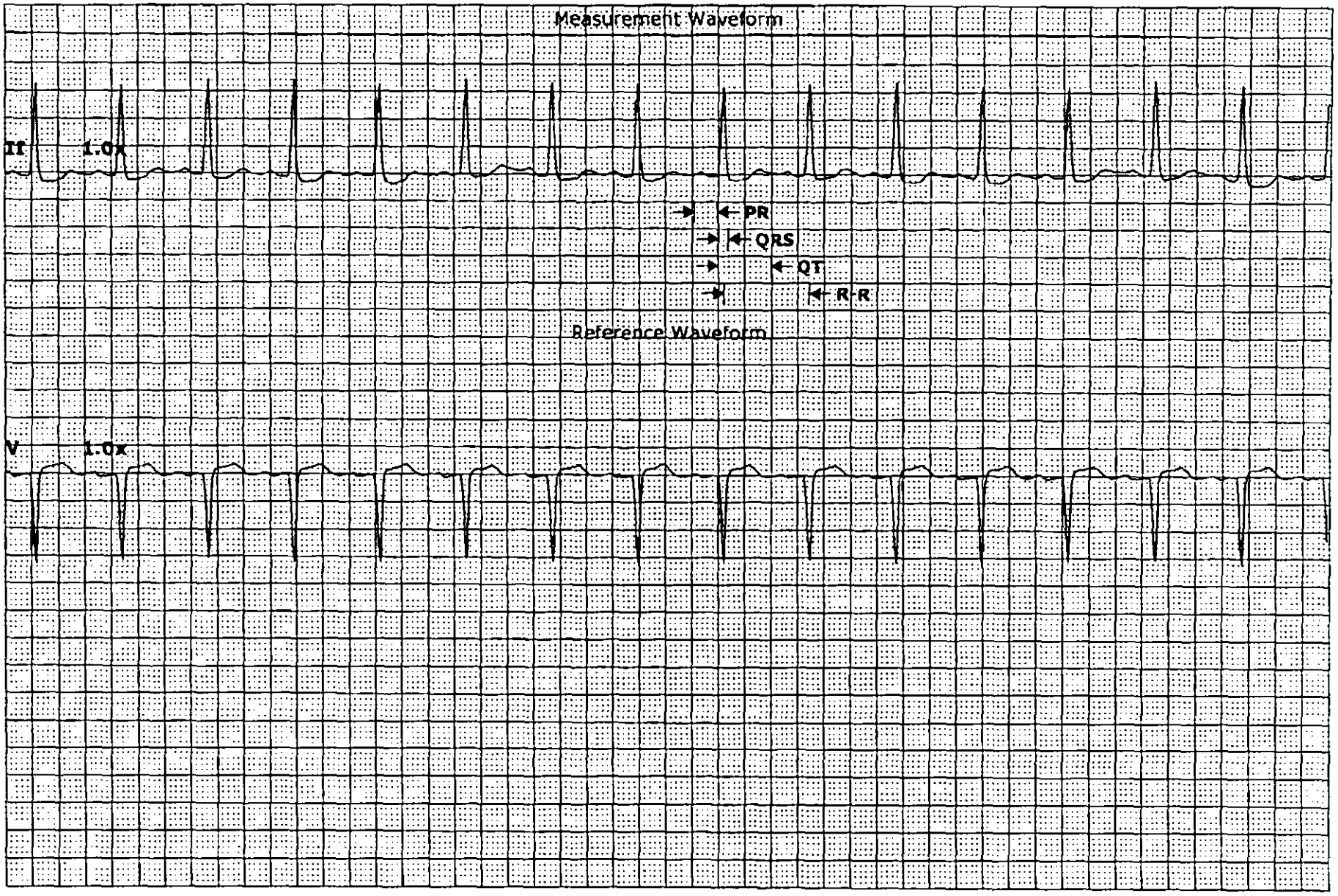
GE Medical Systems Information Technologies

CIC Version 5.1.1
Monday, December 16, 2019 7:43:54 PM

25 mm/s

AYA,AZI **N000880775** **Caliper Measurements** **PCU|A419***

17-Dec-2019 01:46:44 - 17-Dec-2019 01:46:54



Values displayed reflect measurements acquired against the measured waveform only.

PR	= 0.179	sec	QT	= 0.403	sec
QRS	= 0.086	sec	R-R	= 0.654	sec
QTc	= 0.498	sec	Rate	= 92	bpm

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

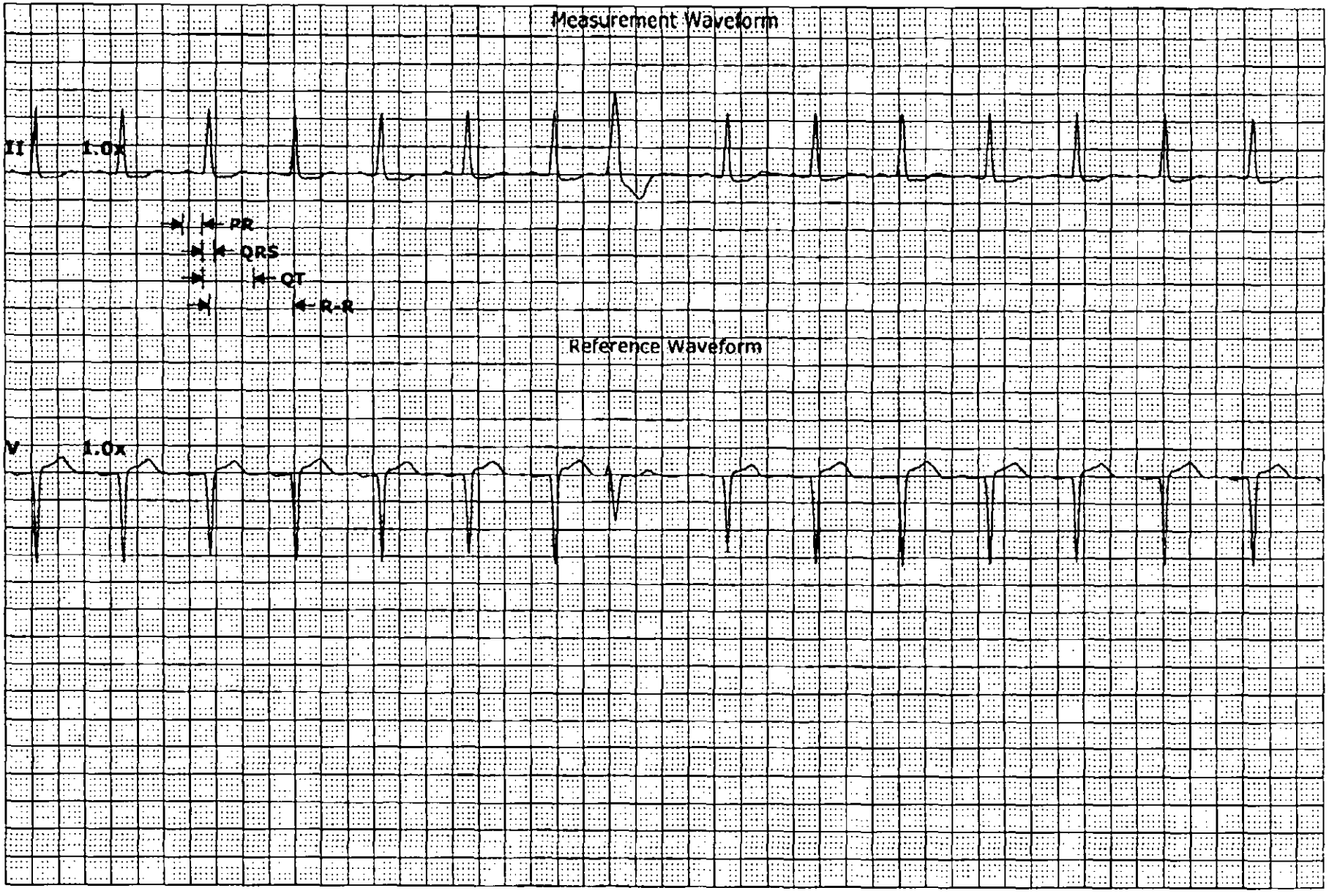
GE Medical Systems Information Technologies

CIC Version 5.1.1
Tuesday, December 17, 2019 1:48:53 AM

25 mm/s

AYA,AZI **N000880775** **Caliper Measurements** **PCU|A419***

16-Dec-2019 14:00:49 - 16-Dec-2019 14:00:59



Values displayed reflect measurements acquired against the measured waveform only.

PR	= 0.159	sec	QT	= 0.398	sec
QRS	= 0.092	sec	R-R	= 0.656	sec
QTc	= 0.491	sec	Rate	= 91	bpm

12/10/19 008:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

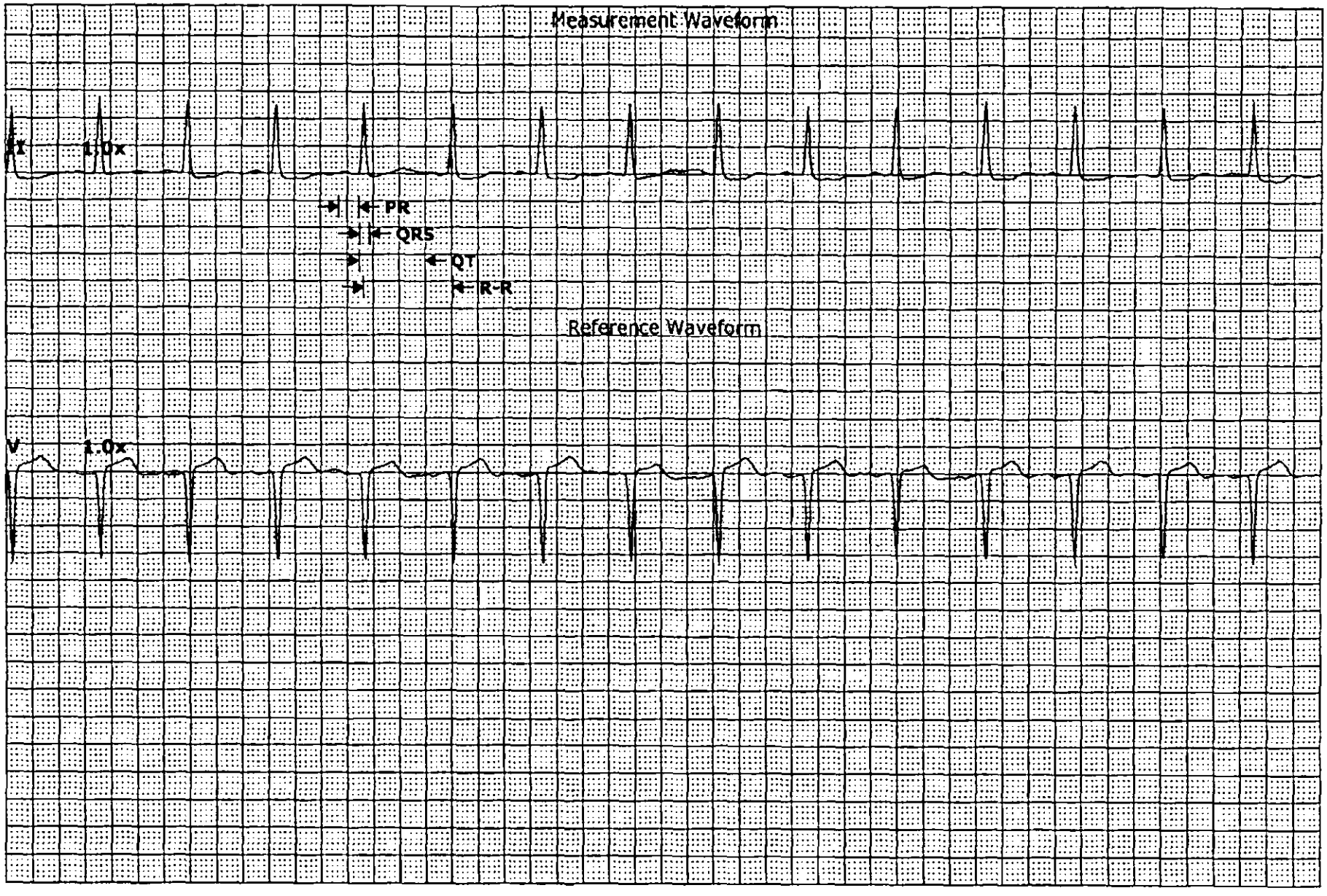
GE Medical Systems Information Technologies

CIC Version 5.1.1
Monday, December 16, 2019 2:02:31 PM

25 mm/s

AYA,AZI **N000880775** **Caliper Measurements** **PCU|A419***

16-Dec-2019 07:26:13 - 16-Dec-2019 07:26:23



Values displayed reflect measurements acquired against the measured waveform only.

PR	= 0.155	sec	QT	= 0.504	sec
QRS	= 0.081	sec	R-R	= 0.692	sec
QTc	= 0.606	sec	Rate	= 87	bpm

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

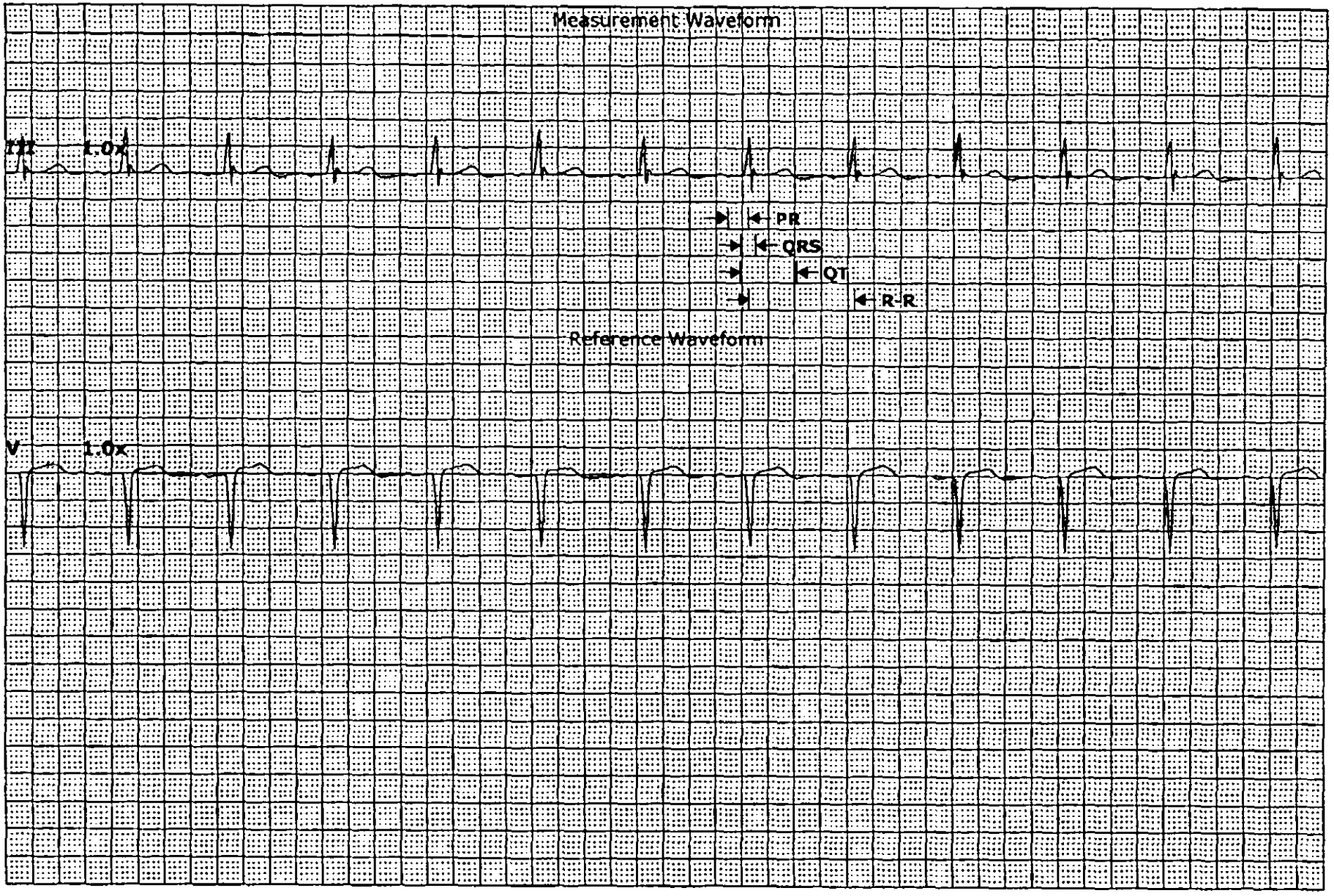
GE Medical Systems Information Technologies

CIC Version 5.1.1
Monday, December 16, 2019 7:37:49 AM

25 mm/s

AYA,AZI **N000880775** **Caliper Measurements** **PCU|A419***

16-Dec-2019 01:59:56 - 16-Dec-2019 02:00:06



Values displayed reflect measurements acquired against the measured waveform only.

PR	= 0.161 sec	QT	= 0.431 sec
QRS	= 0.120 sec	R-R	= 0.807 sec
QTc	= 0.480 sec	Rate	= 74 bpm

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

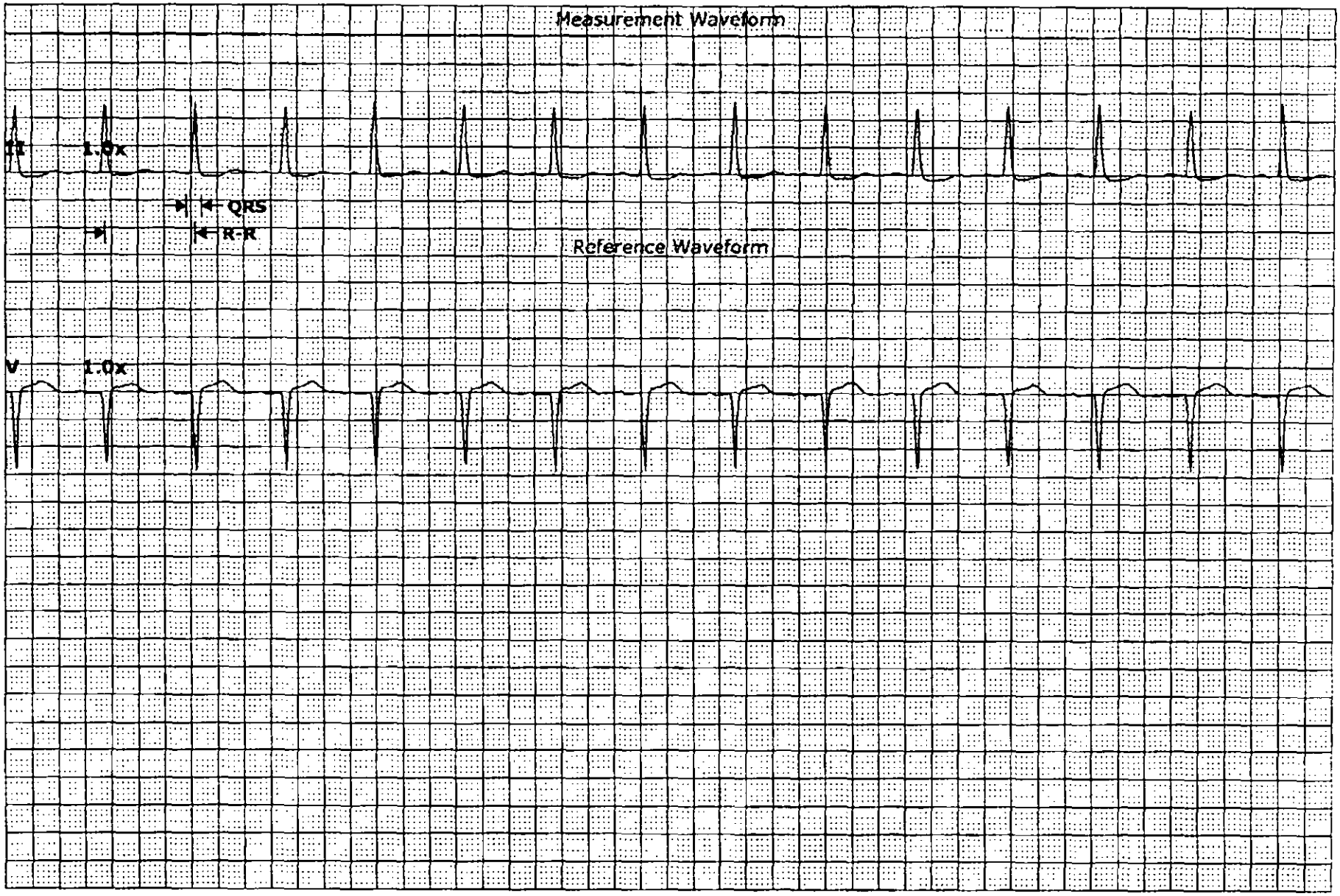
GE Medical Systems Information Technologies

CIC Version 5.1.1
Monday, December 16, 2019 2:32:58 AM

25 mm/s
Page 1
Continued

AYA,AZI **N000880775** **Caliper Measurements** **PCU|A419***

15-Dec-2019 19:44:57 - 15-Dec-2019 19:45:07



Values displayed reflect measurements acquired against the measured waveform only.

QRS	=	0.120	sec
R-R	=	0.684	sec
Rate	=	88	bpm

GE Medical Systems Information Technologies

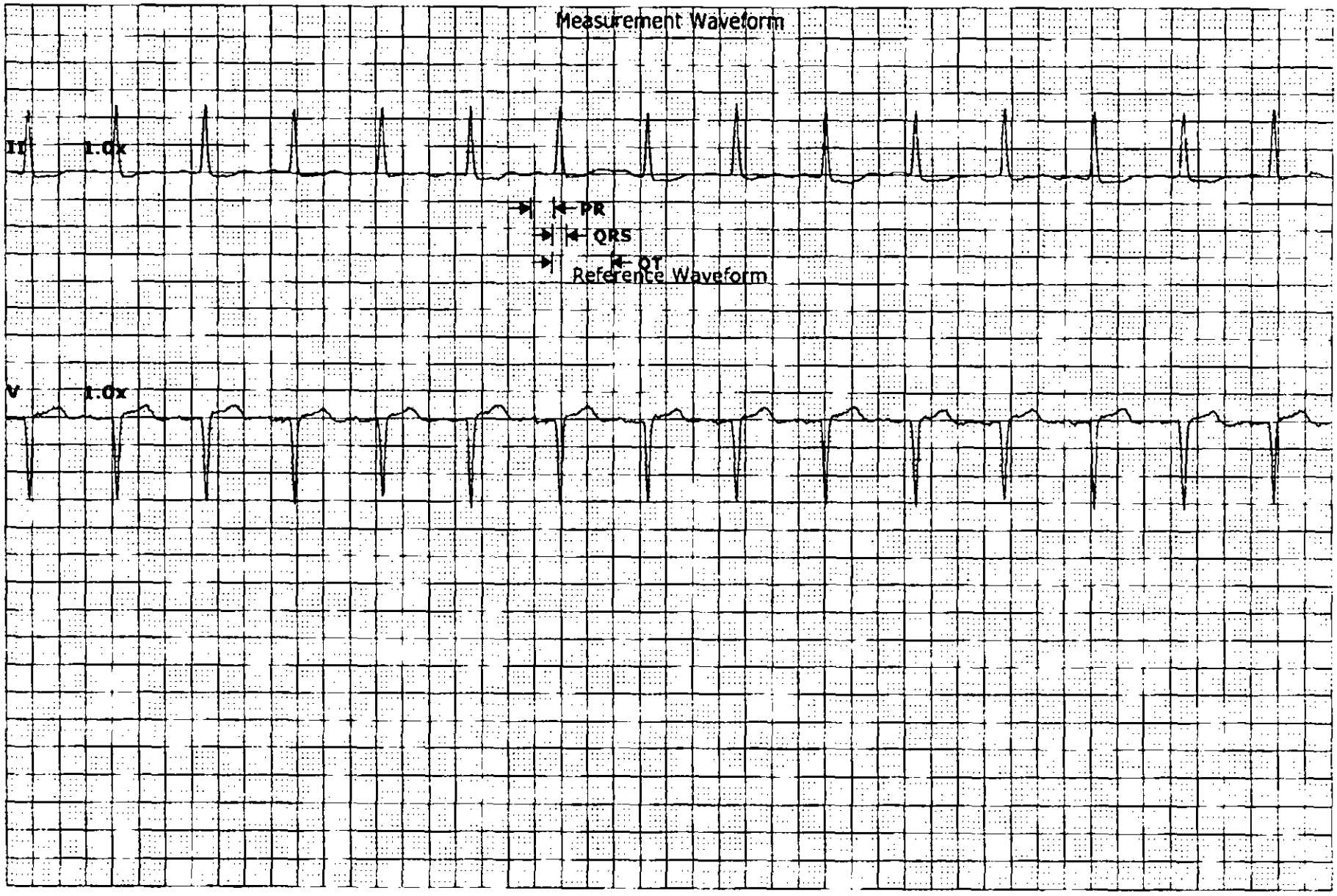
CIC Version 5.1.1
Sunday, December 15, 2019 7:53:56 PM

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

25 mm/s
Page 1
Continued

AYA,AZI **N000880775** **Caliper Measurements** **PCU|A419***

15-Dec-2019 07:26:21 - 15-Dec-2019 07:26:31



Values displayed reflect measurements acquired against the measured waveform only.

PR	= **0.179 sec**	**Rate**	= **87**	**bpm**	
QRS	= **0.114 sec**				
QT	= **0.449 sec**				

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

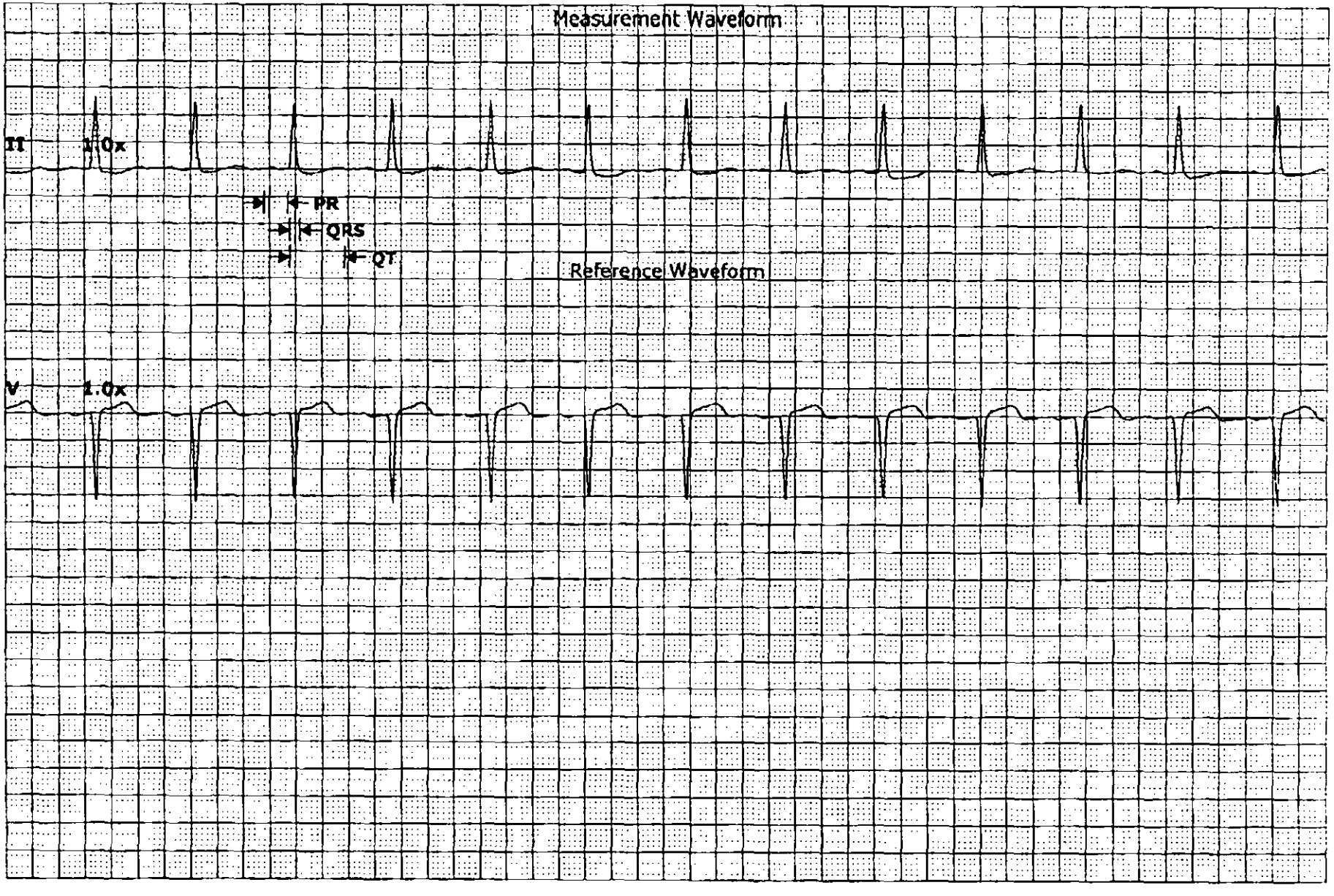
GE Medical Systems Information Technologies

CIC Version 5.1.1
Sunday, December 15, 2019 7:27:09 AM

25 mm/s

AYA,AZI **N000880775** **Caliper Measurements** **PCU|A419***

15-Dec-2019 13:32:18 - 15-Dec-2019 13:32:28



Values displayed reflect measurements acquired against the measured waveform only

PR	= 0.184 sec	Rate	= 81	bpm	
QRS	= 0.085 sec				
QT	= 0.431 sec				

12/10/19 DOB.09/17/50
AYAD.AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

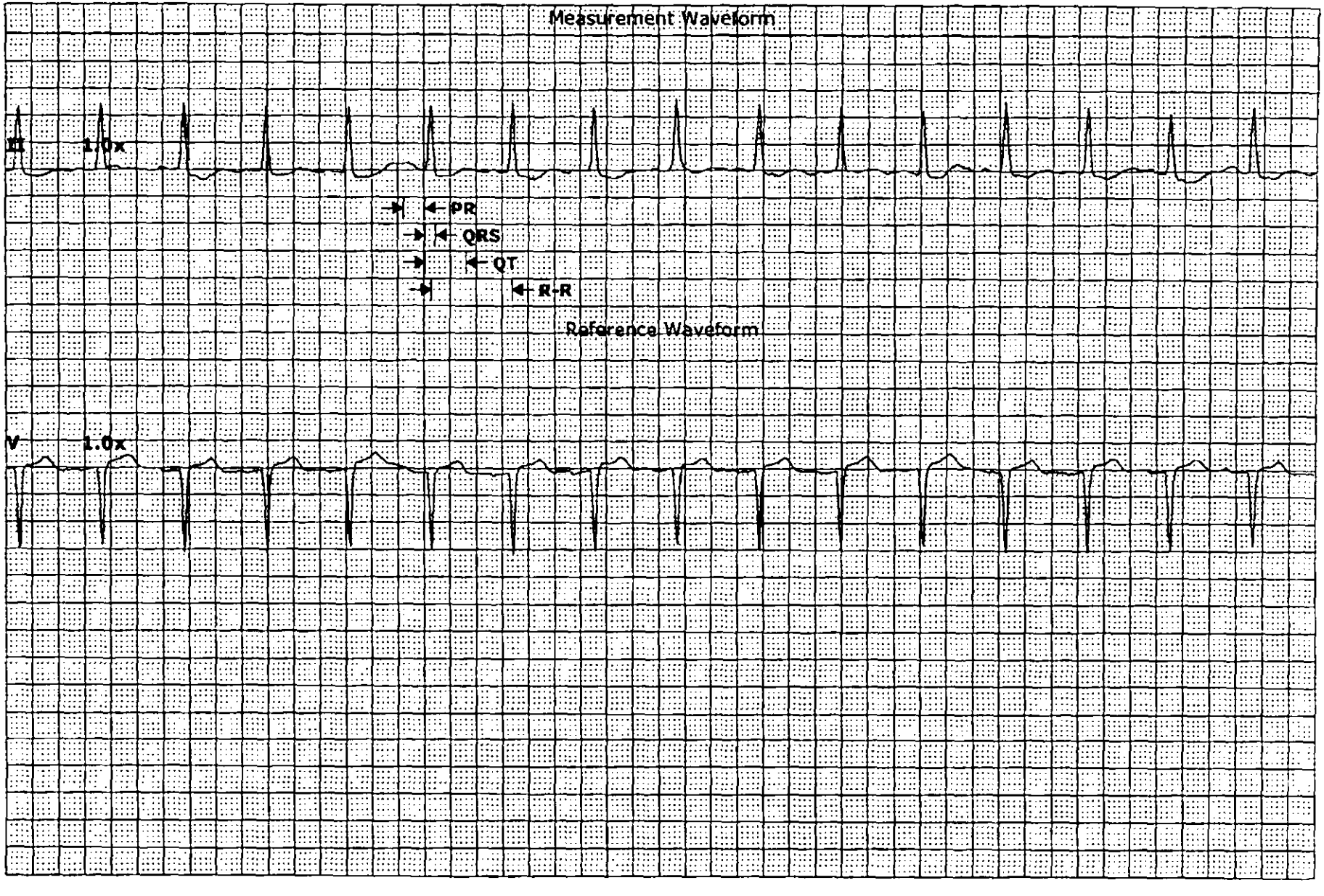
GE Medical Systems Information Technologies

CIC Version 5.1.1
Sunday, December 15, 2019 1:34:00 PM

25 mm/s

AYA,AZI **N000880775** **Caliper Measurements** **PCU|A419***

14-Dec-2019 20:37:22 - 14-Dec-2019 20:37:32



Values displayed reflect measurements acquired against the measured waveform only.

PR	= 0.167	sec	QT	= 0.323	sec
QRS	= 0.088	sec	R-R	= 0.629	sec
QTc	= 0.407	sec	Rate	= 95	bpm

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N001017308 90 N000880775
ATT MD: Block,Ernest F M

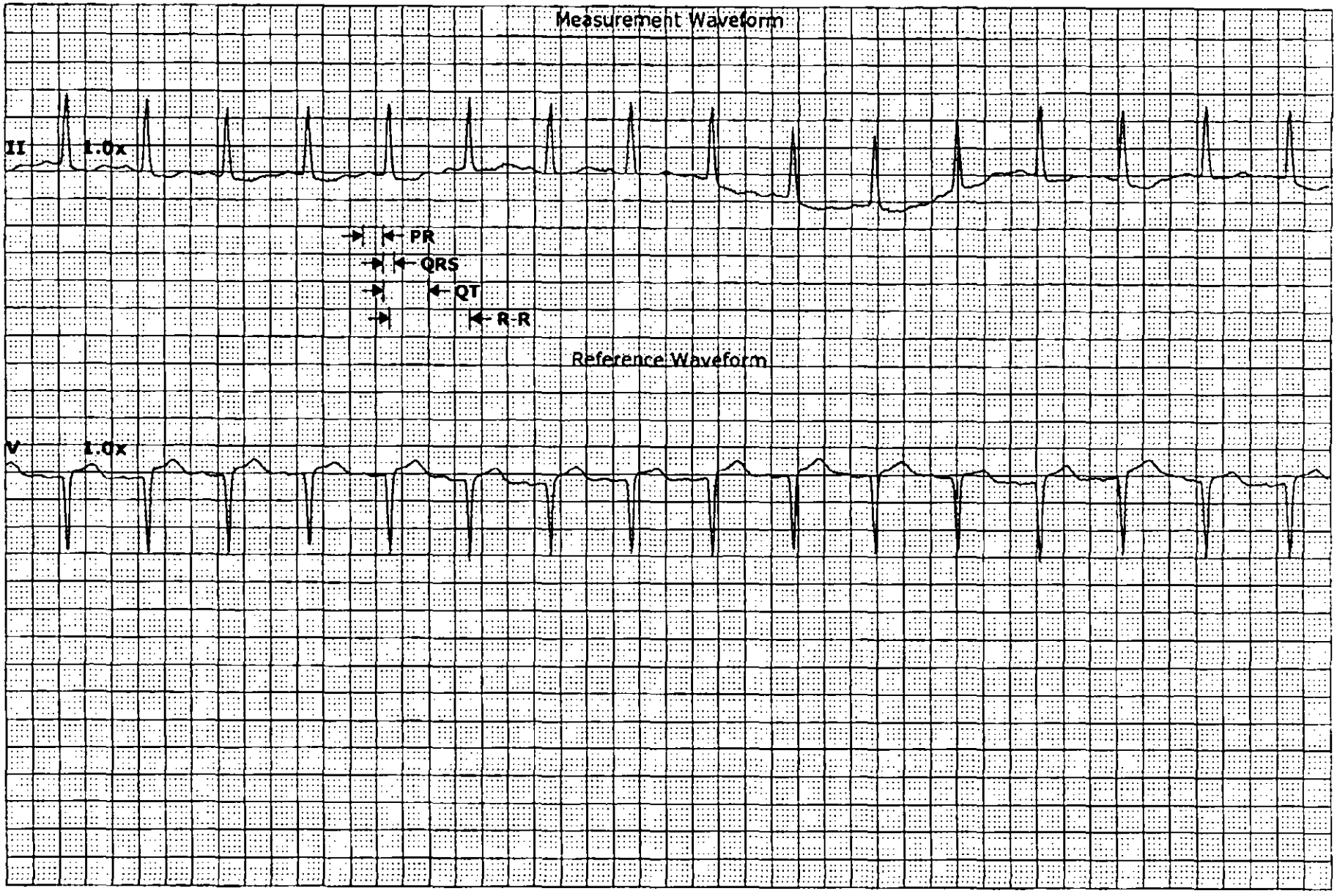
25 mm/s

GE Medical System Information Technologies

CIC Version 5.1.1
Saturday, December 14, 2019 8:48:24 PM

AYA,AZI **N000880775** **Caliper Measurements** **PCU|A419***

15-Dec-2019 01:31:43 - 15-Dec-2019 01:31:53



Values displayed reflect measurements acquired against the measured waveform only.

PR	= 0.155	sec	QT	= 0.347	sec
QRS	= 0.088	sec	R-R	= 0.611	sec
QTc	= 0.444	sec	Rate	= 98	bpm

12/10/19 DOB 09/17/50
AYAD,AZIZ 69 /M
N001017308 90 N000880775
ATT MD: Block,Ernest F M

GE Medical Systems Information Technologies

CIC Version 5.1.1
Sunday, December 15, 2019 1:33:08 AM

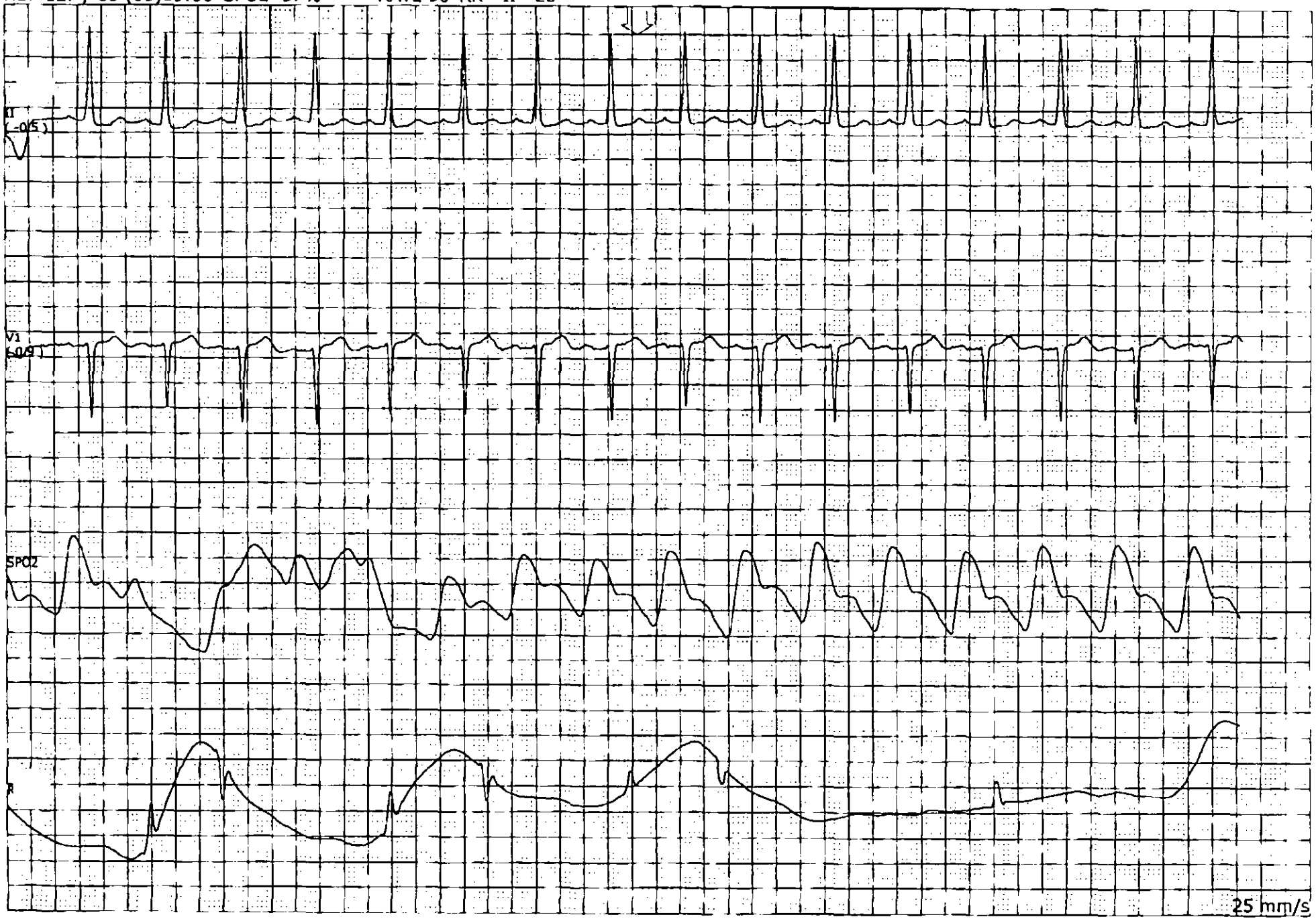
25 mm/s

Full Disclosure

AYAD,AZIZ N000880775 14-Dec-2019 19:53:31 NTICU|A209

HR 95 PVC 1 ST I -1.0 mm

NBP 127 / 63 (89)19:00 SPO2 97% ***RATE 96 RR - II 28



GE Medical Systems Information Technologies

CIC Version 5.1 1

Saturday, December 14, 2019 7:54:05 PM

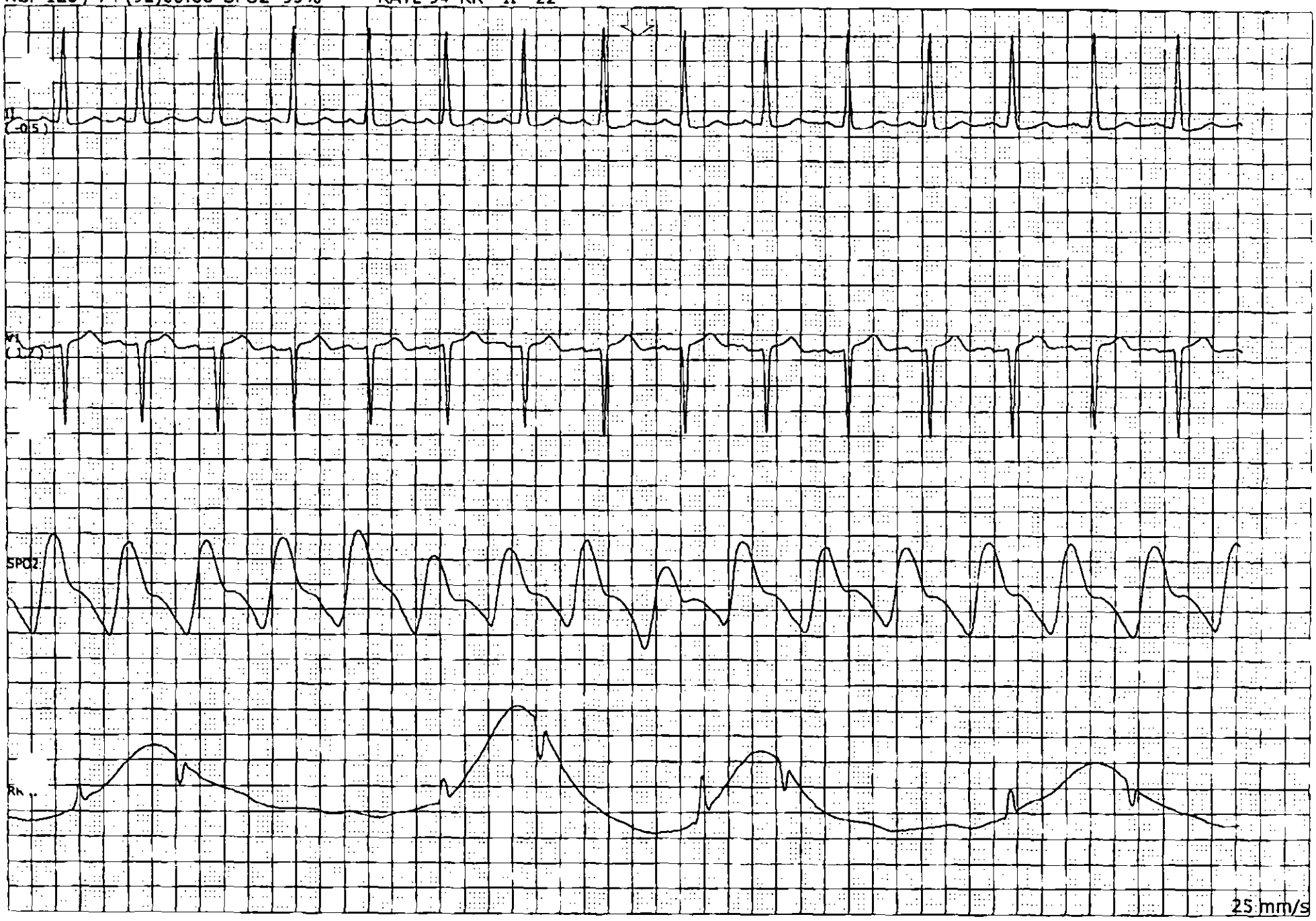
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 14-Dec-2019 06:46:32 NTICU|A209

HR 93 PVC 0 ST V1 1.2 mm

NBP 120 / 74 (92)06:00 SPO2 95% ***RATE 94 RR - II 22



GE Medical Systems Information Technologies

CIC Version 5.1.1

Saturday, December 14, 2019 6:47:21 AM

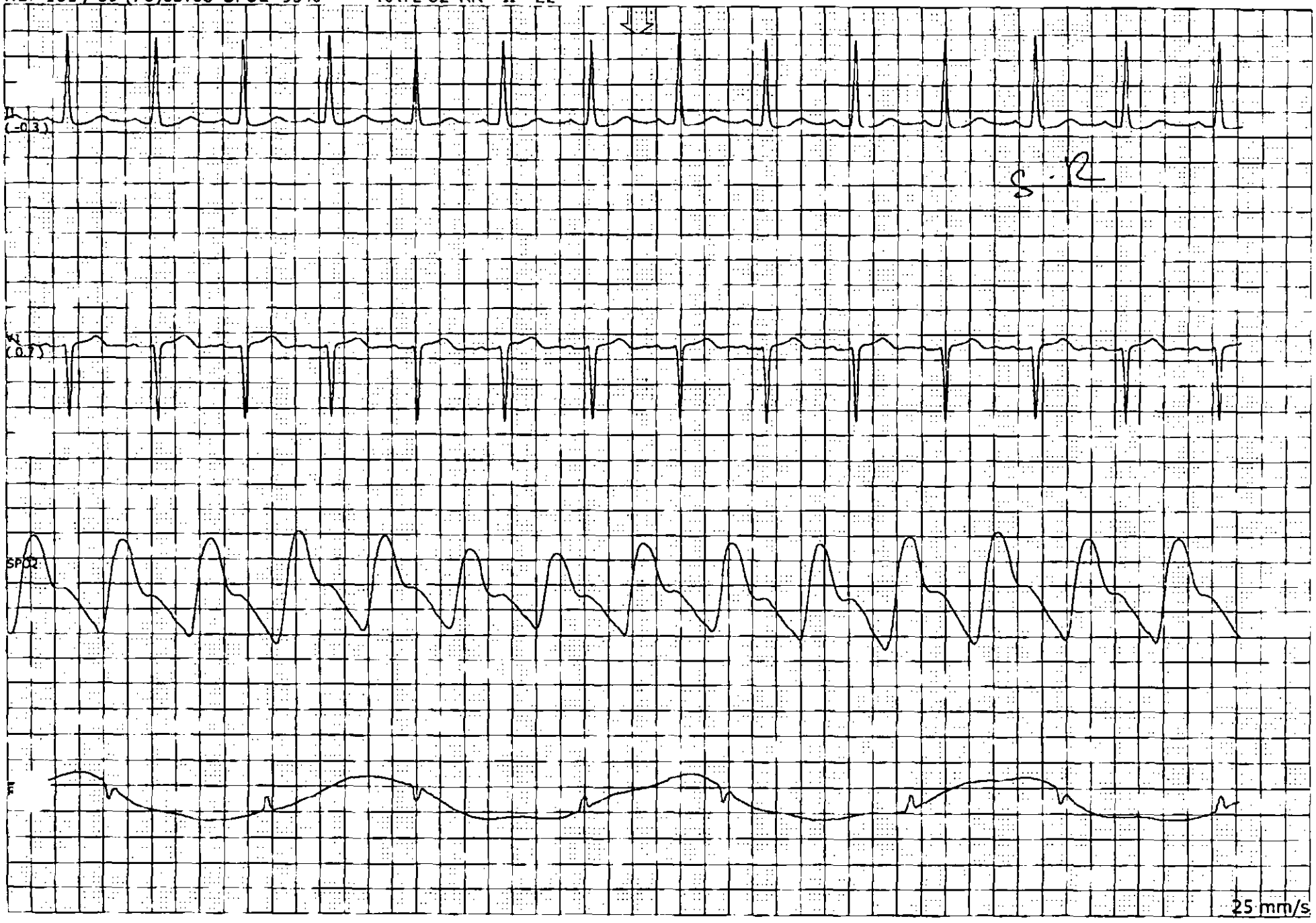
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 14-Dec-2019 03:57:32 NTICU|A209

HR 81 PVC 0 ST V1 0.7 mm

NBP 101 / 59 (76)03:00 SPO2 93% ***RATE 82 RR - II 22



GE Medical Systems Information Technologies

CIC Version 5.1.1

Saturday, December 14, 2019 3:57:52 AM

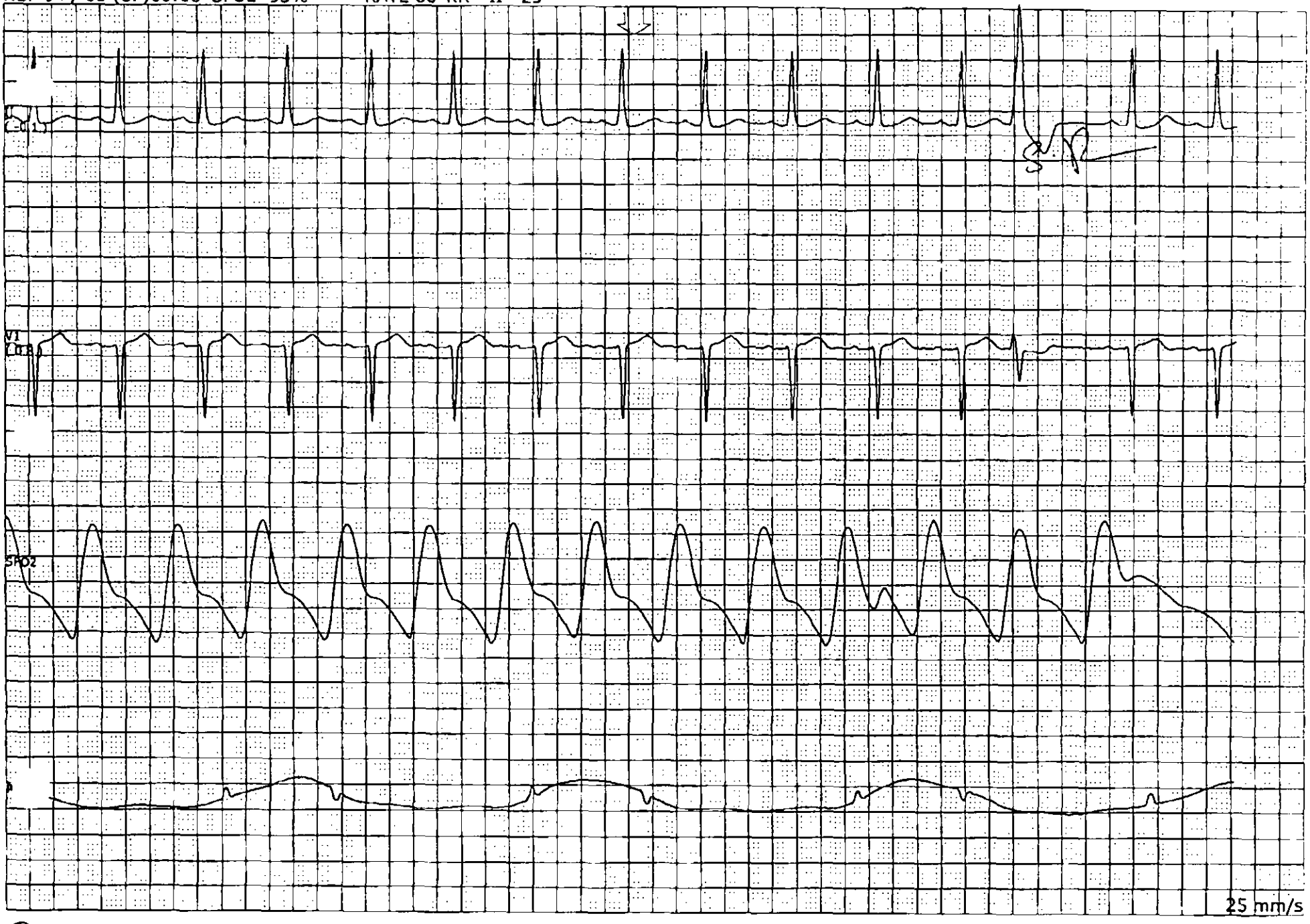
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 14-Dec-2019 00:09:30 NTICU|A209

HR 85 PVC 0 ST V1 0.8 mm

NBP 94 / 53 (67)00:00 SPO2 95% ***RATE 86 RR - II 23



GE Medical Systems Information Technologies

CIC Version 5.1.1

Saturday, December 14, 2019 12:10:28 AM

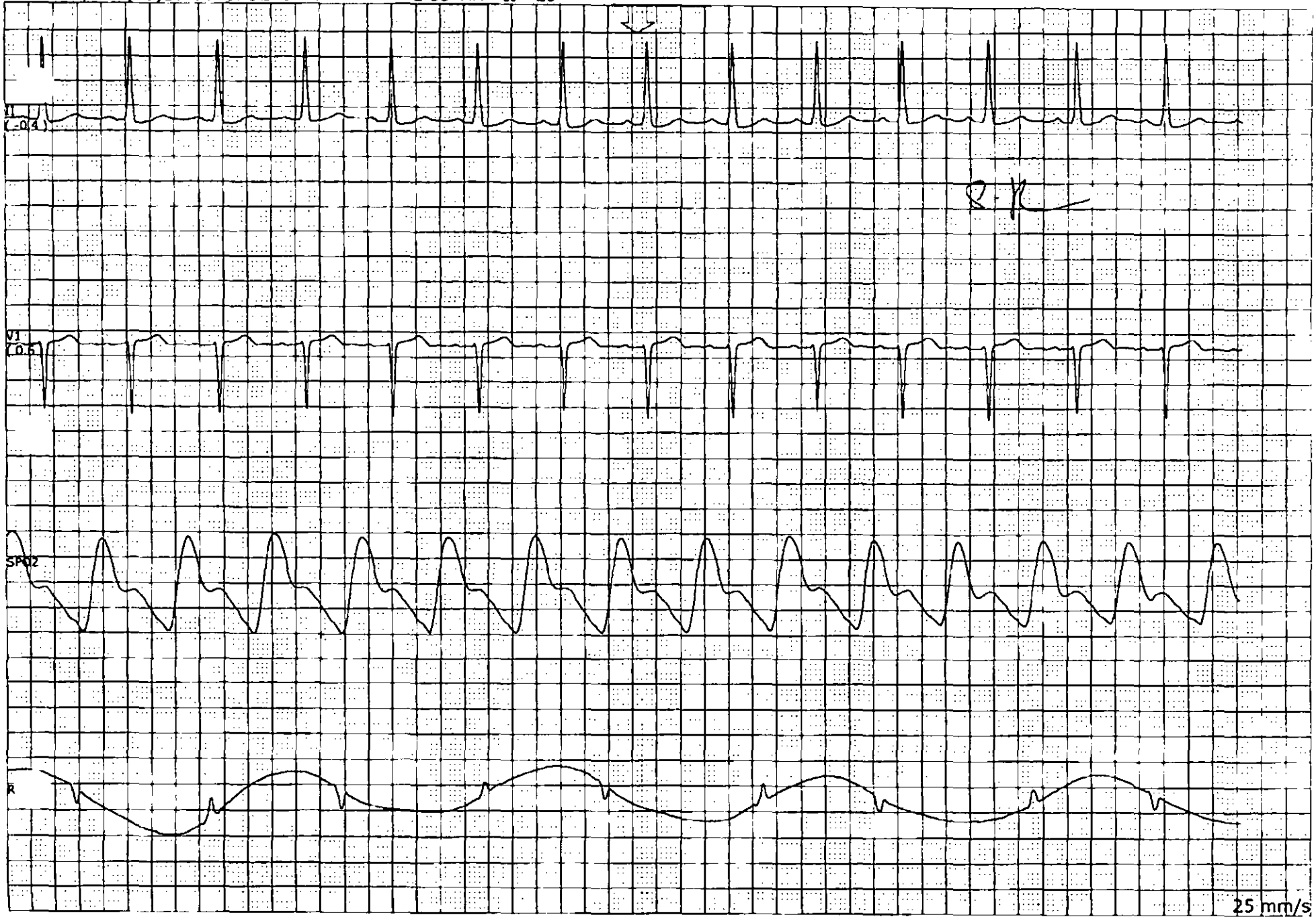
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 13-Dec-2019 20:03:30 NTICU|A209

HR 82 PVC 0 ST I -0.9 mm

NBP 114 / 58 (80)20:00 SPO2 93% ***RATE 83 RR - II 25



GE Medical Systems Information Technologies

CIC Version 5.1.1

Friday, December 13, 2019 8:03 46 PM

END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 13-Dec-2019 03:29:37 NTICU|A209

HR 96 PVC 0 ST V1 1.0 mm

NBP 115 / 69 (86)03:15 SPO2 94% ***RATE 96 RR - II 25

GE Medical Systems Information Technologies

CIC Version 5.1.1

Friday, December 13, 2019 3:37:54 AM

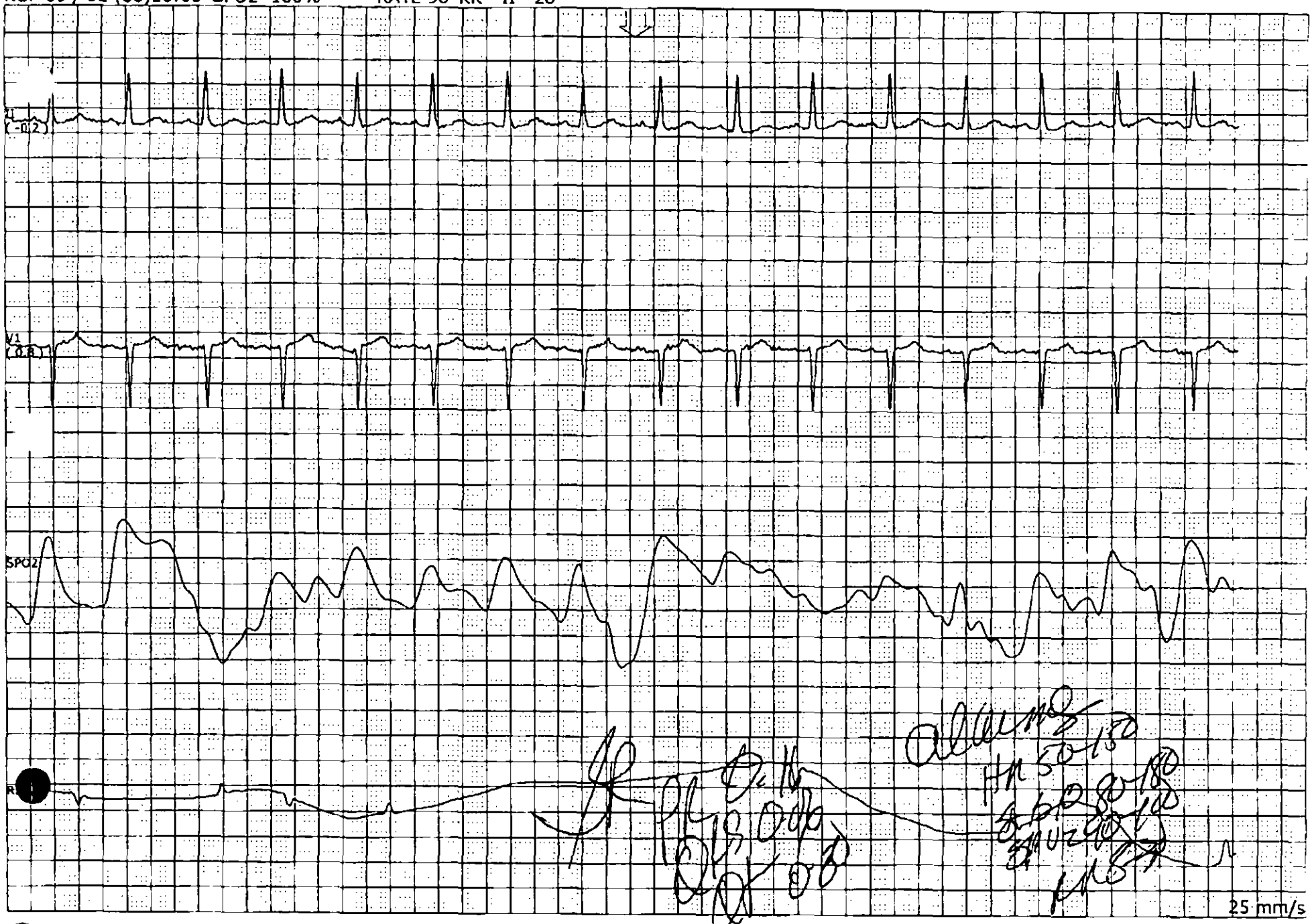
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 12-Dec-2019 20:08:01 NTICU|A209

HR 95 PVC 0 ST V1 0.8 mm

NBP 89 / 52 (66)20:05 SPO2 100% ***RATE 96 RR - II 26



GE Medical Systems Information Technologies

CIC Version 5.1.1

Thursday, December 12, 2019 11:53:57 PM

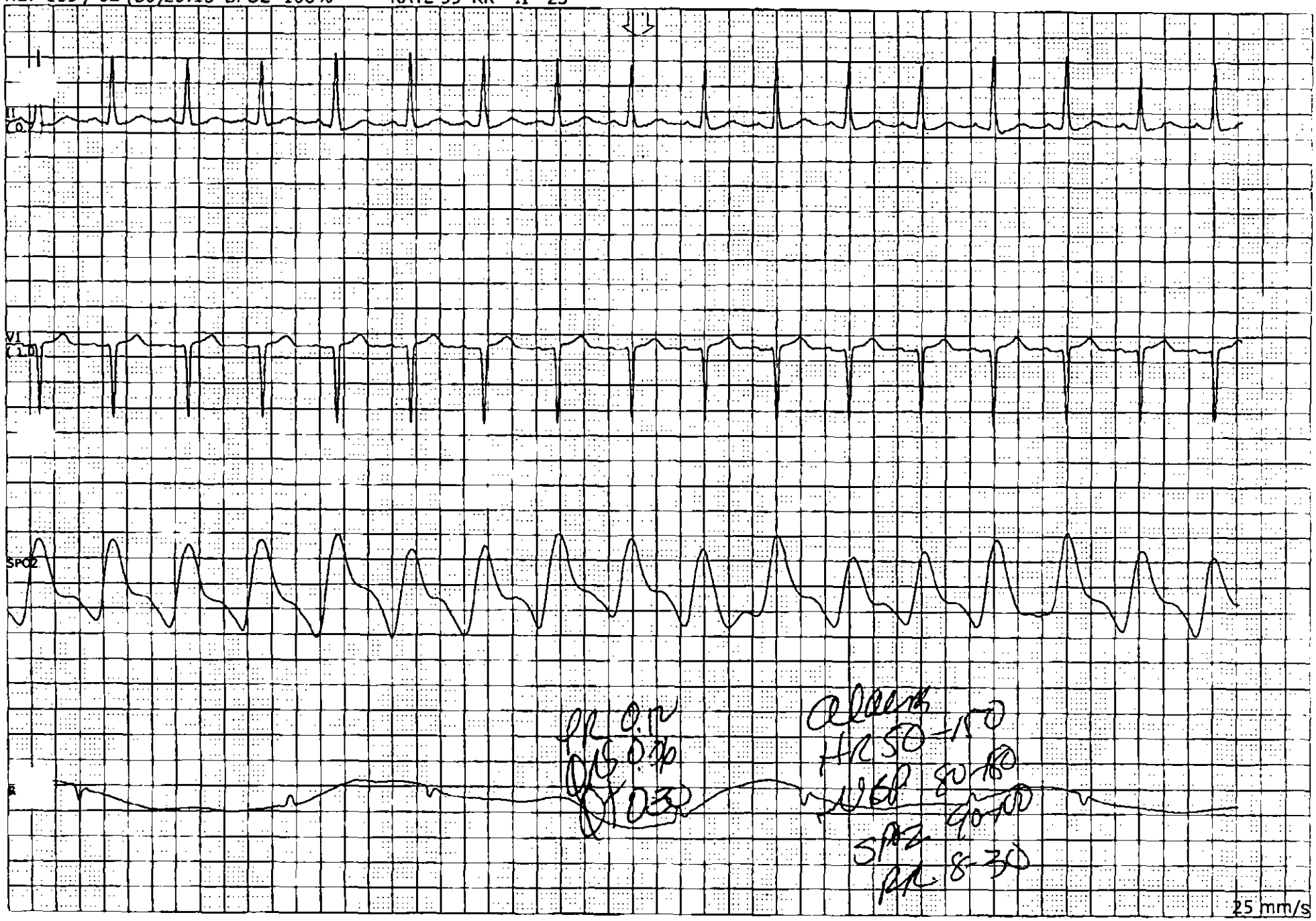
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 12-Dec-2019 20:17:30 NTICU|A209

HR 98 PVC 0 ST V1 1.0 mm

NBP 109 / 62 (80)20:15 SPO2 100% ***RATE 99 RR - II 23



GE Medical Systems Information Technologies

CIC Version 5.1.1

Thursday, December 12, 2019 8:18:16 PM

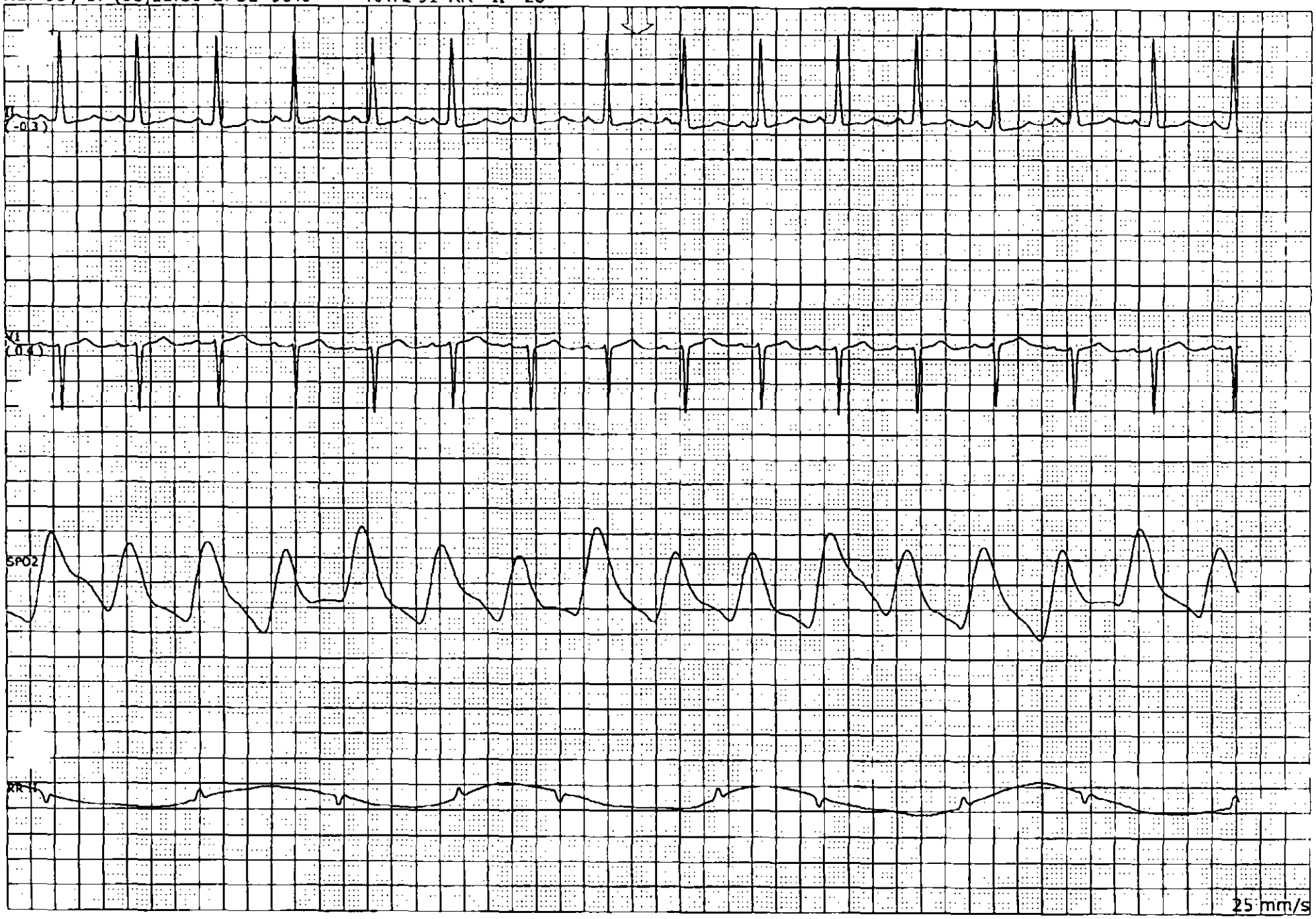
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 12-Dec-2019 11:58:56 NTICU|A209

HR 90 PVC 0 ST I -0.6 mm

NBP 90 / 57 (68)11:30 SPO2 96% ***RATE 91 RR - II 28



GE Medical Systems Information Technologies

CIC Version 5.1.1

Thursday, December 12, 2019 12:22:07 PM

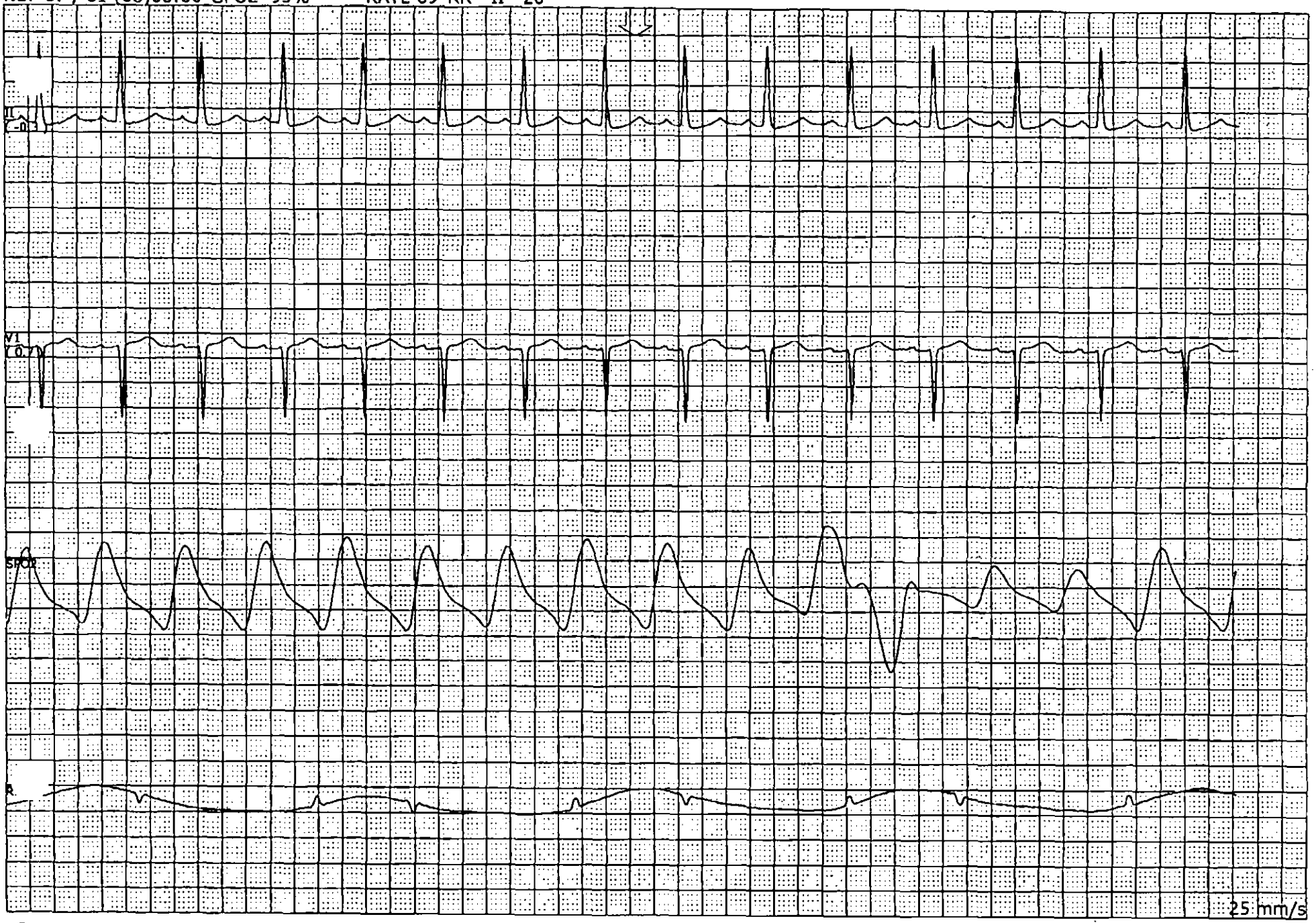
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 12-Dec-2019 08:01:53 NTICU|A209

HR 87 PVC 0 ST I -0.7 mm

NBP 87 / 61 (68)08:00 SPO2 95% ***RATE 89 RR - II 26



GE Medical Systems Information Technologies

CIC Version 5.1.1

Thursday, December 12, 2019 8:20:29 AM

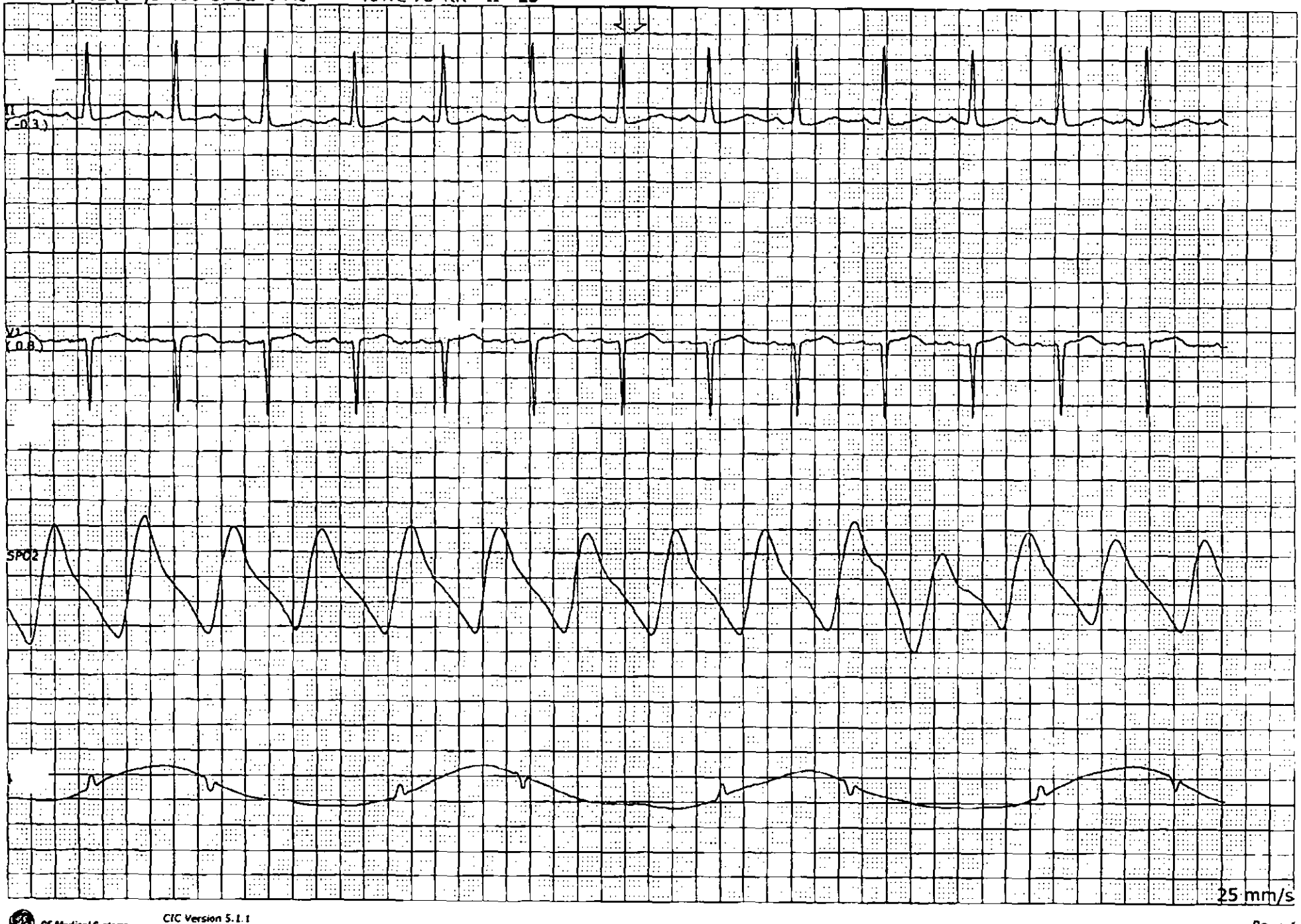
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 12-Dec-2019 04:07:46 NTICU|A209

HR 78 PVC 0 ST V1 0.8 mm

NBP 93 / 52 (67)04:00 SPO2 94% ***RATE 78 RR - II 23



GE Medical Systems Information Technologies

CIC Version 5.1.1

Thursday, December 12, 2019 4:41:57 AM

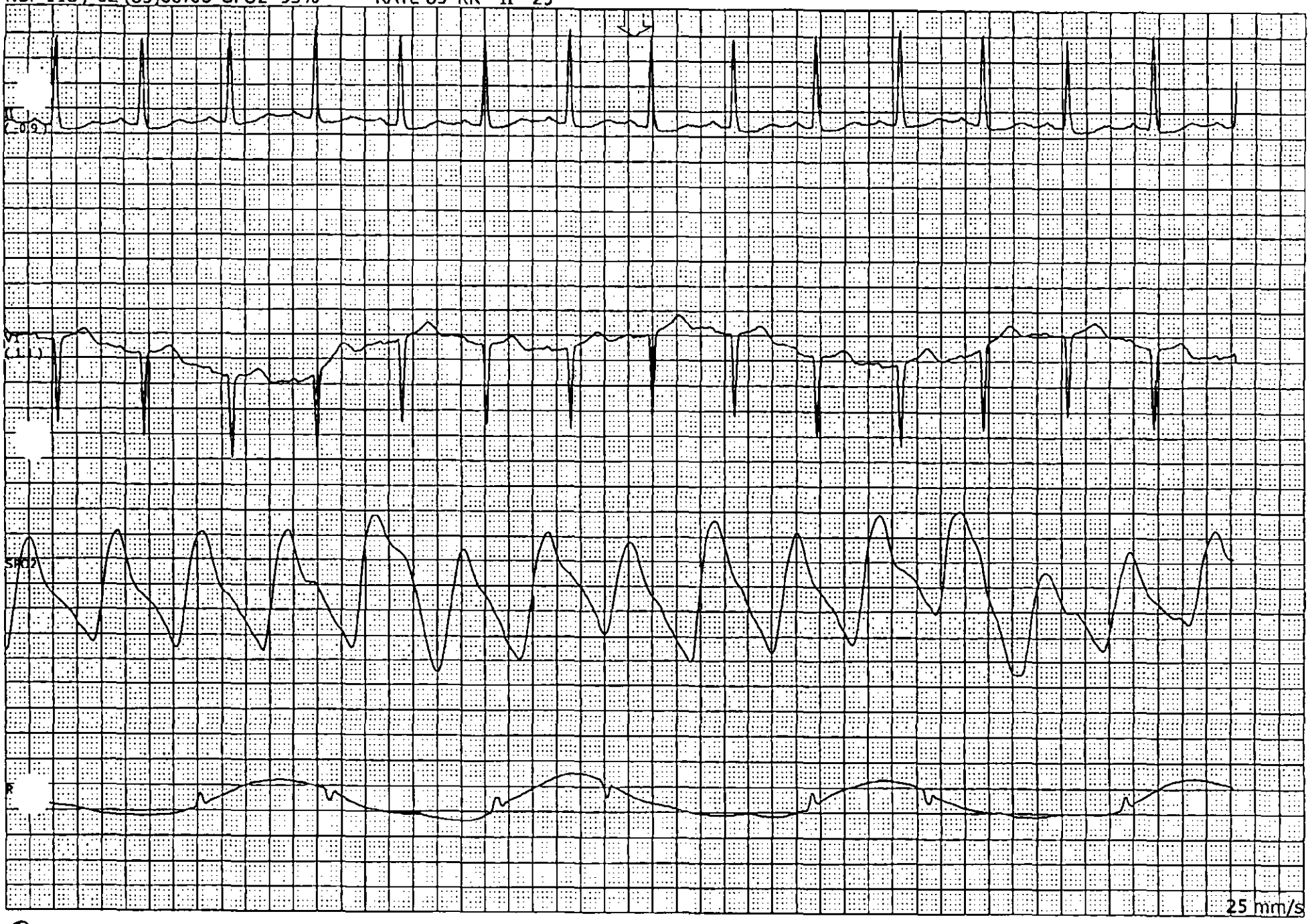
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 12-Dec-2019 00:03:14 NTICU|A209

HR 83 PVC 0 ST V1 1.1 mm

NBP 118 / 62 (83)00:00 SPO2 95% ***RATE 85 RR - II 25



GE Medical Systems Information Technologies

CIC Version 5.1.1

Thursday, December 12, 2019 12:20:45 AM

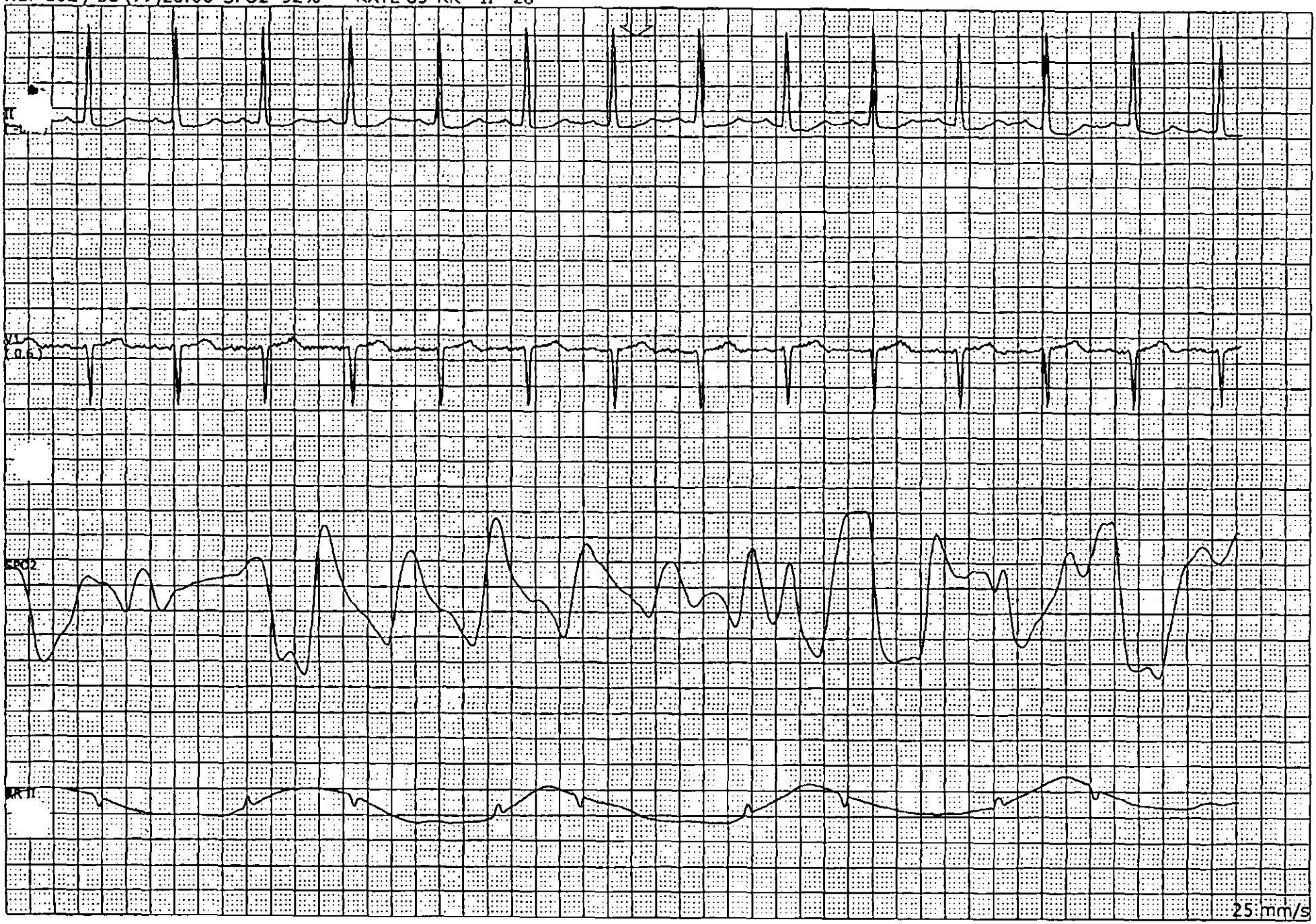
END OF REPORT

Full Disclosure

AYAD,AZIZ N000880775 11-Dec-2019 20:01:44 NTICU|A209

HR 80 PVC 0 ST I -0.9 mm

NBP 102 / 58 (77)20:00 SPO2 92% *RATE 83 RR - II 28



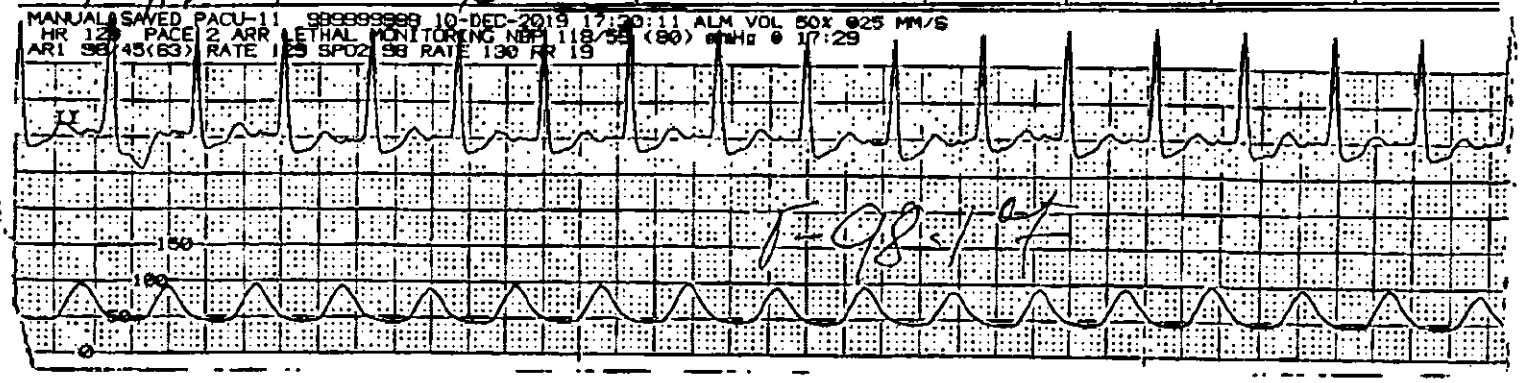
GE Medical Systems Information Technologies

CIC Version 5.1.1

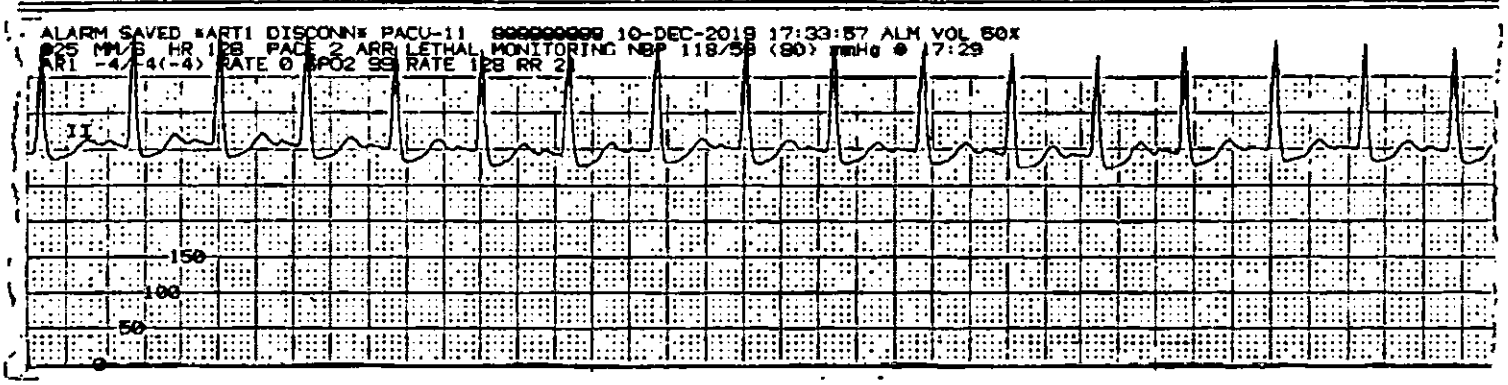
Wednesday, December 11, 2019 8:59:00 PM

END OF REPORT

DATE	TIME	TYPE OF ARRHYTHMIA	NURSING INTERPRETATION BY	PR INTERVAL	QRS INTERVAL	QT INTERVAL	LEAD
12/10/19	1800	Ø	130 SY				



DATE	TIME	TYPE OF ARRHYTHMIA	NURSING INTERPRETATION BY	PR INTERVAL	QRS INTERVAL	QT INTERVAL	LEAD



DATE	TIME	TYPE OF ARRHYTHMIA	NURSING INTERPRETATION BY	PR INTERVAL	QRS INTERVAL	QT INTERVAL	LEAD

PACU-11 VITAL SIGNS

	10-DEC-2019 17:49				)-DEC-2019 18:48				:0-DEC-2019 18::	
	10-DEC-2019 17:29	10-DEC 17:34	10-DEC 17:39	10-DEC 17:44	17:49	10-DEC-2019 17:54	10-DEC 17:59	18:49 10-DEC 18:04	10-DEC 18:09	10-DEC- 10-DEC 18:14
NBP-S	118	95	106	102	102	100	107	109	107	107
NBP-D	59	52	62	60	60	60	62	61	62	64
NBP-M	80	69	78	76	76	76	78	80	78	80
NBP-R	129	127	127	123	122	99	104	108	109	109
HR		128	128	124	122	98	102	106	108	108
ART1-S			130	126	122	118	122	122	126	124
ART1-D			60	60	58	58	60	58	60	60
ART1-M			84	82	80	78	80	80	82	80
ART1-R			126	124	122	98	102	106	108	108
SPO2-%		99	99	99	98	99	100	100	100	100
SPO2-R		128	128	124	122	88	102	106	108	108
RR		21	22	22	22	21	22	24	21	22

ALARMS OFF

NBP (mmHg) :mmHg) mmHg)

TELE

RHYTHM STRIP RECORD

HCA1CU-004/HBC Rev. 06/10

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

DATE	TIME	TYPE OF ARRHYTHMIA	NURSING INTERPRETATION BY	PR INTERVAL	QRS INTERVAL	QT INTERVAL	LEAD

PACU-11 10-DEC-2019 19:35 10-DEC-2019 19:35 0-DEC-2019 19:36 10-DEC-2019 19:36 0-DEC-2019 10-D

VITAL SIGNS

	10-DEC 18:34	10-DEC 18:39	10-DEC 18:44	10-DEC 18:49	10-DEC 18:54	0-DEC 18:59	10-DEC 19:04	10-DEC 19:09	10-DEC 19:14	0-DEC 19:19	10-DEC 19:24
NBP-S	115	106	100	98	99	106	103	105	108	113	106
NBP-D	69	61	57	58	57	60	60	61	61	65	60
NBP-M	87	78	73	72	69	77	76	77	78	83	78
NBP-R	115	116	116	116	117	107	111	113	113	111	113
HR	112	116	116	116	114	110	114	110	114	110	112
AR1-S	132	120	118	112	114	156	112	112	118	128	116
AR1-D	64	60	58	66	62	100	52	56	58	64	60
AR1-M	84	78	76	74	78	116	72	72	76	84	76
AR1-R	112	116	116	116	114	110	116	110	114	108	112
SPO2-X	99	96	95	95	96	98	98	97	97	97	96
SPO2-R	112	116	116	116	114	110	114	112	116	110	114
RR	23	24	23	18	22	13	16	15	13	22	21

ALARMS

NBP (mmHg) mHg) mmHg)

DATE	TIME	TYPE OF ARRHYTHMIA	NURSING INTERPRETATION BY	PR INTERVAL	QRS INTERVAL	QT INTERVAL	LEAD

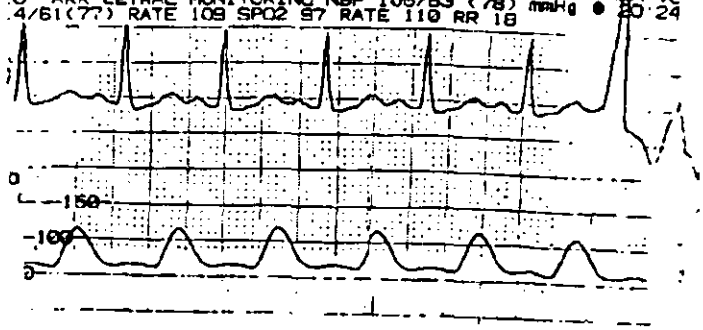
PACU-11 10-DEC-2019 20:15 10-DEC-2019 20:15

VITAL SIGNS

	10-DEC 19:54	10-DEC 19:59	10-DEC 20:04	10-DEC 20:09	10-DEC 20:14
NBP-S	100	104	104	106	106
NBP-D	60	59	60	61	61
NBP-M	74	74	77	77	79
NBP-R	112	112	112	113	112
HR	112	112	112	112	112
AR1-S	114	112	114	114	118
AR1-D	60	58	60	60	62
AR1-M	76	74	76	76	78
AR1-R	112	112	112	112	112
SPO2-X	96	96	96	96	96
SPO2-R	112	112	112	112	114
RR	18	19	18	18	18

ALARMS

NBP (mmHg)



DATE	TIME	TYPE OF ARRHYTHMIA	NURSING INTERPRETATION BY	PR INTERVAL	QRS INTERVAL	QT INTERVAL	LEAD

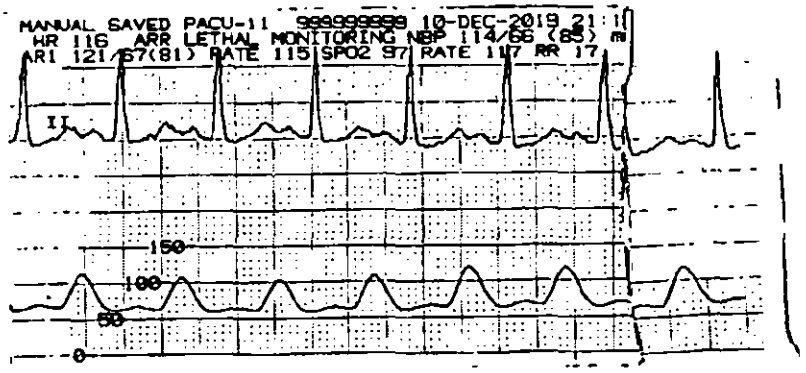
PACU-11 10-DEC-2019 21:13 10-DEC-2019 21:13

VITAL SIGNS

	10-DEC 20:24	10-DEC 20:34	10-DEC 20:44	10-DEC 20:54	10-DEC 21:04
NBP-S	105	108	110	109	114
NBP-D	63	63	65	64	66
NBP-M	78	80	80	81	85
NBP-R	112	111	110	109	116
HR	110	110	108	110	116
AR1-S	114	116	116	118	114
AR1-D	60	62	60	62	64
AR1-M	76	78	78	80	82
AR1-R	110	110	108	110	116
SPO2-X	97	97	97	97	98
SPO2-R	112	110	110	112	116
RR	19	19	18	18	24

ALARMS

NBP (mmHg)



TELE

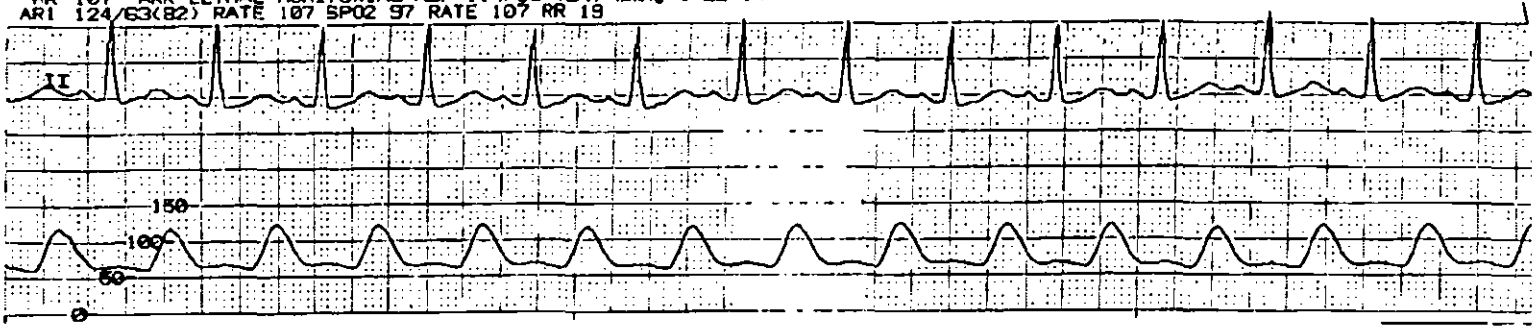
RHYTHM STRIP RECORD

HCA ICU-004/HBC Rev. 06/10

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

DATE	TIME	TYPE OF ARRHYTHMIA	NURSING INTERPRETATION BY	PR INTERVAL	QRS INTERVAL	QT INTERVAL	LEAD
12/10/19	2003	0	STCU	107	Tachy		

MANUAL SAVED PACU-11 999999999 10-DEC-2019 [illegible]
HR 107 ARR LETHAL MONITORING NBP 114/66 (84) mmHg @ 22:14
AR1 124/63(82) RATE 107 SPO2 97 RATE 107 RR 19



DATE	TIME	TYPE OF ARRHYTHMIA	NURSING INTERPRETATION BY	PR INTERVAL	QRS INTERVAL	QT INTERVAL	LEAD

ACU-11 - 10-DEC-2019 22:15 2019 22:15

VITAL SIGNS 10-DEC-2019 22:15 10-DEC-2019 22:15

	10-DEC 20:54	10-DEC 21:04	10-DEC 21:14	10-DEC 21:24	10-DEC 21:34		10-DEC 21:54	10-DEC 22:04	10-DEC 22:14
NBP-S	109	114	105	115	119		116	116	114
NBP-D	64	66	72	67	70		67	67	66
NBP-M	81	85	85	85	85		86	86	84
NBP-R	109	116	113	113	113		109	107	109
HR	110	116	114	110	110		108	108	108
AR1-S	118	114	120	126	126		124	126	124
AR1-D	62	64	64	66	66		64	66	64
AR1-M	80	82	80	84	82		82	84	82
AR1-R	110	116	114	110	110		108	108	108
SPO2-%	97	98	97	98	98	THM	97	98	98
SPO2-R	112	116	116	112	110		108	110	110
RR	18	24	17	19	21		19	19	19

ALARMS

NBP (mmHg)

DATE	TIME	TYPE OF ARRHYTHMIA	NURSING INTERPRETATION BY	PR INTERVAL	QRS INTERVAL	QT INTERVAL	LEAD

REMOVE TO EXPOSE ADHESIVE

DOCUMENT HERE WITH MONITOR STRIP

TELE

RHYTHM STRIP RECORD
HCA ICU-004/HBC Rev. 06/10

12/10/19 DOB:09/17/50 69 /M
AYAD,AZIZ
N00101730890 N000880775
ATT MD: Block,Ernest F M

AYAD,AZIZ

Acct# N00101730890
MR# N000880775

ALLERGIES: No Known Allergies
Adverse Drug Reactions: *** No ADR's Entered ***

PREFERRED PHARMACY: Walmart Pharmacy 4365 11930 Narcoossee Road Orlando, FL 32832
PH# (407)204-2026 FAX # (407)204-2037

FINALIZED Discharge Medications ***FINALIZED***

GENERIC NAME (TRADE NAME) DOSE	ROUTE	FREQUENCY	QTY/DAYS	LAST DOSE DATE/TIME
Updated Home Medication List				
ASCORBIC ACID (TRADE NAME: VITAMIN C) 2000 MG PRESCRIBING DOCTOR: Fenar,Christopher S PA-C	ORAL	DAILY	#30 TAB	12/17/19-8:29am
ASPIRIN (TRADE NAME: ASPIRIN) 81 MG PRESCRIBING DOCTOR: Fenar,Christopher S PA-C	ORAL	DAILY	#30 TAB	12/17/19-8:29am
ATORVASTATIN (TRADE NAME: LIPITOR) 80 MG	ORAL	AT BEDTIME		12/16/19-8:11pm
CHOLECALCIFEROL (TRADE NAME: VITAMIN D3) 1000 UNITS	ORAL	DAILY		
FERROUS SULFATE (TRADE NAME: FEOSOL) 325 MG PRESCRIBING DOCTOR: Fenar,Christopher S PA-C	ORAL	DAILY	#30 TAB	12/17/19-8:29am
GABAPENTIN (TRADE NAME: NEURONTIN) 200 MG INDICATION: PAIN SCALE 1-3 PRESCRIBING DOCTOR: Fenar,Christopher S PA-C	ORAL	EVERY 8 HOURS AS NEEDED	#60 CAP	12/14/19-4:30pm
GLIPIZIDE (TRADE NAME: GLUCOTROL) 10 MG	ORAL	BEFORE BREAKFAST AND DINNER		
LINAGLIPTIN (TRADE NAME: TRADJENTA) 5 MG	ORAL	DAILY		
METFORMIN (TRADE NAME: GLUCOPHAGE) 1000 MG	ORAL	WITH BREAKFAST AND DINNER		

AYAD,AZIZ Acct# N00101730890 DOB: 09/17/50 Age: 69 Sex: M LOC: N.A419-1
MR# N000880775 Adm/Svc: 12/10/19 Attend MD: Block,Ernest F MD (407)323-7821

Patient/Representative Initials

MEDR

N00101730890A

AYAD,AZIZ

Acct# N00101730890
MR# N000880775

ALLERGIES No Known Allergies
Adverse Drug Reactions *** No ADR's Entered ***

PREFERRED PHARMACY Walmart Pharmacy 4365 11930 Narcoossee Road Orlando FL 32832
PH# (407)204-2026 FAX # (407)204-2037

FINALIZED Discharge Medications ***FINALIZED***

GENERIC NAME (TRADE NAME) DOSE	ROUTE	FREQUENCY	QTY/DAYS	LAST DOSE DATE/TIME
Updated Home Medication List (Continued)				
METHOCARBAMOL (TRADE NAME: ROBAXIN) 500 MG	ORAL	THREE TIMES DAILY	#30 TAB	
PRESCRIBING DOCTOR: Fenar,Christopher S PA-C				
MIRABEGRON (TRADE NAME: MYRBETRIQ) 50 MG	ORAL	DAILY		
POLYETHYLENE GLYCOL 3350 (TRADE NAME: MIRALAX) 17 GRAM	ORAL	DAILY	#5	12/17/19-8:30am
PRESCRIBING DOCTOR: Fenar,Christopher S PA-C				
SERTRALINE (TRADE NAME: ZOLOFT) 100 MG	ORAL	DAILY		12/15/19-8:31am
TRAMADOL (TRADE NAME: traMADol) 50 MG	ORAL	EVERY 6 HOURS AS NEEDED	#12 TAB	12/17/19-7:01am
INDICATION: Acute pain				
PRESCRIBING DOCTOR: Fenar,Christopher S PA-C				
Prescription Printed				

Your medications listed above have been reviewed. Prescriptions have been provided for new/renewed medications. Please do not add or discontinue any medications without consulting your doctor first.

*** If the pharmacy is unable to fill your prescription, ask the pharmacist if your prescription can be transferred to another pharmacy. If not, please contact the prescribing doctor for a new prescription. ***

AYAD,AZIZ Acct# N00101730890 DOB: 09/12/50 Age: 69 Sex: M LOC N A419-1
MR# N000880775 Adm/Svc 12/10/19 Attend MD: Block Ernest F MD (407)323-8621

Patient/Representative Signature Date/Time

MEDR

N00101730890A

AYAD,AZIZ
Acct# N00101730890
MR# N000880775

ALLERGIES: No Known Allergies
Adverse Drug Reactions: *** No ADR's Entered ***

PREFERRED PHARMACY: Walmart Pharmacy 4365, 11930 Narcoossee Road, Orlando, FL, 32832
PH#: (407)204-2025 FAX #: (407)204-2037

FINALIZED Discharge Medications ***FINALIZED***

GENERIC NAME (TRADE NAME) DOSE	ROUTE	FREQUENCY	QTY/DAYS	LAST DOSE DATE/TIME
Updated Home Medication List				
ASCORBIC ACID (TRADE NAME: VITAMIN C) 2000 MG PRESCRIBING DOCTOR: Fenar,Christopher S PA-C	ORAL	DAILY	#30 TAB	12/17/19-8:29am
ASPIRIN (TRADE NAME: ASPIRIN) 81 MG PRESCRIBING DOCTOR: Fenar,Christopher S PA-C	ORAL	DAILY	#30 TAB	12/17/19-8:29am
ATORVASTATIN (TRADE NAME: LIPITOR) 80 MG	ORAL	AT BEDTIME		12/16/19-8:11pm
CHOLECALCIFEROL (TRADE NAME: VITAMIN D3) 1000 UNITS	ORAL	DAILY		
FERROUS SULFATE (TRADE NAME: FEOSOL) 325 MG PRESCRIBING DOCTOR: Fenar,Christopher S PA-C	ORAL	DAILY	#30 TAB	12/17/19-8:29am
GABAPENTIN (TRADE NAME: NEURONTIN) 200 MG INDICATION: PAIN SCALE 1-3 PRESCRIBING DOCTOR: Fenar,Christopher S PA-C	ORAL	EVERY 8 HOURS AS NEEDED	#60 CAP	12/14/19-4:30pm
GLIPIZIDE (TRADE NAME: GLUCOTROL) 10 MG	ORAL	BEFORE BREAKFAST AND DINNER		
LINAGLIPTIN (TRADE NAME: TRADJENTA) 5 MG	ORAL	DAILY		
METFORMIN (TRADE NAME: GLUCOPHAGE) 1000 MG	ORAL	WITH BREAKFAST AND DINNER		

AYAD,AZIZ Acct# N00101730890 DOB: 09/17/50 Age: 69 Sex: M LOC: N A419 1
MR# N000880775 Adm/Svc: 12/10/19 Attend MD: Block,Ernest F MD (407)323-7821

Patient/Representative Initials

MEDR

N00101730890A

AYAD,AZIZ

Acct# N00101730890
MR# N000880775

ALLERGIES: No Known Allergies
Adverse Drug Reactions: *** No ADRs Entered ***

PREFERRED PHARMACY: Walmart Pharmacy 4365 1,930 Narcoossee Road Orlando FL 32832
PH# (407)204-2026 FAX # (407)204-2037

FINALIZED Discharge Medications ***FINALIZED***

GENERIC NAME (TRADE NAME) DOSE	ROUTE	FREQUENCY	QTY/DAYS	LAST DOSE DATE/TIME
Updated Home Medication List (Continued)				
METHOCARBAMOL (TRADE NAME: ROBAXIN) 500 MG PRESCRIBING DOCTOR: Fenar,Christopher S PA-C	ORAL	THREE TIMES DAILY	#30 TAB	
MIRABEGRON (TRADE NAME: MYRBETRIQ) 50 MG	ORAL	DAILY		
POLYETHYLENE GLYCOL 3350 (TRADE NAME: MIRALAX) 17 GRAM PRESCRIBING DOCTOR: Fenar,Christopher S PA-C	ORAL	DAILY	#5	12/17/19-8:30am
SERTRALINE (TRADE NAME: ZOLOFT) 100 MG	ORAL	DAILY		12/15/19 8:31am
TRAMADOL (TRADE NAME: traMADol) 50 MG INDICATION: Acute pain PRESCRIBING DOCTOR: Fenar,Christopher S PA-C Prescription Printed	ORAL	EVERY 6 HOURS AS NEEDED	#12 TAB	12/17/19-7:01am

Your medications listed above have been reviewed. Prescriptions have been provided for new/renewed medications. Please do not add or discontinue any medications without consulting your doctor first.

*** If the pharmacy is unable to fill your prescription, ask the pharmacist if your prescription can be transferred to another pharmacy. If not, please contact the prescribing doctor for a new prescription. ***

AYAD,AZIZ Acct# N00101730890 DOB: 09/17/50 Age: 69 Sex: M LOC: N A419-1
MR# N000880775 Adm/Svc: 12/10/19 Attend MD: Block Ernest F MD (407)323-7821

Patient/Representative Signature Date/Time

12/18/19 0506

MEDICATION DISCHARGE SUMMARY

NAME: AYAD,AZIZ
UNIT #: N000880775
ACCT #: N00101730890
CODED ALLERGIES No Known Allergies
CODED ADRs
UNCODED ALLERGIES None Entered
UNCODED ADRs

ADMIT DATE: 12/10/19
DISCHARGE DATE: 12/17/19
STATUS: DIS IN

AGE: 69
SEX: M

ADMINISTRATION PERIOD: 0701 12/09/19 to 0700 12/10/19	START/ STOP	

Numeric pain scale:: Moderate pain 4

Numeric pain scale:: Moderate pain 4

Numeric pain scale:: Moderate pain 4

Numeric pain scale:: Moderate pain 4

Numeric pain scale:: No pain 0

Numeric pain scale:: Moderate pain 5

Numeric pain scale:: Mild pain 2

Wong-Baker pain scale:: No hurt 0

Numeric pain scale:: No pain 0

Numeric pain scale:: Moderate pain 4

Numeric pain scale:: Severe pain 9

Numeric pain scale:: Moderate pain 4

Numeric pain scale:: Moderate pain 5

Numeric pain scale:: Moderate pain 4

Numeric pain scale:: Moderate pain 5

Numeric pain scale:: Moderate pain 5

Numeric pain scale:: Mild pain 2

Numeric pain scale:: Moderate pain 5

Numeric pain scale:: Moderate pain 5

Numeric pain scale:: Moderate pain 5

Numeric pain scale:: Mild pain 2

Numeric pain scale:: Mild pain 2

Wong Baker pain scale:: No hurt 0

Wong-Baker pain scale:: No hurt 0

Wong-Baker pain scale:: No hurt 0

Numeric pain scale:: Mild pain-3

Numeric pain scale:: Mild pain-2

*** CONTINUED ON PAGE 2 ***
This document is part of the legal medical record.

ADMINISTRATION PERIOD: 0701 12/09/19 to 0700 12/10/19 (Continued)	START/ STOP	
morPHINE 4 MG SYR INJ, morPHINE SULFATE (morPHINE SULFATE 4 MG/ML SYRINGE/VIAL) 4 MG IV ONCE IN ED/ONE RX #: 18404597	12/10/19 12/10/19	0424 NEDJC2 at 0432 GAVE: 4 MG NDC/DIN: (SOURCE: eMAR) 0641612501 MORP4IV - morPHINE SULFATE 4 MG/ML SYRI... Administering for pain: Yes (End) Pain details: Pain location: Hip left Pain radiation: Leg left Pain description: Aching Constant Sharp Pain scale utilized:: Verbal numeric Numeric pain scale:: Severe pain-9 Pain intensity:: 9 Most common side effects reviewed with patient?: Yes :: MORP4IV:Dizziness, Sedation, nausea/vomiting, Constipation Difference between amount dispensed and amount administered was discarded. 12/10/19-0432 File Document by NEDJC2 0424 Order Entry PHY.SLOMA 0425 Pharmacy Discontinue SCHEDULER 0432 Nursing Acknowledged Order NEDJC2 0532 Nursing Reassessment by NNAYF1 at 12/11/19 - 0142 Pain scale utilized: Verbal numeric Pain intensity: 4 (End)
ZOFRAN* 4 MG/2 ML SDV INJ, ONDANSETRON HCL (ONDANSETRON INJ 4 MG/2 ML SDVial (ZOFRAN*)) 4 MG IV ONCE IN ED/ONE RX #: 18404598	12/10/19 12/10/19	0424 NEDJC2 at 0432 GAVE: 4 MG NDC/DIN: (SOURCE: eMAR) 6050561300 ZOFRIV22 - ONDANSETRON INJ 4 MG/2 ML SDV... Most common side effects reviewed with patient?: Yes :: ZOFRIV22:Refer to Clinical Pharmacology or contact Pharmacy Difference between amount dispensed and amount administered was discarded. 12/10/19-0432 File Document by NEDJC2 0424 Order Entry PHY.SLOMA 0425 Pharmacy Discontinue SCHEDULER 0432 Nursing Acknowledged Order NEDJC2

*** CONTINUED ON PAGE 3 ***

ADMINISTRATION PERIOD: 0701 12/09/19 to 0700 12/10/19 (Continued)	START/ STOP	
morPHINE 4 MG SYR INJ, morPHINE SULFATE (morPHINE SULFATE 4 MG/ML SYRINGE/VIAL) **4 MG IV ONCE IN ED/ONE** RX #: 18404648	12/10/19 12/10/19	0448 NEDJE at 0456 GAVE: 4 MG NDC/DIN: (SOURCE: eMAR) 0641612501 MORP4IV morPHINE SULFATE 4 MG/ML SYRI... Administering for pain: Yes (End) Pain details: Difference between amount dispensed and amount administered was discarded. 12/10/19 0456 File Document by NEDJE 0448 Order Entry PHY.SLOMA 0449 Pharmacy Discontinue SCHEDULER 0456 Nursing Acknowledged Order NEDJE 0556 Nursing Reassessment by NNAYEI at 12/11/19 - 0142 Pain scale utilized: Verbal numeric Pain intensity: 4 (End)
FENTANYL INJ 50 MCG/ML 2 ML, fentaNYL (fentaNYL INJ 100 MCG/2 ML AMP) **50 MCG IV ONCE IN ED/ONE** RX #: 18404682	12/10/19 12/10/19	0524 NEDJE at 0532 GAVE: 50 MCG NDC/DIN: (SOURCE: eMAR) 0409909412 FENTIA.010 fentaNYL INJ 100 MCG/2 ML AMP Administering for pain: Yes (End) Pain details: Most common side effects reviewed with patient?: Yes :: FENTIA.010:Dizziness, Sedation, nausea/vomiting, Constipation Difference between amount dispensed and amount administered was discarded. 12/10/19 0532 File Document by NEDJE 0524 Order Entry PHY.BAWSH 0525 Pharmacy Discontinue SCHEDULER 0532 Nursing Acknowledged Order NEDJE 0632 Nursing Reassessment by NNAYEI at 12/11/19 0142 Pain scale utilized: Verbal numeric Pain intensity: 4 (End)

*** CONTINUED ON PAGE 4 ***
This document is part of the legal medical record.

ADMINISTRATION PERIOD: 0/01 12/09/19 to 0/00 12/10/19 (Continued)	START/ STOP	
ROBAXIN* 100 MG/ML 10 ML INJ, METHOCARBAMOL (METHOCARBAMOL INJ 1 GRAM/10 ML VIAL (ROBAXI 1 GRAM IV ONCE IN ED/ONE Comments: GIVE OVER 5 MINUTES RX #: 18404684	12/10/19 12/10/19	0529 NEDJF at 0536 GAVE: 1 GRAM NDC/DIN: (SOURCE: eMAR) 5516022310 METHIV1001 Methocarbamol Inj 1 Gram/10 M... Administering for pain: Yes (End) Pain details: Most common side effects reviewed with patient?: Yes :: METHIV1001:dizziness, headache, drowsiness Difference between amount dispensed and amount administered was discarded. 12/10/19 0536 File Document by NEDJF 0529 Order Entry PHY.BAWSH 0530 Pharmacy Discontinue SCHEDULER 0536 Nursing Acknowledged Order NEDJF 0636 Nursing Reassessment by NNAYFI at 12/11/19 - 0142 Pain scale utilized: Verbal numeric Pain intensity: 4 (End)
NACL 0.9% 1000 ML BAG 1,000 ML (NACL 0.9% 1,000 ML BAG) 75 MLS/HR IV .Q13H20M RX #: 18404722	12/10/19 01/09/20	0536 Order Entry PHY.BAWSH 0552 Pharmacy Edit or Verification COE.MAW 0552 Pharmacy Edit or Verification COE.MAW 0611 Nursing Acknowledged Order NEDJF 0615 NEDJF at 0611 GAVE: 1,000 MLS NDC/DIN: (SOURCE: eMAR) 172/170107 SODIIL.938 - NaCl 0.9% 1,000 Ml Bag Most common side effects reviewed with patient?: Yes :: SODIIL.938:Peripheral Edema Difference between amount dispensed and amount administered was discarded. 12/10/19-0611 File Document by NEDJF
NEURONTIN* 300 MG CAP, GABAPENTIN (GABAPENTIN 300 MG CAPSULE (NEURONTIN*)) 300 MG PO THREE TIMES DAILY RX #: 18404718	12/10/19 01/09/20	0536 Order Entry PHY.BAWSH 0552 Pharmacy Edit or Verification COE.MAW 0600 NEDJF at 0610 GAVE: 300 MG NDC/DIN: (SOURCE: eMAR) 68084/6211 NEUROC300 Gabapentin 300 MG Capsule (Ne... Most common side effects reviewed with patient?: Yes :: NEUROC300: Unsteadiness, Drowsiness, Rash 12/10/19 0611 File Document by NEDJF 0610 Nursing Acknowledged Order NEDJF

*** CONTINUED ON PAGE 5 ***

ADMINISTRATION PERIOD: 0/01 12/09/19 to 0/00 12/10/19 (Continued)	START/ STOP	
MIRALAX* 17 GM PKT, POLYETHYLENE GLYCOL (POLYETHYLENE GLYCOL 3350 17 GRAM POWDER (MIRALA 17 GRAM PO DAILY Comments: SUSPEND IN 120 240 ML OF LIQUID OF CHOICE RX #: 18404712	12/10/19 01/09/20	0536 Order Entry PHY.BAWSH 0550 Pharmacy Edit or Verification COE.MAW
ACETAMINOPHEN 325 MG TAB,TYLENOL* (ACETAMINOPHEN 325 MG TAB (TYLENOL*)) 650 MG PO EVERY 4 HOURS AS NEEDED/PRN PRN Reason: PAIN 1 3/TEMP>100.5 Comments: Do not exceed 12 tablets in 24 hours Maximum acetaminophen dose = 4000 mg in 24 hours RX #: 18404720	12/10/19 01/09/20	0536 Order Entry PHY.BAWSH 0552 Pharmacy Edit or Verification COE.MAW
morPHINE 2 MG SYR INJ, morPHINE SULFATE (morPHINE SULFATE 2 MG/ML SYRINGE/VIAL) 1 MG IV EVERY 2 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 1 3 RX #: 18404715	12/10/19 12/17/19	0536 Order Entry PHY.BAWSH 0537 Pharmacy Edit or Verification PHY.BAWSH 0551 Pharmacy Edit or Verification COE.MAW
ZOFRAN* 4 MG/2 ML SDV INJ, ONDANSETRON HCL (ONDANSETRON INJ 4 MG/2 ML SDVial (ZOFRAN*)) 4 MG IV EVERY 6 HOURS AS NEEDED/PRN PRN Reason: NAUSEA AND VOMITING Comments: FORMULARY SUBSTITUTION FOR PROMETHAZINE IV RX #: 18404714	12/10/19 01/09/20	0536 Order Entry PHY.BAWSH 0550 Pharmacy Edit or Verification COE.MAW
BENADRYL* 50 MG/ML 1ML INJ, diphenhydrAMINE (diphenhydrAMINE INJ 50 MG/1 ML VIAL (BENADR 25 MG IV EVERY 6 HOURS AS NEEDED/PRN PRN Reason: PRURITUS/ITCHING Comments: Give if unable to tolerate oral or NPO GIVE EACH 25 MG OR LESS OVER 1 MINUTE RX #: 18404719	12/10/19 01/09/20	0536 Order Entry PHY.BAWSH 0552 Pharmacy Edit or Verification COE.MAW
ROBAXIN* 100 MG/ML 10 ML INJ, METHOCARBAMOL (METHOCARBAMOL INJ 1 GRAM/10 ML VIAL (ROBAXI 1 GRAM IV EVERY 6 HOURS AS NEEDED/PRN PRN Reason: MUSCLE SPASMS Comments: GIVE OVER 5 MINUTES RX #: 18404717	12/10/19 12/13/19	0536 Order Entry PHY.BAWSH 0551 Pharmacy Edit or Verification COE.MAW

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ADMINISTRATION PERIOD: 0701 12/09/19 to 0700 12/10/19 (Continued)	START/ STOP	
ADMIT SET ENTERED (ADMIT SET ENTERED) 1 MISC AS NEEDED/PRN PRN Reason: ADMIT SET Comments: ADMISSION ORDER ENTRY SET TO BE ADDED TO EACH ADULT INPATIENT'S PROFILE FOR THE EXTENT OF STAY RX #: 18404723	12/10/19 12/04/20	0554 Order Entry COE,MAW
SODIUM CHLORIDE 0.9% 10 ML FLUSH SYRINGE (SODIUM CHLORIDE 0.9% 10 ML FLUSH SYRINGE) **See Dose Ins.** IV AS NEEDED/PRN PRN Reason: FLUSH LINE Dose Ins: **SALINE FLUSH PER** **UNIT PROTOCOL** Comments: ADMISSION ORDER ENTRY SET TO BE ADDED TO EACH ADULT INPATIENT'S PROFILE FOR THE EXTENT OF STAY RX #: 18404724	12/10/19 12/04/20	0554 Order Entry COE,MAW
PRESCRIPTION ORMC (UNCONTROLLED) (PRESCRIPTION - ORMC UNCONTROLLED RX) 1 MISC AS DIRECTED (USE FOR UD)/PRN PRN Reason: PRESCRIPTION PAD Comments: OSCEOLA REGIONAL MEDICAL CENTER UNCONTROLLED PRESCRIPTION RX #: 18404725	12/10/19 12/04/20	0554 Order Entry COE,MAW
PATIENT #1 BIN PYXIS TOWER (PATIENT #1 BIN PYXIS TOWER) 1 EA MISC AS DIRECTED (USE FOR UD)/PRN PRN Reason: PT'S SPECIFIC BIN TOWER Comments: PATIENT SPECIFIC BIN IN PYXIS TOWER RX #: 18404726	12/10/19 12/04/20	0554 Order Entry COE,MAW
PATIENT SPECIFIC BIN FOR RT MEDS (PATIENT SPECIFIC BIN FOR RT MEDS) 1 EA MISC AS DIRECTED (USE FOR UD)/PRN PRN Reason: PT'S SPECIFIC RT MEDICATIONS Comments: PATIENT SPECIFIC BIN FOR RT MEDS RX #: 18404727	12/10/19 01/09/20	0554 Order Entry COE,MAW

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ADMINISTRATION PERIOD: 0701 12/09/19 to 0700 12/10/19 (Continued)	START/ STOP	
KEY FOR NARCOTIC INFUSION LOCK BOX (IV POLE) (KEY FOR NARCOTIC INFUSION LOCK BOX (IV POL 1 EACH MISC AS NEEDED PRN PRN Reason: FOR INFUSION LOCK BOX Comments: FOR INFUSION LOCK BOX RX #: 18404728	12/10/19 01/09/20	0554 Order Entry COE,MAW

ADMINISTRATION PERIOD: 0701 12/10/19 to 0700 12/11/19	START/ STOP	
NACL 0.9% 1000 ML BAG 1,000 ML (NACL 0.9% 1,000 ML BAG) 75 ML/HR IV ,Q13H20M RX #: 18404722	12/10/19 01/09/20	1935 NICGV at 12/11/19 0007 GAVE: 1,000 ML NDC/DIN: (SOURCE: eMAR) 17271/0107 SODIUL938 NaCl 0.9% 1,000 ML Bag Difference between amount dispensed and amount administered was discarded. 12/11/19 0008 File Document by NICGV 0614 Pharmacy Discontinue PHY,BAWSH 0616 Nursing Acknowledged Order NNAYEI
NEURONTIN* 300 MG CAP, GABAPENTIN (GABAPENTIN 300 MG CAPSULE (NEURONTIN*)) 300 MG PO THREE TIMES DAILY RX #: 18404718	12/10/19 01/09/20	1400 2200 NICGV at 12/11/19 0005 GAVE: 300 MG NDC/DIN: (SOURCE: eMAR) 68084/6211 NEUROC300 Gabapentin 300 MG Capsule (Ne 12/11/19 0006 File Document by NICGV 0309 Pharmacy Discontinue PHY,BAWSH 0357 Nursing Acknowledged Order NNAYEI
MIRALAX* 17 GM PKT, POLYETHYLENE GLYCOL (POLYETHYLENE GLYCOL 3350 17 GRAM POWDER (MIRALA 17 GRAM PO DAILY Comments: SUSPEND IN 120-240 ML OF LIQUID OF CHOICE RX #: 18404712	12/10/19 01/09/20	1000
ANCEF (cefAZolin INJ 1 GRAM IV-PUSH (MINI BAG) VIAL (ANCEF*)) See Dose Ins. ,ROUTE ,STK MED/ONE RX #: 18405746	12/10/19	1056 1057 Pharmacy Discontinue STK MED

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ADMINISTRATION PERIOD: 0701 12/10/19 to 0700 12/11/19 (Continued)	START/ STOP	
TORADOL* 15MG/ML SYRINGE INJ, KETOROLAC TROME (KETOROLAC 15 MG/ML VIAL (TORADOL*)) 15 MG IV EVERY 6 HOURS Total Doses: 6 (3 of 6 Given) RX #: 1840601/	12/10/19 12/11/19	1208 1208 Order Entry AP.KNOTH 1208 Pharmacy Edit or Verification AP.KNOTH 1214 Pharmacy Edit or Verification COF.HGK 1800 NRCPAW at 1915 GAVE: 15 MG Administering for pain: Yes (End) Pain details: Pain location: Hip left Relieving factors for pain: Medication non opioid Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 6 Pain intensity:: 6 Most common side effects reviewed with patient?: Yes :: TORAID151:nausea/diarrhea, headache, increased BP 12/10/19 1929 File Document by NRCPAW 1928 Nursing Acknowledged Order NRCPAW 2015 Nursing Reassessment by NNAYEI at 12/11/19 - 0143 Pain scale utilized: Verbal numeric Pain intensity: 0 (End) 0000 NICGV at 0005 GAVE: 15 MG NDC/DIN: (SOURCE: eMAR) 6332316101 TORAID151 Ketorolac 15 MG/Ml Vial (Tora... Administering for pain: Yes (End) Pain details: Pain location: Leg right Pain description: Aching Relieving factors for pain: Medication non opioid Pain scale utilized:: Verbal numeric Numeric pain scale:: Severe pain 8 Pain intensity:: 8 Difference between amount dispensed and amount administered was discarded. 12/11/19 0006 File Document by NICGV 0105 Nursing Reassessment by NNAYEI at 0142 Pain scale utilized: Verbal numeric Pain intensity: 4 (End) 0600 NNAYEI at 0609 GAVE: 15 MG NDC/DIN: (SOURCE: eMAR) 6332316101 TORAID151 Ketorolac 15 MG/Ml Vial (Tora... Administering for pain: No (End)

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ADMINISTRATION PERIOD: 0701 12/10/19 to 0700 12/11/19 (Continued)	START/ STOP	
		Pain details: Difference between amount dispensed and amount administered was discarded. 12/11/19 0609 File Document by NNAYFI
LOVENOX* 30 MG/0.3 ML INJ SYR, ENOXAPARIN NA (ENOXAPARIN SODIUM 30 MG/0.3 ML SYR (LOVENO 30 MG SUBQ TWICE A DAY Comments: Administer while patient is lying down by deep SC injection. *Do NOT give IM. *Do NOT rub injection site *When giving dose, do NOT expel air bubble. RX #: 18406015	12/10/19 01/09/20	1209 Order Entry AP.KNOTH 1214 Pharmacy Edit or Verification COE.HGK 2200 Not Administered NICGV at 12/11/19 - 0007 N MDREQ Is Pt HIT positive? N DR GRAY ORDER TO HOLD THIS DOSE 12/11/19 0008 File Document by NICGV 2354 Nursing Acknowledged Order NICGV
FENTANYL INJ 50 MCG/ML 2 ML, fentaNYL (fentaNYL INJ 100 MCG/2 ML AMP) See Dose Ins. .ROUTE .STK-MED/ONE RX #: 18406261	12/10/19	1315 1316 Pharmacy Discontinue STK MED
DIPRIVAN* 10 MG/ML 20 ML INJ, PROPOFOL 20 ML (PROPOFOL 200 MG/20 ML AMP (DIPRIVAN*)) ASDIRECTED IV .STK-MED/ONE Comments: FINAL CONCENTRATION = 10 MG/ML RX #: 18406262	12/10/19	1316 1316 Pharmacy Discontinue STK MED
ZEMURON* 10 MG/ML 5 ML INJ, ROCURONIUM BROMID (ROCURONIUM INJ 50 MG/5 ML VIAL (ZEMURON*) See Dose Ins. IV .STK-MED/ONE RX #: 18406267	12/10/19	1316 1317 Pharmacy Discontinue STK MED
XYLOCAINE-MPF 2%, 100 MG/5 ML, LIDOCAINE-MPF (LIDOCAINE 2% INJ -MPF 100 MG/5 ML SD Vial) See Dose Ins. .ROUTE .STK-MED/ONE RX #: 18406268	12/10/19	1316 1317 Pharmacy Discontinue STK MED
NEOSYNEPHRINE* 10mg/1ml 1ml INJ,PHENYLEPHRINE (PHENYLEPHRINE INJ 10 MG/1 ML AMP (NEOSYNE See Dose Ins. .ROUTE .STK MED/ONE RX #: 18406917	12/10/19	1535 1536 Pharmacy Discontinue STK MED

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12/18/19 0506 MEDICATION DISCHARGE SUMMARY PAGE: 10

NAME: AYAD,AZIZ UNIT #: N000880775 ACCT #: N00101730890

ADMINISTRATION PERIOD: 0701 12/10/19 to 0700 12/11/19 (Continued)	START STOP	
FENTANYL INJ 50 MCG/ML 2 ML, fentaNYL (fentaNYL INJ 100 MCG/2 ML AMP) See Dose Ins. ROUTE: SIK MED ONE RX #: 1840[illegible]	12/10/19	1538 1539 Pharmacy Discontinue SIK MED
EPHEDRINE INJ 50 MG/ML 1 ML (EPHEDRINE INJ 50 MG/ML AMP) See Dose Ins. ROUTE: SIK MED ONE RX #: 1840[illegible]	12/10/19	1543 1544 Pharmacy Discontinue SIK MED
ZOFRAN* 4 MG/2 ML SDV INJ, ONDANSETRON HCL (ONDANSETRON INJ 4 MG/2 ML SDV1a1 (ZOFRAN*)) See Dose Ins. ROUTE: SIK MED ONE RX #: 1840[illegible]	12/10/19	[illegible] 1553 Pharmacy Discontinue SIK MED
DECADRON* 4 MG/ML 1 ML INJ, DEXAMETHASONE (DEXAMETHASONE INJ 4 MG/1 ML VIAL (DECADRON*)) See Dose Ins. ROUTE: SIK MED ONE RX #: 1840[illegible]	12/10/19	1552 1553 Pharmacy Discontinue SIK MED
BREVIBLOC* 10 MG/ML 10 ML INJ, ESMOLOL HCL (ESMOLOL INJ 100 MG/10 ML VIAL (BREVIBLOC*)) See Dose Ins. IV: SIK MED ONE RX #: 1840[illegible]	12/10/19	1613 1614 Pharmacy Discontinue SIK MED
NEOSTIGMINE 1:1000 INJ 10 MG/10 ML (NEOSTIGMINE 1:1000 INJ 10 MG/10 ML VIAL) See Dose Ins. ROUTE: SIK MED ONE RX #: 1840[illegible]	12/10/19	1648 1649 Pharmacy Discontinue SIK MED
ROBINUL* 1 MG/5 ML MDV, GLYCOPYRROLATE (GLYCOPYRROLATE 1 MG/5 ML ML (ROBINUL*)) See Dose Ins. INJ: SIK MED ONE RX #: 1840[illegible]	12/10/19	1648 1649 Pharmacy Discontinue SIK MED
FENTANYL INJ 50 MCG/ML 2 ML, fentaNYL (fentaNYL INJ 100 MCG/2 ML AMP) See Dose Ins. ROUTE: SIK MED ONE RX #: 1840[illegible]	12/10/19	1651 1652 Pharmacy Discontinue SIK MED

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ADMINISTRATION PERIOD: 0701 12/10/19 to 0700 12/11/19 (Continued)	START/ STOP	
ALBUMIN (HUMAN) 5% 12.5 GRAM/250 ML INJ 250 ML **(ALBUMIN HUMAN 5% 12.5 GRAM/250 ML 250ml BOT)** ASDIRECTED IV ,STK MED ONE Comments: ALL ALBUMINS HAVE 48 HRS STOP DATE. PHYSICIANS TO RE ORDER. MAX RATE 6- 10 ML MIN RX #: 1840/236	12/10/19	1654 1655 Pharmacy Discontinue STK MED
EPHEDRINE INJ 50 MG/ML 1 ML (EPHEDRINE INJ 50 MG/ML AMP) **See Dose Ins.** ,ROUTE ,STK MED ONE RX #: 1840/275	12/10/19	1704 1705 Pharmacy Discontinue STK MED
LACTATED RINGERS 1000 ML BAG 1,000 ML **(LACTATED RINGERS 1,000 ML BAG)** 125 ML/HR IV GIVE IN PACU ONLY RX #: 1840/425	12/10/19 12/10/19	1732 Order Entry PHYKODDA 1737 Pharmacy Edit or Verification COE,VQI 2332 Pharmacy Discontinue SCHEDULER 2354 Nursing Acknowledged Order NICGV
FLOMAX* 0.4 MG CAP SR, TAMSULOSIN HCL (TAMSULOSIN (SR) 0.4 MG CAP (FLOMAX*)) **0.4 MG** PO DAILY Comments: **DO NOT CRUSH, CHEW, OR DISSOLVE GRANULES** FORMULARY INTERCHANGE FOR UROXATRAL/ALFUZOSIN AND KAPANLO SILODOSIN Approved pharmacodynamic dosing interchange: DAILY orders converted to BEDTIME RX #: 18408676	12/11/19 01/10/20	0006 Pharmacy Edit or Verification COE,MAW
LIPITOR* 40 MG TAB, ATORVASTATIN CALCIUM (ATORVASTATIN 40 MG TABLET (LIPITOR*)) **80 MG** PO AT BEDTIME Comments: THERAPEUTIC INTERCHANGE FOR CRESTOR RX #: 18408679	12/10/19 01/09/20	2200 NICGV at 12/11/19 0035 GAVE: 80 MG NDC DIN, (SOURCE, eMAR) 6808409911 LIPIOT40 Atorvastatin 40 MG Tablet (Li... Most common side effects reviewed with patient?: Yes :: LIPIOT40:muscle ache, abdominal pain, headache 12/11/19 0036 File Document by NICGV 0007 Pharmacy Edit or Verification COE,MAW 0035 Nursing Acknowledged Order NICGV

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ADMINISTRATION PERIOD: 0701 12/10/19 to 0700 12/11/19 (Continued)	START/ STOP	
PRINIVIL*,ZESTRIL* 20 MG TAB, LISINOPRIL (LISINOPRIL 20 MG TABLET (PRINIVIL*,ZESTRIL*)) 40 MG PO DAILY Comments: FORMULARY INTERCHANGE FOR LOTENSIN/BENAZEPRIL, MONOPRIL/FOSINOPRIL, UNIVASC/MOEXIPRIL, PERINDOPRIL/ACEON, ACCUPRIL/QUINAPRIL, AND MAVIK/TRANDOLAPRIL RX #: 18408678	12/11/19 01/10/20	0007 Pharmacy Edit or Verification COE,MAW
ZOLOFT* 50 MG TAB, SERTRALINE HCL (SERTRALINE 50 MG TABLET (ZOLOFT*)) 100 MG PO DAILY RX #: 18408677	12/11/19 01/10/20	0006 Pharmacy Edit or Verification COE,MAW
ASPIRIN CHEWABLE 81 MG TABLET (ASPIRIN CHEWABLE 81 MG TABLET) 81 MG PO DAILY RX #: 18407543	12/10/19 01/09/20	1800 NICGV at 12/11/19 0005 GAVE: 81 MG NDC/DIN: (SOURCE: eMAR) 6373943401 BAYE0T8136 Aspirin Chewable 81 MG Tablet Administering for pain: No (End) Pain details: Most common side effects reviewed with patient?: Yes :: BAYE0T8136:headache, abdominal pain, indigestion 12/11/19 0006 File Document by NICGV 1801 Order Entry PHY,GRASA 1801 Pharmacy Edit or Verification PHY,GRASA 1803 Pharmacy Edit or Verification COE,NMV 2354 Nursing Acknowledged Order NICGV
HUMALOG* 100 UNITS/1 ML, INSULIN LISPRO (HumaLOG* INSULIN LISPRO 300 UNITS/3 ML VIAL) See Dose Ins. SUBQ WITH MEALS AND AT BEDTIME Dose Ins: LOW SLIDING SCALE: . BS 110-150 =2 UNITS BS 151-200 =4 UNITS BS 201-250 =6 UNITS BS 251-300 =8 UNITS BS 301-350 =10 UNIT BS 351-400 =12 UNIT BS < 60 OR > 400 = CALL MD Comments: LOW DOSE SLIDING SCALE RX #: 18409148	12/11/19 01/10/20	0536 Nursing Acknowledged Order NNAYFI 0536 Order Entry PHY,BAWSH 0548 Pharmacy Edit or Verification COE,MAW

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ADMINISTRATION PERIOD: 0/01 12/10/19 to 0/00 12/11/19 (Continued)	START/ STOP	
BACTROBAN* 2% OINT 22 GRAM TUBE, MUPIROCIN (MUPIROCIN 2% OINTMENT 22 GRAM TUBE (BACTROBA	12/11/19	0645 Order Entry NICRXR
1 APPLIC NASAL TWICE A DAY	12/15/19	0648 Pharmacy Edit or Verification NRXSB
Total Doses: 10 (8 of 10 Given)		0648 Pharmacy Edit or Verification NRXSB
Comments: Per Decolonization ICU protocol		
Mupirocin Nasal = 5 day stop date per policy		
RX #: 18409224		
ACETAMINOPHEN 325 MG TAB,TYLENOL* (ACETAMINOPHEN 325 MG TAB (TYLENOL*))	12/10/19	1213 Pharmacy Discontinue COE.HGK
650 MG PO EVERY 4 HOURS AS NEEDED/PRN	01/09/20	2354 Nursing Acknowledged Order NICGV
PRN Reason: PAIN 1-3/TEMP>100.5		
Comments: Do not exceed 12 tablets in 24 hours		
Maximum acetaminophen dose = 4000 mg in 24 hours		
RX #: 18404720		
morPHINE 2 MG SYR INJ, morPHINE SULFATE (morPHINE SULFATE 2 MG/ML SYRINGE/VIAL)	12/10/19	0809 Nursing Acknowledged Order NEDCAR
1 MG IV EVERY 2 HOURS AS NEEDED/PRN	12/17/19	0809 NEDCAR at 0809 GAVE: 1 MG
PRN Reason: PAIN SCALE 1-3		NDC/DIN: (SOURCE: eMAR)
RX #: 18404715		0409189003 MOR2SYR morPHINE SULFATE 2 MG/ML SYRI...
		Administering for pain: Yes
		(End)
		Pain details:
		Pain scale utilized: Verbal numeric
		Numeric pain scale:: Mild pain 3
		Pain intensity:: 3
		Difference between amount dispensed and amount administered was discarded. 12/10/19 0810 File Document by NEDCAR
		0909 Nursing Reassessment by NEDCAR at 0915
		Pain scale utilized: Verbal numeric
		Pain intensity: 0
		(End)
		0328 Pharmacy Discontinue PHY.BAW5H
		0357 Nursing Acknowledged Order NNAYFI

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ADMINISTRATION PERIOD: 0701 12/10/19 to 0700 12/11/19 (Continued)	START STOP	
morPHINE 2 MG SYR INJ. morPHINE SULFATE (morPHINE SULFATE 2 MG/ML SYRINGE/VIAL) **2 MG** IV EVERY 4 HOURS AS NEEDED PRN PRN Reason: PAIN SCALE 4-6 RX #: 18406070	12/10/19 12/17/19	1206 Order Entry AP.KNOTH 1214 Pharmacy Edit or Verification CDE.HGK 2354 Nursing Acknowledged Order NICGV 0036 NICGV at 0036 GAVE 2 MG NDC DIN# CSDURG (MAR) 00409189003 MORZSYR morPHINE SULFATE 2 MG/ML SYRI. Administering for pain: Yes (End) Pain details: Pain location: Leg right Back Pain description: Aching Relieving factors for pain: Medication opioid Pain scale utilized: Verbal numeric Numeric pain scale: Moderate pain 5 Pain intensity: 5 Difference between amount dispensed and amount administered was discarded 12/11/19 0036 File Document by NICGV 0136 Nursing Reassessment by NNAYLI at 0140 Pain scale utilized: Verbal numeric Pain intensity: 4 (End)
TYLENOL* 500 MG TAB. ACETAMINOPHEN E.S. (ACETAMINOPHEN E.S. 500 MG TAB (TYLENOL*)) **1.000 MG** PO THREE TIMES DAILY* AS NEEDED PRN PRN Reason: PAIN 1-3 TEMP>100.5 HEADACHE Comments: Do not exceed 12 tablets in 24 hours Maximum acetaminophen dose = 4000 mg in 24 hours RX #: 18406008	12/10/19 01/09/20	1207 Order Entry AP.KNOTH 1213 Pharmacy Edit or Verification CDE.HGK 1213 Pharmacy Edit or Verification CDE.HGK 2354 Nursing Acknowledged Order NICGV

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ADMINISTRATION PERIOD: 0701 12/10/19 to 0700 12/11/19 (Continued)	START/ STOP	
DILAUDID* 1 MG/ML VIAL INJ, HYDROmorphone (HYDROmorphone 1 MG/ML VIAL (DILAUDID*)) 0.5 MG IV EVERY 5 MINUTES AS NEEDED/PRN PRN Reason: PAIN SCALE 1-6 Comments: Total MAX dose 1 mg every 5 minutes as needed for mild-to-moderate pain (PAIN 1-6) SLOW INJECTION over 2-3 Min RX #: 18407431	12/10/19 12/10/19	1732 Order Entry PHYRODDA 1737 Pharmacy Edit or Verification COE.VQT 1900 NRCPAW at 1900 GAVE: 0.5 MG Administering for pain: Yes (End) Pain details: Pain location: Hip left Relieving factors for pain: Medication opioid Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain-6 Pain intensity:: 6 12/10/19-1929 File Document by NRCPAW 1927 Nursing Acknowledged Order NRCPAW 2000 Nursing Reassessment by NNAYFI at 12/11/19 - 0142 Pain scale utilized: Verbal numeric Pain intensity: 4 (End) 2332 Pharmacy Discontinue SCHEDULER
FENTANYL INJ 50 MCG/ML 2 ML, fentaNYL (fentaNYL INJ 100 MCG/2 ML AMP) 50 MCG IV EVERY 5 MINUTES AS NEEDED/PRN PRN Reason: PAIN SCALE 7-10 Comments: First Choice for Pain 7-10 Total MAX dose 200 mcg every 5 minutes as needed for SEVERE pain (PAIN 7-10) RX #: 18407429	12/10/19 12/10/19	1732 Order Entry PHYRODDA 1737 Pharmacy Edit or Verification COE.VQT 2332 Pharmacy Discontinue SCHEDULER 2354 Nursing Acknowledged Order NICGV
ZOFRAN* 4 MG/2 ML SDV INJ, ONDANSETRON HCL (ONDANSETRON INJ 4 MG/2 ML SDVial (ZOFRAN*)) 4 MG IV GIVE IN PACU ONLY/PRN PRN Reason: NAUSEA AND VOMITING Comments: ONCE as needed for nausea/vomitting, may repeat x1 RX #: 18407432	12/10/19 12/10/19	1732 Order Entry PHYRODDA 1737 Pharmacy Edit or Verification COE.VQT 2332 Pharmacy Discontinue SCHEDULER 2354 Nursing Acknowledged Order NICGV
NEURONTIN* 300 MG CAP, GABAPENTIN (GABAPENTIN 300 MG CAPSULE (NEURONTIN*)) 300 MG PO EVERY 8 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 1-3 RX #: 18408974	12/11/19 01/10/20	0309 Order Entry PHY.BAWSH 0312 Pharmacy Edit or Verification NRXSB 0357 Nursing Acknowledged Order NNAYFI

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ADMINISTRATION PERIOD: 0701 12/10/19 to 0700 12/11/19 (Continued)	START/ STOP	
DEXTROSE 50% INJ 25 GRAM/50 ML SYRINGE (DEXTROSE 50% 25 GRAM/50 ML SYRINGE) **See Dose Ins.** IV AS DIRECTED (USE FOR HD)/PRN PRN Reason: HYPOGLYCEMIA PER PROTOCOL Dose Ins: **Glucose < 70 = 25 mL** **Glucose < 60 = 50 mL** Spec Ins: If patient is NPO, stuporous, or comatose and serum glucose is: 1. *less than 70 mg/dl, give 25 ml D50W* 2. less than 60 mg/dl, give 50 ml D50W RX #: 18409150	12/11/19 01/10/20	0536 Nursing Acknowledged Order NNAYEI 0536 Order Entry PHY.BAWSH 0548 Pharmacy Edit or Verification COE.MAW
GLUCAGON INJ 1 MG (GLUCAGON INJ 1 MG VIAL) 1 MG SUBQ AS DIRECTED (USE FOR HD)/PRN PRN Reason: HYPOGLYCEMIA PER PROTOCOL Spec Ins: Give glucagon 1 mg if patient is NPO and NO IV access and serum glucose is less than 70 mg/dl. RX #: 18409149	12/11/19 01/10/20	0536 Nursing Acknowledged Order NNAYEI 0536 Order Entry PHY.BAWSH 0548 Pharmacy Edit or Verification COE.MAW
MAGNESIUM SULFATE 2 GM PREMIX 50 ML **(MAGNESIUM SULFATE 2 GRAM/50 ML PREMIX)** 25 MLS/HR IV PER PROTOCOL/PRN PRN Reason: HYPOMAGNESIUM PER PROTOCOL RX #: 18409177	12/11/19 01/10/20	0618 Nursing Acknowledged Order NNAYEI 0618 Order Entry NNAYEI 0623 Pharmacy Edit or Verification COE.MAW

ADMINISTRATION PERIOD: 0701 12/11/19 to 0700 12/12/19	START/ STOP	
MIRALAX* 17 GM PKT, POLYETHYLENE GLYCOL (POLYETHYLENE GLYCOL 3350 17 GRAM POWDER (MIRALA 17 GRAM PO DAILY Comments: SUSPEND IN 120-240 ML OF LIQUID OF CHOICE RX #: 18404712	12/10/19 01/09/20	0809 Nursing Acknowledged Order NICMLS 1000 NICMLS at 0809 GAVE: 17 GRAM NDC/DIN: (SOURCE: eMAR) 60687/43199 MIRL7PKT - Polyethylene Glycol 3350 17 G... Most common side effects reviewed with patient?: Yes :: MIRL7PKT:Refer to Clinical Pharmacology or contact Pharmacy 12/11/19 0811 File Document by NICMLS

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ADMINISTRATION PERIOD: 0/01 12/11/19 to 0/00 12/12/19 (Continued)	START/ STOP	
TORADOL* 15MG/ML SYRINGE INJ, KETOROLAC TROME (KETOROLAC 15 MG/ML VIAL (TORADOL*)) 15 MG IV EVERY 6 HOURS Total Doses: 6 (3 of 6 Given) RX #: 18406017	12/10/19 12/11/19	0/09 Nursing Reassessment by NICMLS at 0/28 Pain scale utilized: Verbal numeric Pain intensity: 9 (End) 0917 Pharmacy Discontinue PHY.BAWSH 0918 Nursing Acknowledged Order NICMLS
LOVENOX* 30 MG/0.3 ML INJ SYR, ENOXAPARIN NA (ENOXAPARIN SODIUM 30 MG/0.3 ML SYR (LOVENO 30 MG SUBQ TWICE A DAY Comments: Administer while patient is lying down by deep SC injection. *Do NOT give IM. *Do NOT rub injection site *When giving dose, do NOT expel air bubble. RX #: 18406015	12/10/19 01/09/20	1000 NICMLS at 0810 GAVE: 30 MG NDC/DIN: (SOURCE: eMAR) 6332356883 LOVEID30.3 - Enoxaparin Sodium 30 MG/0.3 M... Is Pt HIT positive? N Most common side effects reviewed with patient?: Yes :: LOVEID30.3:rash, fever, injection site reaction, bruising Difference between amount dispensed and amount administered was discarded. 12/11/19 0811 File Document by NICMLS 1927 Pharmacy Deactivate NRXMWI 2126 Nursing Acknowledged Order NICRXR
FLOMAX* 0.4 MG CAP SR, TAMSULOSIN HCL (TAMSULOSIN (SR) 0.4 MG CAP (FLOMAX*)) 0.4 MG PO DAILY Comments: **DO NOT CRUSH, CHEW, OR DISSOLVE GRANULES** FORMULARY INTERCHANGE FOR UROXATRAL/ALFUZOSIN AND RAPAFLO/SILODOSIN Approved pharmacodynamic dosing interchange: DAILY orders converted to BEDTIME RX #: 18408676	12/11/19 01/10/20	0810 Nursing Acknowledged Order NICMLS 1000 NICMLS at 0810 GAVE: 0.4 MG NDC/DIN: (SOURCE: eMAR) 6838213210 FLOM0.4C - Tamsulosin (Sr) 0.4 MG Cap (F... Most common side effects reviewed with patient?: Yes :: FLOM0.4C:dizziness, headache, fatigue 12/11/19 0811 File Document by NICMLS
LIPITOR* 40 MG TAB, ATORVASTATIN CALCIUM (ATORVASTATIN 40 MG TABLET (LIPITOR*)) 80 MG PO AT BEDTIME Comments: THERAPEUTIC INTERCHANGE FOR CRESTOR RX #: 18408679	12/10/19 01/09/20	2200 NICRXR at 2206 GAVE: 80 MG NDC/DIN: (SOURCE: eMAR) 6808409911 LIPIOT40 Atorvastatin 40 MG Tablet (Li... 12/11/19 2207 File Document by NICRXR

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ADMINISTRATION PERIOD: 0701 12/11/19 to 0700 12/12/19 (Continued)	START/ STOP	
PRINIVIL*,ZESTRIL* 20 MG TAB, LISINOPRIL (LISINOPRIL 20 MG TABLET (PRINIVIL*,ZESTRIL*)) 40 MG PO DAILY Comments: FORMULARY INTERCHANGE FOR LOTENSIN/BENAZEPRIL, MONOPRIL/FOSINOPRIL, UNIVASC/MOEXIPRIL, PERINDOPRIL/ACEON, ACCUPRIL/QUINAPRIL, AND MAVIK/TRANDOLAPRIL RX #: 18408678	12/11/19 01/10/20	0826 Nursing Acknowledged Order NICMLS 0917 Pharmacy Deactivate PHY.BAWSH 0918 Nursing Acknowledged Order NICMLS 1000 NICMLS at 0826 GAVE: 40 MG NDC/DIN: (SOURCE: eMAR) 6068733311 PRINOT20 1 Lisinopril 20 MG Tablet (Prin... Blood Pressure: 120/54 BP Location: aline Most common side effects reviewed with patient?: Yes :: PRINOT20 1:Pot'l fetal harm or mortality, Angioedema (head / neck), Cough 12/11/19 0826 File Document by NICMLS 1055 Pharmacy Discontinue NNAMGM 1058 Nursing Acknowledged Order NICMLS
ZOLOFT* 50 MG TAB, SERTRALINE HCL (SERTRALINE 50 MG TABLET (ZOLOFT*)) 100 MG PO DAILY RX #: 18408677	12/11/19 01/10/20	0810 Nursing Acknowledged Order NICMLS 1000 NICMLS at 0810 GAVE: 100 MG NDC/DIN: (SOURCE: eMAR) 6586201205 ZOLOOT50 1 - Sertraline 50 MG Tablet (Zolo... Most common side effects reviewed with patient?: Yes :: ZOLOOT50 1:Nausea, Dry Mouth, Insomnia 12/11/19 0811 File Document by NICMLS
ASPIRIN CHEWABLE 81 MG TABLET (ASPIRIN CHEWABLE 81 MG TABLET) 81 MG PO DAILY RX #: 18407543	12/10/19 01/09/20	1000 NICMLS at 0810 GAVE: 81 MG NDC/DIN: (SOURCE: eMAR) 6373943401 BAYEOT8136 - Aspirin Chewable 81 MG Tablet Administering for pain: No (End) Pain details: 12/11/19 0811 File Document by NICMLS

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ADMINISTRATION PERIOD: 0/01 12/11/19 to 0/00 12/12/19 (Continued)	START/ STOP	
HUMALOG* 100 UNITS/1 ML. INSULIN LISPRO (HumaLOG* INSULIN LISPRO 300 UNITS/3 ML VIAL) **See Dose Ins.** SUBQ WITH MEALS AND AT BEDTIME Dose Ins: **LOW SLIDING SCALE:** . **BS 110-150 =2 UNITS** **BS 151-200 =4 UNITS** **BS 201-250 =6 UNITS** **BS 251-300 =8 UNITS** **BS 301-350 =10 UNIT** **BS 351-400 =12 UNIT** **BS < 60 OR > 400 =** **CALL MD** Comments: LOW DOSE SLIDING SCALE RX #: 18409148	12/11/19 01/10/20	0730 NICMLS at 0809 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:232 Insulin dose checked by 2 nurses?Y Most common side effects reviewed with patient?: Yes :: INSLISP3:Hypoglycemia, Injection Site RXN, Pruritus, Weight Gain 12/11/19 0811 File Document by NICMLS 1200 NICMLS at 1131 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:236 Insulin dose checked by 2 nurses?Y 12/11/19 1131 File Document by NICMLS 1800 NICMLS at 1713 GAVE: 8 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:253 Insulin dose checked by 2 nurses?Y 12/11/19 1714 File Document by NICMLS 2200 NICRXR at 2206 GAVE: 2 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:136 Insulin dose checked by 2 nurses?Y 12/11/19 2207 File Document by NICRXR
BACTROBAN* 2% OINT 22 GRAM TUBE, MUPIROCIN (MUPIROCIN 2% OINTMENT 22 GRAM TUBE (BACTROBA **1 APPLIC NASAL TWICE A DAY** Total Doses: 10 (8 of 10 Given) Comments: Per Decolonization ICU protocol Mupirocin Nasal = 5 day stop date per policy RX #: 18409224	12/11/19 12/15/19	0726 Nursing Acknowledged Order NICMLS 1000 Not Administered NICMLS at 1713 N COMMENTS note to pharmacy to send medication, have not received 12/11/19 1714 File Document by NICMLS 2200 NICRXR at 12/12/19 0015 L/E COMMENTS GAVE: 1 APPLIC NDC/DIN: (SOURCE: eMAR) 6846218022 BACT2201 Mupirocin 2% Ointment 22 Gram... Most common side effects reviewed with patient?: Yes :: BACT2201:itching, swelling, rash RECEIVED MED NOW FROM PHARMACY 12/12/19 0015 File Document by NICRXR

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ADMINISTRATION PERIOD: 0701 12/11/19 to 0700 12/12/19 (Continued)	START/ STOP	
ULTRAM* 50 MG TAB, traMADol (traMADol 50 MG TAB (ULTRAM*)) **50 MG** PO EVERY 6 HOURS Comments: ** Do not exceed 400 mg of Tramadol in 24 hr ** RX #: 18409636	12/11/19 12/18/19	0918 Order Entry PHY.BAWSH 0919 Nursing Acknowledged Order NICMLS 0921 Pharmacy Edit or Verification COE.MIN 1143 Nursing Reassessment by NICMLS at 1117 Pain scale utilized: Verbal numeric Pain intensity: 5 (End) 1200 NICMLS at 1043 GAVE: 50 MG NDC/DIN: (SOURCE: eMAR) 6808480811 TRAMOT50 traMADol 50 MG TAB (ULTRAM*) Administering for pain: Yes (End) Pain details: Pain location: Thigh left Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 5 Pain intensity:: 5 Most common side effects reviewed with patient?: Yes :: TRAMOT50:Dizziness, nausea/vomiting, Constipation 12/11/19 1043 File Document by NICMLS 1708 Nursing Reassessment by NICMLS at 1658 Pain scale utilized: Verbal numeric Pain intensity: 5 (End) 1800 NICMLS at 1608 GAVE: 50 MG NDC/DIN: (SOURCE: eMAR) 6808480811 TRAMOT50 traMADol 50 MG TAB (ULTRAM*) Administering for pain: Yes (End) Pain details: Pain location: Leg left Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 4 Pain intensity:: 4 12/11/19 1609 File Document by NICMLS 0000 NICRXR at 0015 GAVE: 50 MG NDC/DIN: (SOURCE: eMAR) 6808480811 TRAMOT50 traMADol 50 MG TAB (ULTRAM*) Administering for pain: Yes (End) Pain details: Pain location: Leg left Pain description: Aching Relieving factors for pain: Medication non-opioid Exacerbating factors for pain: Position

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ADMINISTRATION PERIOD: 0701 12/11/19 to 0700 12/12/19 (Continued)	START/ STOP	
		Pain scale utilized:: Verbal numeric
		Numeric pain scale:: Moderate pain 5
		Pain intensity:: 5
		12/12/19 0015 File Document by NICRXR
		0115 Nursing Reassessment by NICRXR at 0115
		resting
		Pain scale utilized: Verbal numeric
		Pain intensity: 2
		(End)
		0600 NICRXR at 0640 GAVE: 50 MG
		NDC/DIN: (SOURCE: eMAR)
		6808480811 TRAMOT50 - traMADol 50 MG TAB (ULTRAM*)
		Administering for pain: Yes
		(End)
		Pain details:
		Pain location: Leg left
		Pain scale utilized:: Verbal numeric
		Numeric pain scale:: Moderate pain 6
		Wong-Baker pain scale::
		Pain intensity:: 6
		Face::
		Legs::
		Activity::
		Cry::
		Consolability::
		FLACC total score::
		Facial expression::
		Breathing patterns::
		Arms::
		Legs::
		State of arousal::
		Cry::
		NIPS total score greater than 3 indicates pain::
		Is the patient extubated and unable to communicate::
		Facial expression::
		Body movements::
		Muscle tension::
		Ventilator compliance::
		Vocalization (extubated patients)::
		CPOT total score::
		12/12/19 0641 File Document by NICRXR

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ADMINISTRATION PERIOD: 0701 12/11/19 to 0700 12/12/19 (Continued)	START/ STOP	
ROBAXIN* 500 MG TAB. METHOCARBAMOL (METHOCARBAMOL 500 MG TABLET (ROBAXIN*)) 750 MG PO THREE TIMES DAILY RX #: 18409656	12/11/19 01/10/20	0924 Order Entry PHY.BAWSH 0927 Nursing Acknowledged Order NICMLS 0930 Pharmacy Edit or Verification COE.MIN 1400 NICMLS at 1608 GAVE: 750 MG NDC/DIN: (SOURCE: eMAR) 7001075401 METHOT5042 Methocarbamol 500 MG Tablet (... Administering for pain: Yes (End) Pain details: Pain location: Leg left Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 4 Pain intensity:: 4 12/11/19 1609 File Document by NICMLS 1708 Nursing Reassessment by NICMLS at 1658 Pain scale utilized: Verbal numeric Pain intensity: 5 (End) 2200 NICRXR at 2206 GAVE: 750 MG NDC/DIN: (SOURCE: eMAR) 7001075401 METHOT5042 Methocarbamol 500 MG Tablet (... Administering for pain: No (End) Pain details: 12/11/19 2207 File Document by NICRXR 0600 NICRXR at 0639 GAVE: 750 MG NDC/DIN: (SOURCE: eMAR) 7001075401 METHOT5042 Methocarbamol 500 MG Tablet (... Administering for pain: Yes (End) Pain details: Pain location: Leg left Pain description: Aching Relieving factors for pain: Medication non opioid Exacerbating factors for pain: Mobility Position Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 6 Pain intensity:: 6 12/12/19 0641 File Document by NICRXR

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ADMINISTRATION PERIOD: 0701 12/11/19 to 0700 12/12/19 (Continued)	START/ STOP	
ZESTRIL*, PRINIVIL* 10 MG TAB, LISINOPRIL (LISINOPRIL 10 MG TABLET (PRINIVIL*,ZESTRIL*))	12/12/19	1055 Order Entry NNAMGM
10 MG PO DAILY	01/11/20	1055 Pharmacy Edit or Verification NNAMGM
Comments: FORMULARY INTERCHANGE FOR LOTENSIN/BENAZEPRIL,		1058 Nursing Acknowledged Order NICMLS
MONOPRIL/FOSINOPRIL, UNIVASC/MOEXIPRIL,		1115 Pharmacy Edit or Verification COE,MIN
PERINDOPRIL/ACEON, ACCUPRIL/QUINAPRIL, AND		1115 Pharmacy Edit or Verification COE,MIN
MAVIK/TRANDOLAPRIL		1117 Nursing Acknowledged Order NICMLS
RX #: 18410119		
LOPRESSOR* 25 MG TAB, METOPROLOL TARTRATE (METOPROLOL TARTRATE 25 MG TABLET (LOPRESSOR*)	12/11/19	1055 Order Entry NNAMGM
25 MG PO TWICE A DAY BP	01/10/20	1058 Nursing Acknowledged Order NICMLS
Comments: FORMULARY INTERCHANGE FOR ZEBETA/BISOPROLOL		1115 Pharmacy Edit or Verification COE,MIN
		1800 NICMLS at 1608 GAVE: 25 MG
Approved beta blocker administration time		NDC/DIN: (SOURCE: eMAR)
interchanges:		6258426611 METO25TA Metoprolol Tartrate 25 MG Tab...
DAILY is interchanged to DAILY@0600		Pulse: 92 Blood Pressure: 138/57
BID is interchanged to BIDBP (0600,1800)		Most common side effects reviewed with patient?. Yes
RX #: 18410121		:: METO25TA:dizziness, headache, fatigue
		12/11/19 1609 File Document by NICMLS
		0600 Not Administered NICRXR at 0640 I/E BP LOW
		Pulse: 87 Blood Pressure: 87/54
		12/12/19 0641 File Document by NICRXR
HEPARIN INJ 5,000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5,000 UNITS/1 ML CARTRIDGE)	12/11/19	1835 Order Entry NICMLS
4,350 UNITS IV BOLUS/ONE	12/11/19	1836 Nursing Acknowledged Order NICMLS
Spec ins: Initial bolus: 60 units/kg		1839 Pharmacy Edit or Verification COE,SFB
*** MAXimum BOLUS = 5,000 units ***		1900 NICRXR at 2104 GAVE: 4,350 UNITS
RX #: 18411777		NDC/DIN: (SOURCE: eMAR)
		6332326201 HEPA50002 Heparin Inj 5,000 Units/1 Ml ...
		Is Pt HIT positive? N
		Difference between amount dispensed
		and amount administered was discarded.
		12/11/19 2106 File Document by NICRXR
		1901 Pharmacy Discontinue SCHEDULER

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ADMINISTRATION PERIOD: 0701 12/11/19 to 0700 12/12/19 (Continued)	START/ STOP	
HEPARIN PREMIX 25,000 UNITS/0.45% NaCl 250 ML 250 ML (HEPARIN 25,000 UNITS IN 1/2 NS 250 ML PREMIX) ASDIRECTED IV TITRATE Spec Ins: Initial Rate = 12 units/kg/hr *** MAXimum STARTING Rate = 1,000 units/hr *** Comments: ** ADMINISTER via IV PUMP ** FINAL CONCENTRATION = 100 UNITS/ML RX #: 18411776	12/11/19 01/10/20	1835 Nursing Acknowledged Order NICMLS 1835 Admin Criterion Entered NICMLS 1835 Order Entry NICMLS 1838 Pharmacy Edit or Verification COE,SEB 2104 NICRXR at 2104 CO SIGNER: NICGV GAVE: 250 MLS NDC/DIN: (SOURCE: eMAR) 0409765052 HEPAPMNS25 - Heparin 25,000 Units in 1/2 N... Is Pt HIT positive? N Difference between amount dispensed and amount administered was discarded. 12/11/19-2106 File Document by NICRXR
ZOFRAN* 4 MG/2 ML SDV INJ, ONDANSETRON HCL (ONDANSETRON INJ 4 MG/2 ML SDVial (ZOFRAN*)) 4 MG IV EVERY 6 HOURS AS NEEDED/PRN PRN Reason: NAUSEA AND VOMITING Comments: FORMULARY SUBSTITUTION FOR PROMETHAZINE IV RX #: 18404714	12/10/19 01/09/20	1117 Nursing Acknowledged Order NICMLS 1117 NICMLS at 1117 GAVE: 4 MG NDC/DIN: (SOURCE: eMAR) 6050561300 ZOFRIV22 ONDANSETRON INJ 4 MG/2 ML SDV... Difference between amount dispensed and amount administered was discarded. 12/11/19 1117 File Document by NICMLS
BENADRYL* 50 MG/ML 1ML INJ, diphenhydrAMINE (diphenhydrAMINE INJ 50 MG/1 ML VIAL (BENADR 25 MG IV EVERY 6 HOURS AS NEEDED/PRN PRN Reason: PRURITUS/ITCHING Comments: Give if unable to tolerate oral or NPO GIVE EACH 25 MG OR LESS OVER 1 MINUTE RX #: 18404719	12/10/19 01/09/20	0334 Nursing Acknowledged Order NICRXR 0334 NICRXR at 0334 GAVE: 25 MG NDC/DIN: (SOURCE: eMAR) 6332366401 DIPHIV501 diphenhydrAMINE INJ 50 MG/1 M... Is this MED being used to treat an adverse drug reaction: N Suspected Medication: Reaction: Most common side effects reviewed with patient?: Yes :: DIPHIV501:drowsiness, dizziness, fatigue Difference between amount dispensed and amount administered was discarded. 12/12/19 0334 File Document by NICRXR

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ADMINISTRATION PERIOD: 0701 12/11/19 to 0700 12/12/19 (Continued)	START/ STOP	
ROBAXIN* 100 MG/ML 10 ML INJ, METHOCARBAMOL (METHOCARBAMOL INJ 1 GRAM/10 ML VIAL (ROBAXI 1 GRAM IV EVERY 6 HOURS AS NEEDED/PRN PRN Reason: MUSCLE SPASMS Comments: GIVE OVER 5 MINUTES RX #: 18404717	12/10/19 12/13/19	0809 Nursing Acknowledged Order NICMLS 0809 NICMLS at 0809 GAVE 1 GRAM NDC/DIN: (SOURCE eMAR) 633237782I METH:V1001 - Methocarbamol Inj 1 Gram/10 M... Administering for pain: Yes (End) Pain details: Pain location: Thigh left Pain scale utilized:: Verbal numeric Numeric pain scale.. Severe pain 9 Pain intensity:: 9 Difference between amount dispensed and amount administered was discarded. RULE: Pain Scale Alert for Nursing 12/11/19 0811 File Document by NICMLS 0909 Nursing Reassessment by NICMLS at 0919 Pain scale utilized: Verbal numeric Pain intensity: 5 (End) 0923 Pharmacy Discontinue PHY,BAWSH 0927 Nursing Acknowledged Order NICMLS
morPHINE 2 MG SYR INJ, morPHINE SULFATE (morPHINE SULFATE 2 MG/ML SYRINGE/VIAL) 2 MG IV EVERY 4 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 4-6 RX #: 18406020	12/10/19 12/17/19	0809 NICMLS at 0809 GAVE 2 MG NDC/DIN: (SOURCE eMAR) 0409189003 MOR2SYR morPHINE SULFATE 2 MG/ML SYRI... Administering for pain: Yes (End) Pain details: Pain location: Thigh left Relieving factors for pain: Elevate Pain scale utilized:: Verbal numeric Numeric pain scale:: Severe pain 9 Pain intensity:: 9 Difference between amount dispensed and amount administered was discarded. RULE: Pain Scale Alert for Nursing 12/11/19 0811 File Document by NICMLS 0909 Nursing Reassessment by NICMLS at 0919 Pain scale utilized: Verbal numeric Pain intensity: 5 (End)

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ADMINISTRATION PERIOD: 0701 12/11/19 to 0700 12/12/19 (Continued)	START/ STOP	
TYLENOL* 500 MG TAB, ACETAMINOPHEN E.S. (ACETAMINOPHEN E.S. 500 MG TAB (TYLENOL*)) 1,000 MG PO THREE TIMES DAILY AS NEEDED/PRN PRN Reason: PAIN 1-3/TEM>100.5/HEADACHE Comments: Do not exceed 12 tablets in 24 hours Maximum acetaminophen dose = 4000 mg in 24 hours RX #: 18406008	12/10/19 01/09/20	2206 NICRXR at 2206 GAVE: 1,000 MG NDC/DIN: (SOURCE: eMAR) 0904673061 TYLEOT5001 - Acetaminophen E.s. 500 MG Tab... Administering for pain: No (End) Pain details: Most common side effects reviewed with patient?: Yes :: TYLEOT5001:Nausea, Rash 12/11/19-2207 File Document by NICRXR
NEURONTIN* 300 MG CAP, GABAPENTIN (GABAPENTIN 300 MG CAPSULE (NEURONTIN*)) 300 MG PO EVERY 8 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 1-3 RX #: 18408974	12/11/19 01/10/20	0922 Pharmacy Discontinue PHY.BAWSH 0927 Nursing Acknowledged Order NICMLS
MAGNESIUM SULFATE 2 GM PREMIX 50 ML (MAGNESIUM SULFATE 2 GRAM/50 ML PREMIX) 25 MLS/HR IV PER PROTOCOL/PRN PRN Reason: HYPOMAGNEIUM PER PROTOCOL RX #: 18409177	12/11/19 01/10/20	0815 Pharmacy Discontinue NRXMW 0834 Nursing Acknowledged Order NICMLS
MAGNESIUM SULFATE 2 GM PREMIX 50 ML (MAGNESIUM SULFATE 2 GRAM/50 ML PREMIX) 25 MLS/HR IV PER PROTOCOL/PRN PRN Reason: HYPOMAGNEIUM PER PROTOCOL RX #: 18409443	12/11/19 01/10/20	0815 Admin Criterion Entered NRXMW 0815 Order Entry NRXMW 0834 Nursing Acknowledged Order NICMLS
MAGNESIUM SULFATE 4 GM/100 ML PREMIX 100 ML (MAGNESIUM SULFATE 4 GRAM/100 ML PREMIX) 25 MLS/HR IV AS DIRECTED (USE FOR UD)/PRN PRN Reason: HYPOMAGNEIUM PER PROTOCOL Comments: MAGNESIUM 4 GRAM PREMIX - GIVE OVER 4 HOURS RX #: 18409605	12/11/19 01/10/20	0912 Admin Criterion Entered NRXMW 0912 Order Entry NRXMW 0918 Nursing Acknowledged Order NICMLS 1042 NICMLS at 1042 GAVE: 100 MLS NDC/DIN: (SOURCE: eMAR) 0409672923 MAGNPM4100 - Magnesium Sulfate 4 Gram/100 ... Most common side effects reviewed with patient?: Yes :: MAGNPM4100:nausea/vomiting/diarrhea (PO), Flushing (IV), Hypotension (IV) Difference between amount dispensed and amount administered was discarded. 12/11/19-1043 File Document by NICMLS

*** CONTINUED ON PAGE 27 ***

ADMINISTRATION PERIOD: 0701 12/11/19 to 0700 12/12/19 (Continued)	START/ STOP	
NEURONTIN* 300 MG CAP, GABAPENTIN (GABAPENTIN 300 MG CAPSULE (NEURONTIN*)) 300 MG PO EVERY 8 HOURS (3 TIMES DAILY)/PRN PRN Reason: PAIN SCALE 1 3 RX #: 18409724	12/11/19 01/10/20	0922 Order Entry PHY.BAWSH 0927 Nursing Acknowledged Order NICMLS 0929 Pharmacy Edit or Verification COE.MTN 0929 Pending Flag Set COE.MTN 0948 Pharmacy Edit or Verification NPHA.MSX 0948 Pending Flag Removed NPHA.MSX 0948 Pharmacy Edit or Verification NPHA.MSX
HEPARIN INJ 5,000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5,000 UNITS/1 ML CARTRIDGE) 4,350 UNITS IV BOLUS/PRN PRN Reason: Re-Bolus if aPTT < 37 seconds Spec Ins: *** MAXimum BOLUS = 5,000 units *** Comments: Re-Bolus if aPTT < 37 seconds RX #: 18411778	12/11/19 01/10/20	1835 Order Entry NICMLS 1836 Nursing Acknowledged Order NICMLS 1839 Pharmacy Edit or Verification COE.SFB
HEPARIN INJ 5,000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5,000 UNITS/1 ML CARTRIDGE) 2,900 UNITS IV BOLUS/PRN PRN Reason: Re-BOLUS if aPTT 37-47 seconds Spec Ins: *** MAXimum BOLUS = 5,000 units *** Comments: Re-BOLUS if aPTT 37-47 seconds RX #: 18411779	12/11/19 01/10/20	1835 Order Entry NICMLS 1836 Nursing Acknowledged Order NICMLS 1839 Pharmacy Edit or Verification COE.SFB

ADMINISTRATION PERIOD: 0701 12/12/19 to 0700 12/13/19	START/ STOP	
MIRALAX* 17 GM PKT, POLYETHYLENE GLYCOL (POLYETHYLENE GLYCOL 3350 17 GRAM POWDER (MIRALA 17 GRAM PO DAILY Comments: SUSPEND IN 120-240 ML OF LIQUID OF CHOICE RX #: 18404712	12/10/19 01/09/20	1000 NICMLS at 1112 GAVE: 17 GRAM NDC/DIN: (SOURCE: eMAR) 6068743199 MIR17PKT - Polyethylene Glycol 3350 17 G... 12/12/19-1113 File Document by NICMLS

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ADMINISTRATION PERIOD: 0701 12/12/19 to 0700 12/13/19 (Continued)	START/ STOP	
FLOMAX* 0.4 MG CAP SR, TAMSULOSIN HCL (TAMSULOSIN (SR) 0.4 MG CAP (FLOMAX*)) **0.4 MG** PO DAILY Comments: **DO NOT CRUSH, CHEW, OR DISSOLVE GRANULES** FORMULARY INTERCHANGE FOR UROXATRAL/ALFUZOSIN AND RAPAFLO/SILODOSIN *Approved pharmacodynamic dosing interchange:* DAILY orders converted to BEDTIME RX #: 18408676	12/11/19 01/10/20	1000 NICMLS at 1112 GAVE: 0.4 MG NDC/DIN: (SOURCE: eMAR) 6808429911 FLOM0.4C Tamsulosin (Sr) 0.4 MG Cap (F... 12/12/19 1113 File Document by NICMLS
LIPITOR* 40 MG TAB, ATORVASTATIN CALCIUM (ATORVASTATIN 40 MG TABLET (LIPITOR*)) **80 MG** PO AT BEDTIME Comments: THERAPEUTIC INTERCHANGE FOR CRESTOR RX #: 18408679	12/10/19 01/09/20	2200 CSS.JCC at 2237 GAVE: 80 MG NDC/DIN: (SOURCE: eMAR) 6808409911 LIPI0140 Atorvastatin 40 MG Tablet (Li... 12/12/19 2241 File Document by CSS.JCC
ZOLOFT* 50 MG TAB, SERTRALINE HCL (SERTRALINE 50 MG TABLET (ZOLOFT*)) **100 MG** PO DAILY RX #: 18408677	12/11/19 01/10/20	1000 NICMLS at 1112 GAVE: 100 MG NDC/DIN: (SOURCE: eMAR) 6586201205 ZOL00150 1 Sertraline 50 MG Tablet (Zolo... 12/12/19 1113 File Document by NICMLS
ASPIRIN CHEWABLE 81 MG TABLET (ASPIRIN CHEWABLE 81 MG TABLET) **81 MG** PO DAILY RX #: 18407543	12/10/19 01/09/20	1000 NICMLS at 1112 GAVE: 81 MG NDC/DIN: (SOURCE: eMAR) 63739434 01 BAYE0T8136 Aspirin Chewable 81 MG Tablet Administering for pain: No (End) Pain details: 12/12/19 1113 File Document by NICMLS

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ADMINISTRATION PERIOD: 0/01 12/12/19 to 0/00 12/13/19 (Continued)	START/ STOP	
HUMALOG* 100 UNITS/1 ML, INSULIN LISPRO (HumaLOG* INSULIN LISPRO 300 UNITS/3 ML VIAL) **See Dose Ins.** SUBQ WITH MEALS AND AT BEDTIME Dose Ins: **LOW SLIDING SCALE:** - **BS 110-150 =2 UNITS** **BS 151-200 =4 UNITS** **BS 201-250 =6 UNITS** **BS 251-300 =8 UNITS** **BS 301-350 =10 UNIT** **BS 351-400 =12 UNIT** **BS < 60 OR > 400 =** **CALL MD** Comments: LOW DOSE SLIDING SCALE RX #: 18409148	12/11/19 01/10/20	0/30 NICOLS at 1018 GAVE: 4 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSULISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:165 Insulin dose checked by 2 nurses?Y 12/12/19 1018 File Document by NICOLS 1200 NICOLS at 1331 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSULISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:215 Insulin dose checked by 2 nurses?Y 12/12/19 1331 File Document by NICOLS 1800 NICOLS at 1750 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSULISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:246 Insulin dose checked by 2 nurses?Y 12/12/19 1751 File Document by NICOLS 2200 CSS,JCC at 2239 GAVE: 4 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSULISP3 HumaLOG* INSULIN LISPRO 300 U. Bedside Blood Sugar:195 Insulin dose checked by 2 nurses?Y 12/12/19 2241 File Document by CSS,JCC
BACTROBAN* 2% OINT 22 GRAM TUBE, MUPIROCIN (MUPIROCIN 2% OINTMENT 22 GRAM TUBE (BACTROBA **1 APPLIC NASAL TWICE A DAY** Total Doses: 10 (8 of 10 Given) Comments: Per Decolonization ICU protocol Mupirocin Nasal = 5 day stop date per policy RX #: 18409224	12/11/19 12/15/19	1000 NICOLS at 1112 GAVE: 1 APPLIC NDC/DIN: (SOURCE: eMAR) 6846218022 BACT2201 Mupirocin 2% Ointment 22 Gram . 12/12/19 1113 File Document by NICOLS 2200 CSS,JCC at 2241 GAVE: 1 APPLIC NDC/DIN: (SOURCE: eMAR) 6846218022 BACT2201 Mupirocin 2% Ointment 22 Gram... 12/12/19 2241 File Document by CSS,JCC

*** CONTINUED ON PAGE 30 ***

ADMINISTRATION PERIOD: 0701 12/12/19 to 0700 12/13/19 (Continued)	START/ STOP	
ULTRAM* 50 MG TAB, traMADol (traMADol 50 MG TAB (ULTRAM*)) 50 MG PO EVERY 6 HOURS Comments: ** Do not exceed 400 mg of Tramadol in 24 hr ** RX #: 18409636	12/11/19 12/18/19	0740 Nursing Reassessment by NICMLS at 1018 Pain scale utilized: Verbal numeric Pain intensity: 5 (End) 1200 Not Administered NICMLS at 1249 N COMMENTS Administering for pain: No (End) Pain details: PATIENT PRESENTS AS LETHARGIC, YET EASILY AROUSABLE. FAMILY WOULD LIKE TO HOLD OFF ON THIS MEDICATION AT THIS TIME. 12/12/19 1251 File Document by NICMLS 1800 Not Administered NICMLS at 1750 N COMMENTS Administering for pain: No (End) Pain details: PATIENT REMAINS LETHARGIC. WILL HOLD MEDICATION AT THIS TIME. 12/12/19 1751 File Document by NICMLS 0000 Not Administered CSS,JCC at 0001 L/E COMMENTS Administering for pain: (End) Pain details: no pain med for pt till he wakes up 12/13/19 0001 File Document by CSS,JCC 0600 Not Administered CSS,JCC at 0631 L/E COMMENTS Administering for pain: (End) Pain details: family doesnt want any pain med nor sedation given till pt is more alert and awake 12/13/19 0632 File Document by CSS,JCC

*** CONTINUED ON PAGE 31 ***

ADMINISTRATION PERIOD: 0701 12/12/19 to 0700 12/13/19 (Continued)	START/ STOP	
ROBAXIN* 500 MG TAB, METHOCARBAMOL (METHOCARBAMOL 500 MG TABLET (ROBAXIN*)) 750 MG PO THREE TIMES DAILY RX #: 18409656	12/11/19 01/10/20	0739 Nursing Reassessment by NICMLS at 1018 Pain scale utilized: Verbal numeric Pain intensity: 5 (End) 1400 Not Administered NICMLS at 1250 N COMMENTS Administering for pain: No (End) Pain details: PATIENT PRESENTS LETHARGIC AT THIS TIME. FAMILY WOULD LIKE TO HOLD OFF ON THIS MEDICATION AT THIS TIME. 12/12/19-1251 File Document by NICMLS 2200 Not Administered CSS.JCC at 2239 L/E COMMENTS family refused due to father still drowsy and sleepy 12/12/19-2241 File Document by CSS.JCC 0600 Not Administered CSS.JCC at 0630 L/E COMMENTS Administering for pain: (End) Pain details: family doesnt want and pain medication nor sedation given till pt wakes up 12/13/19 0632 File Document by CSS.JCC
ZESTRIL*, PRINIVIL* 10 MG TAB, LISINOPRIL (LISINOPRIL 10 MG TABLET (PRINIVIL*,ZESTRIL*)) 10 MG PO DAILY Comments: FORMULARY INTERCHANGE FOR LOTENSIN/BENAZEPRIL, MONOPRIL/FOSINOPRIL, UNIVASC/MOEXIPRIL, PERINDOPRIL/ACEON, ACCUPRIL/QUINAPRIL, AND MAVIK/TRANDOLAPRIL RX #: 18410119	12/12/19 01/11/20	1000 Not Administered NICMLS at 1112 N BP LOW Blood Pressure: 88/61 BP Location: arm 12/12/19-1113 File Document by NICMLS
LOPRESSOR* 25 MG TAB, METOPROLOL TARTRATE (METOPROLOL TARTRATE 25 MG TABLET (LOPRESSOR*) 25 MG PO TWICE A DAY BP Comments: FORMULARY INTERCHANGE FOR ZEBETA/BISOPROLOL Approved beta-blocker administration time interchanges: DAILY is interchanged to DAILY@0600 BID is interchanged to BIDBP (0600,1800) RX #: 18410121	12/11/19 01/10/20	1800 Not Administered NICMLS at 1751 N BP LOW Pulse: 101 Blood Pressure: 90/63 12/12/19-1751 File Document by NICMLS 0600 CSS.JCC at 0630 GAVE: 25 MG NDC/DIN: (SOURCE: eMAR) 6258426511 METO25TA - Metoprolol Tartrate 25 MG Tab... Pulse: 100 Blood Pressure: 122/70 12/13/19-0632 File Document by CSS.JCC

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ADMINISTRATION PERIOD: 0701 12/12/19 to 0700 12/13/19 (Continued)	START/ STOP	
HEPARIN PREMIX 25,000 UNITS/0.45% NaCl 250 ML 250 ML (HEPARIN 25,000 UNITS IN 1/2 NS 250 ML PREMIX) ASDIRECTED IV TITRATE Spec Ins: Initial Rate = 12 units/kg/hr *** MAXimum STARTING Rate = 1,000 units/hr *** Comments: ** ADMINISTER via IV PUMP ** FINAL CONCENTRATION = 100 UNITS/ML RX #: 18411776	12/11/19 01/10/20	1614 Nursing Acknowledged Order NICMLS 1614 Pharmacy Deactivate NICMLS
HEPARIN INJ 5,000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5,000 UNITS/1 ML CARTRIDGE) 2,900 UNITS IV BOLUS/PRN PRN Reason: Re BOLUS if aPTT 37/ 47 seconds Spec Ins: *** MAXimum BOLUS = 5,000 units *** Comments: Re BOLUS if aPTT 37-47 seconds RX #: 18411779	12/11/19 01/10/20	1614 Nursing Acknowledged Order NICMLS 1614 Pharmacy Deactivate NICMLS

ADMINISTRATION PERIOD: 0701 12/13/19 to 0700 12/14/19	START/ STOP	
MIRALAX* 17 GM PKT, POLYETHYLENE GLYCOL (POLYETHYLENE GLYCOL 3350 17 GRAM POWDER (MIRALA 17 GRAM PO DAILY Comments: SUSPEND IN 120-240 ML OF LIQUID OF CHOICE RX #: 18404712	12/10/19 01/09/20	1000 NICAKC at 0814 GAVE: 17 GRAM NDC/DIN: (SOURCE: eMAR) 6068743199 MIRL7PKT Polyethylene Glycol 3350 17 G.. 12/13/19-0814 File Document by NICAKC
LOVENOX* 30 MG/0.3 ML INJ SYR, ENOXAPARIN NA (ENOXAPARIN SODIUM 30 MG/0.3 ML SYR (LOVENO 30 MG SUBQ TWICE A DAY Comments: Administer while patient is lying down by deep SC injection. *Do NOT give IM. *Do NOT rub injection site *When giving dose, do NOT expel air bubble. RX #: 18406015	12/10/19 01/09/20	0858 Pharmacy Discontinue PHY.GRASA 0929 Nursing Acknowledged Order NICAKC

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ADMINISTRATION PERIOD: 0701 12/13/19 to 0700 12/14/19 (Continued)	START/ STOP	
FLOMAX* 0.4 MG CAP SR, TAMSULOSIN HCL (TAMSULOSIN (SR) 0.4 MG CAP (FLOMAX*)) 0.4 MG PO DAILY Comments: **DO NOT CRUSH, CHEW, OR DISSOLVE GRANULES** FORMULARY INTERCHANGE FOR UROXATRAL/ALFUZOSIN AND RAPAFLO/SILODOSIN Approved pharmacodynamic dosing interchange: DAILY orders converted to BEDTIME RX #: 18408676	12/11/19 01/10/20	1000 NICAKC at 0814 GAVE: 0.4 MG NDC/DIN: (SOURCE: eMAR) 6808429911 FLOMO.4C Tamsulosin (Sr) 0.4 MG Cap (F... 12/13/19 0814 File Document by NICAKC
LIPITOR* 40 MG TAB, ATORVASTATIN CALCIUM (ATORVASTATIN 40 MG TABLET (LIPITOR*)) 80 MG PO AT BEDTIME Comments: THERAPEUTIC INTERCHANGE FOR CRESTOR RX #: 18408679	12/10/19 01/09/20	2200 NICGV at 2213 GAVE: 80 MG NDC/DIN: (SOURCE: eMAR) 6808409911 LIPIOT40 - Atorvastatin 40 MG Tablet (Li... 12/13/19 2214 File Document by NICGV
ZOLOFT* 50 MG TAB, SERTRALINE HCL (SERTRALINE 50 MG TABLET (ZOLOFT*)) 100 MG PO DAILY RX #: 18408677	12/11/19 01/10/20	1000 Not Administered NICAKC at 0813 N COMMENTS family refused. 12/13/19 0814 File Document by NICAKC
ASPIRIN CHEWABLE 81 MG TABLET (ASPIRIN CHEWABLE 81 MG TABLET) 81 MG PO DAILY RX #: 18407543	12/10/19 01/09/20	1000 NICAKC at 0813 GAVE: 81 MG NDC/DIN: (SOURCE: eMAR) 6373943401 BAYEOT8136 Aspirin Chewable 81 MG Tablet Administering for pain: No (End) Pain details: 12/13/19 0814 File Document by NICAKC

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ADMINISTRATION PERIOD: 0701 12/13/19 to 0700 12/14/19 (Continued)	START/ STOP	
HUMALOG* 100 UNITS/1 ML, INSULIN LISPRO (HumaLOG* INSULIN LISPRO 300 UNITS/3 ML VIAL) See Dose Ins. SUBQ WITH MEALS AND AT BEDTIME Dose Ins: LOW SLIDING SCALE: . BS 110-150 =2 UNITS BS 151-200 =4 UNITS BS 201-250 =6 UNITS BS 251-300 =8 UNITS BS 301-350 =10 UNIT BS 351-400 =12 UNIT BS < 60 OR > 400 = CALL MD Comments: LOW DOSE SLIDING SCALE RX #: 18409148	12/11/19 01/10/20	0730 NICAKC at 0809 GAVE: 4 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 - HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:186 Insulin dose checked by 2 nurses?Y 12/13/19-0814 File Document by NICAKC 1200 NICAKC at 1207 GAVE: 4 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 - HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:167 Insulin dose checked by 2 nurses?Y 12/13/19-1214 File Document by NICAKC 1800 NICAKC at 1812 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 - HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:183 Insulin dose checked by 2 nurses?Y 12/13/19-1812 File Document by NICAKC 2200 NICGV at 2214 GAVE: 4 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 - HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:153 Insulin dose checked by 2 nurses?Y 12/13/19-2214 File Document by NICGV
BACTROBAN* 2% OINT 22 GRAM TUBE, MUPIROCIN (MUPIROCIN 2% OINTMENT 22 GRAM TUBE (BACTROBA 1 APPLIC NASAL TWICE A DAY Total Doses: 10 (8 of 10 Given) Comments: Per Decolonization ICU protocol Mupirocin Nasal = 5 day stop date per policy RX #: 18409224	12/11/19 12/15/19	1000 NICAKC at 0814 GAVE: 1 APPLIC NDC/DIN: (SOURCE: eMAR) 6846218022 BACT220I - Mupirocin 2% Ointment 22 Gram... 12/13/19-0814 File Document by NICAKC 2200 NICGV at 2214 GAVE: 1 APPLIC NDC/DIN: (SOURCE: eMAR) 6846218022 BACT220I - Mupirocin 2% Ointment 22 Gram... 12/13/19-2215 File Document by NICGV
ULTRAM* 50 MG TAB, traMADol (traMADol 50 MG TAB (ULTRAM*)) 50 MG PO EVERY 6 HOURS Comments: ** Do not exceed 400 mg of Tramadol in 24 hr ** RX #: 18409636	12/11/19 12/18/19	1200 Not Administered NICAKC at 1214 N COMMENTS FAMILY REFUSED. 12/13/19-1214 File Document by NICAKC 1416 Pharmacy Discontinue PHY.GRASA 1529 Nursing Acknowledged Order NICAKC

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ADMINISTRATION PERIOD: 0/01 12/13/19 to 0/00 12/14/19 (Continued)	START/ STOP	
ROBAXIN* 500 MG TAB, METHOCARBAMOL (METHOCARBAMOL 500 MG TABLET (ROBAXIN*)) **750 MG PO THREE TIMES DAILY** RX #: 18409656	12/11/19 01/10/20	1312 Nursing Reassessment by NICAKC at 1312 Pain scale utilized: Verbal numeric Pain intensity: 2 (End) 1400 NICAKC at 1212 GAVE: 750 MG NDC/DIN: (SOURCE: eMAR) 70010754 01 METHOT5042 - Methocarbamol 500 MG Tablet (... Administering for pain: Yes (End) Pain details. Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 5 Pain intensity:: 5 12/13/19 1214 File Document by NICAKC 2200 NICGV at 2213 GAVE: 750 MG NDC/DIN: (SOURCE: eMAR) 70010754 01 METHOT5042 Methocarbamol 500 MG Tablet (... Administering for pain: Yes (End) Pain details: Pain location: Pelvis leg left Pain description: Aching Relieving factors for pain: Medication non-opioid Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 4 Pain intensity:: 4 12/13/19 2214 File Document by NICGV 2313 Nursing Reassessment by NICGV at 2313 Pain scale utilized: Verbal numeric Pain intensity: 2 (End) 0600 NICGV at 0637 GAVE: 750 MG NDC/DIN: (SOURCE: eMAR) 70010754 01 METHOT5042 Methocarbamol 500 MG Tablet (... Administering for pain: Yes (End) Pain details: Pain location: leg left Pain description: Aching Relieving factors for pain: Medication non opioid Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 4 Pain intensity:: 4

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ADMINISTRATION PERIOD: 0/01 12/13/19 to 0/00 12/14/19 (Continued)	START/ STOP	
		12/14/19 0638 File Document by NICGV
ZESTRIL*, PRINIVIL* 10 MG TAB, LISINOPRIL (LISINOPRIL 10 MG TABLET (PRINIVIL*,ZESTRIL*)) **10 MG** PO DAILY Comments: FORMULARY INTERCHANGE FOR LOTENSIN/BENAZEPRIL, MONOPRIL/FOSINOPRIL, UNIVASC/MOEXIPRIL, PERINDOPRIL/ACEON, ACCUPRIL/QUINAPRIL, AND MAVIK/TRANDOLAPRIL RX #: 18410119	12/12/19 01/11/20	1000 NICAKC at 0813 GAVE: 10 MG NDC/DIN: (SOURCE: eMAR) 60687/32511 ZESTOT10 Lisinopril 10 MG Tablet (Prin... Blood Pressure: 120/65 BP Location: cuff 12/13/19 0814 File Document by NICAKC 1415 Pharmacy Discontinue PHY,GRASA 1529 Nursing Acknowledged Order NICAKC
LOPRESSOR* 25 MG TAB, METOPROLOL TARTRATE (METOPROLOL TARTRATE 25 MG TABLET (LOPRESSOR*)) **25 MG** PO TWICE A DAY BP Comments: FORMULARY INTERCHANGE FOR ZEBETA/BISOPROLOL Approved beta blocker administration time interchanges. DAILY is interchanged to DAILY@0600 BID is interchanged to BIDBP (0600,1800) RX #: 18410121	12/11/19 01/10/20	1151 Nursing Acknowledged Order NICAKC 1151 Pharmacy Discontinue NICAKC
HEPARIN PREMIX 25,000 UNITS/0.45% NaCl 250 ML 250 ML **(HEPARIN 25,000 UNITS IN 1/2 NS 250 ML PREMIX)** ASDIRECTED IV TITRATE Spec Ins: Initial Rate = 12 units/kg/hr *** MAXimum STARTING Rate = 1,000 units/hr *** Comments: ** ADMINISTER via IV PUMP ** FINAL CONCENTRATION = 100 UNITS/ML RX #: 18411776	12/11/19 01/10/20	0858 Pharmacy Discontinue PHY,GRASA 0929 Nursing Acknowledged Order NICAKC

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ADMINISTRATION PERIOD: 0701 12/13/19 to 0700 12/14/19 (Continued)	START/ STOP	
HEPARIN INJ 5,000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5,000 UNITS/1 ML CARTRIDGE) 5,000 UNITS SURQ EVERY 8 HOURS RX #: 18417598	12/13/19 01/12/20	0858 Order Entry PHY.GRASA 0912 Pharmacy Edit or Verification COE.SLJ 0929 Nursing Acknowledged Order NICAKC 1400 NICAKC at 1214 GAVE: 5,000 UNITS NDC/DIN: (SOURCE: eMAR) 6332326201 HEPA50002 - Heparin Inj 5,000 Units/1 Ml ... Is Pt HIT positive? N Difference between amount dispensed and amount administered was discarded. 12/13/19 1214 File Document by NICAKC 2200 NICGV at 2214 GAVE: 5,000 UNITS NDC/DIN: (SOURCE: eMAR) 6332326201 HEPA50002 Heparin Inj 5,000 Units/1 Ml ... Is Pt HIT positive? N Difference between amount dispensed and amount administered was discarded. 12/13/19 2214 File Document by NICGV 0600 NICGV at 0638 GAVE: 5,000 UNITS NDC/DIN: (SOURCE: eMAR) 6332326201 HEPA50002 - Heparin Inj 5,000 Units/1 Ml ... Is Pt HIT positive? N Difference between amount dispensed and amount administered was discarded. 12/14/19 0638 File Document by NICGV
FERROUS SULFATE 325 MG TAB (FERROUS SULFATE 325 MG TABLET) 325 MG PO TWICE A DAY RX #: 18417600	12/13/19 01/12/20	0900 Order Entry PHY.GRASA 0913 Pharmacy Edit or Verification COE.SLJ 0929 Nursing Acknowledged Order NICAKC 1000 NICAKC at 1036 GAVE: 325 MG NDC/DIN: (SOURCE: eMAR) 0904759161 FERSUO1325 Ferrous Sulfate 325 MG Tablet Most common side effects reviewed with patient?: Yes :: FERSUO1325:nausea/vomiting/diarrhea or Constipation (PO), Dark Stools (PO), nausea/v), nausea/vomiting (IV), Flushing (IV) 12/13/19 1036 File Document by NICAKC 2200 NICGV at 2214 GAVE: 325 MG NDC/DIN: (SOURCE: eMAR) 0904759161 FERSUO1325 - Ferrous Sulfate 325 MG Tablet 12/13/19 2214 File Document by NICGV

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ADMINISTRATION PERIOD: 0/01 12/13/19 to 0/00 12/14/19 (Continued)	START/ STOP	
VITAMIN C* ASCORBIC ACID 500 MG TAB (ASCORBIC ACID 500 MG TAB (VITAMIN-C*)) 2.000 MG PO DAILY RX #: 18417602	12/13/19 01/12/20	0900 Order Entry PHY.GRASA 0913 Pharmacy Edit or Verification COE.SLJ 0929 Nursing Acknowledged Order NICAKC 1000 NICAKC at 1035 GAVE: 2.000 MG NDC/DIN: (SOURCE: eMAR) 0904052361 ASCOOT5002 - Ascorbic Acid 500 MG Tab (Vit... Most common side effects reviewed with patient?: Yes :: ASCOOT5002:Dizziness, Fatigue, Headache 12/13/19 1036 File Document by NICAKC
VITAMIN D 400 UNIT TABLET (CHOLECALCIFEROL (VITAMIN-D) 400 UNIT TABLET) 2.000 UNIT PO DAILY RX #: 18417601	12/13/19 01/12/20	0900 Order Entry PHY.GRASA 0913 Pharmacy Edit or Verification COE.SLJ 0929 Nursing Acknowledged Order NICAKC 1000 NICAKC at 1035 GAVE: 2.000 UNIT NDC/DIN: (SOURCE: eMAR) 5026886311 VITD400 - Cholecalciferol (Vitamin D) 4... Most common side effects reviewed with patient?: Yes :: VITD400:Headache, Itching, nausea/vomiting, Constipation 12/13/19 1036 File Document by NICAKC
COREG* 6.25 MG TAB, CARVEDILOL (CARVEDILOL 6.25 MG TAB (COREG*)) 6.25 MG PO WITH BREAKFAST Comments: FORMULARY INTERCHANGE FOR COREG-CR TAKE WITH FOOD Approved administration time interchanges: DAILY is interchanged to C BK (0730) BID is interchanged to C BK DIN (0730,1800) RX #: 18418199	12/14/19 01/13/20	1151 Nursing Acknowledged Order NICAKC 1151 Order Entry NICAKC 1159 Pharmacy Edit or Verification COE.VCH
PRINIVIL*,ZESTRIL* 5 MG TABLET, LISINOPRIL (LISINOPRIL 5 MG TABLET (PRINIVIL*,ZESTRIL*)) 5 MG PO DAILY Comments: FORMULARY INTERCHANGE FOR LOTENSIN/BENAZEPRIL, MONOPRIL/FOSINOPRIL, UNIVASC/MOEXIPRIL, PERINDOPRIL/ACEON, ACCUPRIL/QUINAPRIL, AND MAVIK/TRANDOLAPRIL RX #: 18418720	12/14/19 01/11/20	1415 Order Entry PHY.GRASA 1422 Pharmacy Edit or Verification COE.UNP 1529 Nursing Acknowledged Order NICAKC

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NAME: AYAD,AZIZ CMR # N000880775 [illegible] # N00101730890

[illegible]	[illegible]
[illegible]	[illegible]

morPHINE 2 MG SYR INJ morPHINE SULFATE (morPHINE SULFATE 2 MG/ML SYRINGE/VIAL) [illegible] PHD GRADE
2 MG [illegible] [illegible] MICRK
[illegible]

ADMINISTRATION PERIOD: 0/01 12/13/19 to 0/00 12/14/19 (Continued)	START/ STOP	
TYLENOL* 500 MG TAB, ACETAMINOPHEN E.S. (ACETAMINOPHEN E.S. 500 MG TAB (TYLENOL*)) 1.000 MG PO THREE TIMES DAILY AS NEEDED/PRN PRN Reason: PAIN 1 3/TEM>100.5/HEADACHE Comments: Do not exceed 12 tablets in 24 hours Maximum acetaminophen dose = 4000 mg in 24 hours RX #: 18406008	12/10/19 01/09/20	0813 NICAKC at 0813 GAVE: 1.000 MG NDC/DIN: (SOURCE: eMAR) 09046730 61 TYLEOT5001 Acetaminophen E.s. 500 MG Tab... Administering for pain: Yes (End) Pain details: Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 5 Pain intensity:. 5 RULE: Pain Scale Alert for Nursing 12/13/19 0814 File Document by NICAKC 0913 Nursing Reassessment by NICAKC at 0913 Pain scale utilized: Verbal numeric Pain intensity: 2 (End) 2213 NICGV at 2213 GAVE: 1.000 MG NDC/DIN: (SOURCE: eMAR) 0904673061 TYLEOT5001 Acetaminophen E.s. 500 MG Tab... Administering for pain: No (End) Pain details: 12/13/19 2214 File Document by NICGV 0637 NICGV at 0637 GAVE: 1.000 MG NDC/DIN: (SOURCE: eMAR) 0904673061 TYLEOT5001 - Acetaminophen E.s. 500 MG Tab... Administering for pain: Yes (End) Pain details: Pain location: Leg left Pain description: Aching Relieving factors for pain: Medication non opioid Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 4 Pain intensity:: 4 RULE: Pain Scale Alert for Nursing RULE: Acetaminophen Max Dose Alert 12/14/19 0638 File Document by NICGV

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ADMINISTRATION PERIOD: 0701 12/13/19 to 0700 12/14/19 (Continued)	START/ STOP	
NEURONTIN* 300 MG CAP, GABAPENTIN (GABAPENTIN 300 MG CAPSULE (NEURONTIN*)) 300 MG PO EVERY 8 HOURS (3 TIMES DAILY)/PRN PRN Reason: PAIN SCALE 1-3 RX #: 18409724	12/11/19 01/10/20	1416 Pharmacy Discontinue PHY.GRASA 1529 Nursing Acknowledged Order NICAKC
HEPARIN INJ 5,000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5,000 UNITS/1 ML CARTRIDGE) 4,350 UNITS IV BOLUS/PRN PRN Reason: Re-Bolus if aPTT < 37 seconds Spec Ins: *** MAXimum BOLUS = 5,000 units *** Comments: Re-Bolus if aPTT < 37 seconds RX #: 18411778	12/11/19 01/10/20	0859 Pharmacy Discontinue PHY.GRASA 0929 Nursing Acknowledged Order NICAKC
HEPARIN INJ 5,000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5,000 UNITS/1 ML CARTRIDGE) 2,900 UNITS IV BOLUS/PRN PRN Reason: Re-BOLUS if aPTT 37-47 seconds Spec Ins: *** MAXimum BOLUS = 5,000 units *** Comments: Re-BOLUS if aPTT 37-47 seconds RX #: 18411779	12/11/19 01/10/20	0858 Pharmacy Discontinue PHY.GRASA 0929 Nursing Acknowledged Order NICAKC
ULTRAM* 50 MG TAB, traMADol (traMADol 50 MG TAB (ULTRAM*)) 50 MG PO EVERY 6 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 7-10 Comments: ** Do not exceed 400 mg of Tramadol in 24 hr ** RX #: 18418724	12/13/19 12/20/19	1416 Order Entry PHY.GRASA 1423 Pharmacy Edit or Verification COE.UNP 1529 Nursing Acknowledged Order NICAKC
NEURONTIN* 100 MG CAP, GABAPENTIN (GABAPENTIN 100 MG CAP (NEURONTIN*)) 200 MG PO EVERY 8 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 1-3 RX #: 18418716	12/13/19 01/10/20	1416 Order Entry PHY.GRASA 1421 Pharmacy Edit or Verification COE.UNP 1421 Pharmacy Edit or Verification COE.UNP 1529 Nursing Acknowledged Order NICAKC

ADMINISTRATION PERIOD: 0701 12/14/19 to 0700 12/15/19	START/ STOP	
MIRALAX* 17 GM PKT, POLYETHYLENE GLYCOL (POLYETHYLENE GLYCOL 3350 17 GRAM POWDER (MIRALA 17 GRAM PO DAILY Comments: SUSPEND IN 120-240 ML OF LIQUID OF CHOICE RX #: 18404712	12/10/19 01/09/20	1000 NNUR.SKL at 0915 GAVE: 17 GRAM NDC/DIN: (SOURCE: eMAR) 6068743199 MIR17PKT - Polyethylene Glycol 3350 17 G... 12/14/19 0915 File Document by NNUR.SKL

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ADMINISTRATION PERIOD: 0701 12/14/19 to 0700 12/15/19 (Continued)	START/ STOP	
FLOMAX* 0.4 MG CAP SR, TAMSULOSIN HCL (TAMSULOSIN (SR) 0.4 MG CAP (FLOMAX*)) **0.4 MG** PO DAILY Comments: **DO NOT CRUSH, CHEW, OR DISSOLVE GRANULES** FORMULARY INTERCHANGE FOR UROXATRAL/ALFUZOSIN AND RAPAFLO/SILODOSIN Approved pharmacodynamic dosing interchange: DAILY orders converted to BEDTIME RX #: 18408676	12/11/19 01/10/20	1000 NNUR,SKL at 0914 GAVE: 0.4 MG NDC/DIN: (SOURCE: eMAR) 6808429911 FLOM0.4C - Tamsulosin (Sr) 0.4 MG Cap (F... 12/14/19 0915 File Document by NNUR,SKL
LIPITOR* 40 MG TAB, ATORVASTATIN CALCIUM (ATORVASTATIN 40 MG TABLET (LIPITOR*)) **80 MG** PO AT BEDTIME Comments: THERAPEUTIC INTERCHANGE FOR CRESTOR RX #: 18408679	12/10/19 01/09/20	2200 NPGAEC at 2123 GAVE: 80 MG NDC/DIN: (SOURCE: eMAR) 6808409911 LIPI0T40 Atorvastatin 40 MG Tablet (L... 12/14/19 2124 File Document by NPGAEC
ZOLOFT* 50 MG TAB, SERTRALINE HCL (SERTRALINE 50 MG TABLET (ZOLOFT*)) **100 MG** PO DAILY RX #: 18408677	12/11/19 01/10/20	1000 Nursing Edit Document Not Administered NNUR,SKL at 0912 L/E COMMENTS NDC/DIN: (SOURCE: eMAR) 6586201205 ZOLO0T50 1 Sertraline 50 MG Tablet (Zolo... FAMILY STATES THIS IS NOT A CURRENT HOME MED, AND MED REFUSED PER FAMILY. 12/14/19 0915 File Document by NNUR,SKL 12/14/19 1144 Nursing Edit Document by NNUR,SKL GIVEN changed from: Y to: N REASON CODE changed from: to: L/E COMMENTS DOSE changed from 100 MG to MG New Comments: FAMILY STATES THIS IS NOT A CURRENT HOME MED, AND MED REFUSED PER FAMILY.
ASPIRIN CHEWABLE 81 MG TABLET (ASPIRIN CHEWABLE 81 MG TABLET) **81 MG** PO DAILY RX #: 18407543	12/10/19 01/09/20	1000 NNUR,SKL at 0914 GAVE: 81 MG NDC/DIN: (SOURCE: eMAR) 63739434 01 BAYE018136 - Aspirin Chewable 81 MG Tablet 12/14/19 0915 File Document by NNUR,SKL

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ADMINISTRATION PERIOD: 0/01 12/14/19 to 0/00 12/15/19 (Continued)	START/ STOP	
HUMALOG* 100 UNITS/1 ML. INSULIN LISPRO (HumaLOG* INSULIN LISPRO 300 UNITS/3 ML VIAL) **See Dose Ins.** SUBQ WITH MEALS AND AT BEDTIME Dose Ins: **LOW SLIDING SCALE:** . **BS 110-150 =2 UNITS** **BS 151-200 =4 UNITS** **BS 201-250 =6 UNITS** **BS 251-300 =8 UNITS** **BS 301-350 =10 UNIT** **BS 351-400 =12 UNIT** **BS < 60 OR > 400 =** **CALL MD** *Comments: LOW DOSE SLIDING SCALE* RX #: 18409148	12/11/19 01/10/20	0/30 NNUR,SKL at 0/53 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSULISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:205 Insulin dose checked by 2 nurses?Y 12/14/19 0/53 File Document by NNUR,SKL 1200 NNUR,SKL at 1138 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSULISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:204 Insulin dose checked by 2 nurses?Y 12/14/19 1139 File Document by NNUR,SKL 1800 NNUR,SKL at 1738 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSULISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:201 Insulin dose checked by 2 nurses?Y 12/14/19 1739 File Document by NNUR,SKL 2200 NPGAEC at 2123 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSULISP3 HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:211 Insulin dose checked by 2 nurses?Y 12/14/19 2124 File Document by NPGAEC
BACTROBAN* 2% OINT 22 GRAM TUBE, MUPIROCIN (MUPIROCIN 2% OINTMENT 22 GRAM TUBE (BACTROBA **1 APPLIC NASAL TWICE A DAY** Total Doses: 10 (8 of 10 Given) Comments: Per Decolonization ICU protocol Mupirocin Nasal = 5 day stop date per policy RX #: 18409224	12/11/19 12/15/19	1000 NNUR,SKL at 1138 GAVE: 1 APPLIC NDC/DIN: (SOURCE: eMAR) 6846218022 BACT2201 Mupirocin 2% Ointment 22 Gram 12/14/19 1139 File Document by NNUR,SKL 2200 Not Administered NPGAEC at 2124 N COMMENTS out of icu 12/14/19 2124 File Document by NPGAEC

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ADMINISTRATION PERIOD: 0701 12/14/19 to 0700 12/15/19 (Continued)	START/ STOP	
ROBAXIN* 500 MG TAB, METHOCARBAMOL (METHOCARBAMOL 500 MG TABLET (ROBAXIN*)) 750 MG PO THREE TIMES DAILY RX #: 18409656	12/11/19 01/10/20	0737 Nursing Reassessment by NNUR.SKL at 0730 Pain scale utilized: Non verbal WONG BAKER Pain intensity: 0 (End) 1330 Nursing Reassessment by NNUR.SKL at 1329 Pain scale utilized: Non-verbal WONG-BAKER Pain intensity: 0 (End) 1400 NNUR.SKL at 1230 GAVE: 750 MG NDC/DIN: (SOURCE: eMAR) 7001075401 METHOT5042 - Methocarbamol 500 MG Tablet (... Administering for pain: Yes (End) Pain details: Pain location: leg left Pain scale utilized:: Non verbal WONG-BAKER Wong-Baker pain scale.. Hurts even worse 6 Pain intensity:: 6 12/14/19 1230 File Document by NNUR.SKL 2200 Nursing Edit Document Not Administered NPGAEC at 2124 N PT REFUSED NDC/DIN: (SOURCE: eMAR) 7001075401 METHOT5042 - Methocarbamol 500 MG Tablet (... Administering for pain: Yes (End) Pain details: Pain scale utilized:: Verbal numeric Numeric pain scale:: Mild pain-2 Pain intensity:: 2 12/14/19 2124 File Document by NPGAEC 12/14/19 2140 Nursing Edit Document by NPGAEC TERMINAL changed from ORMCAPG4DR19.1 to ORMCAPG4DG06.2 GIVEN changed from: Y to: N REASON CODE changed from: to: N PT REFUSED DOSE changed from 750 MG to MG 0600 Not Administered NPGAEC at 0541 N PT REFUSED 12/15/19 0541 File Document by NPGAEC

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ADMINISTRATION PERIOD: 0701 12/14/19 to 0700 12/15/19 (Continued)	START/ STOP	
HEPARIN INJ 5.000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5.000 UNITS/1 ML CARTRIDGE) 5.000 UNITS SUBQ EVERY 8 HOURS RX #: 18417598	12/13/19 01/12/20	1400 NNUR,SKL at 1228 GAVE: 5.000 UNITS NDC/DIN: (SOURCE: eMAR) 6332326701 HEPA50002 Heparin Inj 5.000 Units/1 Ml ... Is Pt HIT positive? N Difference between amount dispensed and amount administered was discarded. 12/14/19 1230 File Document by NNUR,SKL 2200 NPGAEC at 2123 GAVE: 5.000 UNITS NDC/DIN: (SOURCE: eMAR) 0641040037 HEPA50002 Heparin Inj 5.000 Units/1 Ml ... Is Pt HIT positive? N 12/14/19 2124 File Document by NPGAEC 0600 NPGAEC at 0620 GAVE 5.000 UNITS NDC/DIN: (SOURCE: eMAR) 0641040037 HEPA50002 Heparin Inj 5.000 Units/1 Ml ... Is Pt HIT positive? N 12/15/19 0620 File Document by NPGAEC
FERROUS SULFATE 325 MG TAB (FERROUS SULFATE 325 MG TABLET) 325 MG PO TWICE A DAY RX #: 18417600	12/13/19 01/12/20	1000 NNUR,SKL at 0914 GAVE: 325 MG NDC/DIN: (SOURCE: eMAR) 0904759161 FERSUOT325 Ferrous Sulfate 325 MG Tablet 12/14/19 0915 File Document by NNUR,SKL 2200 NPGAEC at 2124 GAVE 325 MG NDC/DIN: (SOURCE eMAR) 0904759161 FERSUOT325 Ferrous Sulfate 325 MG Tablet 12/14/19 2124 File Document by NPGAEC
VITAMIN C* ASCORBIC ACID 500 MG TAB (ASCORBIC ACID 500 MG TAB (VITAMIN-C*)) 2.000 MG PO DAILY RX #: 18417602	12/13/19 01/12/20	1000 NNUR,SKL at 0914 GAVE: 2.000 MG NDC/DIN: (SOURCE eMAR) 0904052361 ASCOOT5002 Ascorbic Acid 500 MG Tab (Vit... 12/14/19 0915 File Document by NNUR,SKL
VITAMIN D 400 UNIT TABLET (CHOLECALCIFEROL (VITAMIN-D) 400 UNIT TABLET) 2.000 UNIT PO DAILY RX #: 18417601	12/13/19 01/12/20	1000 NNUR,SKL at 0912 GAVE: 2.000 UNIT NDC/DIN: (SOURCE: eMAR Compound Verification) 5026886311 VITD400 Cholecalciferol (Vitamin D) 4... 7733394825 VITD400 Cholecalciferol (Vitamin D) 4... 12/14/19 0915 File Document by NNUR,SKL

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ADMINISTRATION PERIOD: 0701 12/14/19 to 0700 12/15/19 (Continued)	START/ STOP	
COREG* 6.25 MG TAB, CARVEDILOL (CARVEDILOL 6.25 MG TAB (COREG*)) 6.25 MG PO WITH BREAKFAST Comments: FORMULARY INTERCHANGE FOR COREG CR TAKE WITH FOOD Approved administration time interchanges: DAILY is interchanged to C BK (0730) BID is interchanged to C BK DIN (0730,1800) RX #: 18418199	12/14/19 01/13/20	0730 NNUR,SKL at 0752 GAVE: 6.25 MG NDC/DIN: (SOURCE: eMAR) 0904630161 COREO16.25 Carvedilol 6.25 MG Tab (Coreg*) Blood Pressure: 121/61 BP Location: Pulse: 108 Pulse Source: MONITOR Most common side effects reviewed with patient?: Yes :: COREO16.25:decreased BP, dizziness, fatigue 12/14/19 0753 File Document by NNUR,SKL
PRINIVIL*,ZESTRIL* 5 MG TABLET, LISINOPRIL (LISINOPRIL 5 MG TABLET (PRINIVIL*,ZESTRIL*)) 5 MG PO DAILY Comments: FORMULARY INTERCHANGE FOR LOTENSIN/BENAZEPRIL, MONOPRIL/FOSINOPRIL, UNIVASC/MOEXIPRIL, PERINDOPRIL/ACEON, ACCUPRIL/QUINAPRIL, AND MAVIK/TRANDOLAPRIL RX #: 18418720	12/14/19 01/11/20	1000 Not Administered NNUR,SKL at 1138 L/E BP LOW Blood Pressure: 102/58 BP Location: SPOKE WITH DR SKATUM ON ROUNDS. MED HELD PER DR SKATUM. 12/14/19 1139 File Document by NNUR,SKL
TYLENOL* 500 MG TAB, ACETAMINOPHEN E.S. (ACETAMINOPHEN E.S. 500 MG TAB (TYLENOL*)) 1,000 MG PO THREE TIMES DAILY AS NEEDED/PRN PRN Reason: PAIN 1-3/TEMP>100.5/HEADACHE Comments: Do not exceed 12 tablets in 24 hours Maximum acetaminophen dose = 4000 mg in 24 hours RX #: 18406008	12/10/19 01/09/20	0737 Nursing Reassessment by NNUR,SKL at 0730 Pain scale utilized: Non verbal WONG BAKER Pain intensity: 0 (End)
ULTRAM* 50 MG TAB, traMADol (traMADol 50 MG TAB (ULTRAM*)) 50 MG PO EVERY 6 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 7-10 Comments: ** Do not exceed 400 mg of Tramadol in 24 hr ** RX #: 18418724	12/13/19 12/20/19	1229 NNUR,SKL at 1229 GAVE: 50 MG NDC/DIN: (SOURCE: eMAR) 6808480811 TRAMO150 traMADol 50 MG TAB (ULTRAM*) Administering for pain: Yes (End) Pain details: Pain location: leg left upper Pain scale utilized:: Non verbal WONG BAKER Wong Baker pain scale:: Hurts even worse 6 Pain intensity:: 6 RULE: Pain Scale Alert for Nursing 12/14/19 1230 File Document by NNUR,SKL 1329 Nursing Reassessment by NNUR,SKL at 1329 Pain scale utilized: Non verbal WONG BAKER Pain intensity: 0 (End)

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ADMINISTRATION PERIOD: 0701 12/14/19 to 0700 12/15/19 (Continued)	START/ STOP	
NEURONTIN* 100 MG CAP, GABAPENTIN (GABAPENTIN 100 MG CAP (NEURONTIN*)) **200 MG** PO EVERY 8 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 1-3 RX #: 18418716	12/13/19 01/10/20	1630 NNUR.SKL at 1630 GAVE: 200 MG NDC/DIN: (SOURCE: eMAR) 68084/8311 NEUROC1001 Gabapentin 100 MG Cap (Neuron... 12/14/19 1631 File Document by NNUR.SKL

ADMINISTRATION PERIOD: 0701 12/15/19 to 0700 12/16/19	START/ STOP	
MIRALAX* 17 GM PKT, POLYETHYLENE GLYCOL (POLYETHYLENE GLYCOL 3350 17 GRAM POWDER (MIRALA **17 GRAM** PO DAILY Comments: SUSPEND IN 120-240 ML OF LIQUID OF CHOICE RX #: 18404712	12/10/19 01/09/20	1000 NPGBM2 at 0831 GAVE: 17 GRAM NDC/DIN: (SOURCE: eMAR) 69/8418001 MIRI/PKT Polyethylene Glycol 3350 17 G... 12/15/19 0833 File Document by NPGBM2
FLOMAX* 0.4 MG CAP SR, TAMSULOSIN HCL (TAMSULOSIN (SR) 0.4 MG CAP (FLOMAX*)) **0.4 MG** PO DAILY Comments: **DO NOT CRUSH, CHEW, OR DISSOLVE GRANULES** FORMULARY INTERCHANGE FOR UROXATRAL/ALFUZOSIN AND RAPAFLO/SILODOSIN Approved pharmacodynamic dosing interchange: DAILY orders converted to BEDTIME RX #: 18408676	12/11/19 01/10/20	1000 NPGBM2 at 0832 GAVE: 0.4 MG NDC/DIN: (SOURCE: eMAR) 6808429911 FLOMO.4C Tamsulosin (Sr) 0.4 MG Cap (F... 12/15/19 0833 File Document by NPGBM2
LIPITOR* 40 MG TAB, ATORVASTATIN CALCIUM (ATORVASTATIN 40 MG TABLET (LIPITOR*)) **80 MG** PO AT BEDTIME Comments: THERAPEUTIC INTERCHANGE FOR CRESTOR RX #: 18408679	12/10/19 01/09/20	2200 NPGSM2 at 2001 GAVE: 80 MG NDC/DIN: (SOURCE: eMAR) 6808409911 LIPIOT40 Atorvastatin 40 MG Tablet (Li... 12/15/19 2002 File Document by NPGSM2
ZOLOFT* 50 MG TAB, SERTRALINE HCL (SERTRALINE 50 MG TABLET (ZOLOFT*)) **100 MG** PO DAILY RX #: 18408677	12/11/19 01/10/20	1000 NPGBM2 at 0831 GAVE: 100 MG NDC/DIN: (SOURCE: eMAR) 6586201205 ZOLOOT50 1 Sertraline 50 MG Tablet (Zolo... 12/15/19 0833 File Document by NPGBM2

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ADMINISTRATION PERIOD: 0701 12/15/19 to 0700 12/16/19 (Continued)	START STOP	
ASPIRIN CHEWABLE 81 MG TABLET (ASPIRIN CHEWABLE 81 MG TABLET) **81 MG PO DAILY** RX #: 1840754 3	12/10/19 01/09/20	1000 NPGRMC at 0832 GAV 81 MG NDC DIN CODRC eMAR 63739430 BAYE0181 36 Aspirin Chewable 81 MG Tablet Administering for pain: No (End) Pain details: 12/15/19 0833 File Document by NPGRMC
HUMALOG* 100 UNITS/1 ML. INSULIN LISPRO (HumaLOG* INSULIN LISPRO 300 UNITS/3 ML VIAL) See Dose Ins. 300/ WITH MEALS AND AT BEDTIME Dose ins: **LOW SLIDING SCALE** . BS 110-150 =2 UNITS BS 151-200 =4 UNITS BS 201-250 =6 UNITS BS 251-300 =8 UNITS BS 301-350 =10 UNIT BS 351-400 =12 UNIT BS < 60 OR > 400 = CALL MD Comments: LOW DOSE SLIDING SCALE RX #: 1840 0148	12/11/19 01/10/20	0730 NPGRMC at 0831 GAV 2 UNITS NDC DIN CODRC eMAR 0002751017 INSL 583 Humalog* INSULIN LISPRO 300 U. Bedside Blood Sugar:144 Insulin dose checked by 2 nurses:2Y 12/15/19 0833 File Document by NPGRMC 1700 NPGRMC at 1334 GAV 4 UNITS NDC DIN CODRC eMAR 0002751017 INSL 583 Humalog* INSULIN LISPRO 300 U Bedside Blood Sugar:187 Insulin dose checked by 2 nurses:2Y 12/15/19 1336 File Document by NPGRMC 1900 NPGRMC at 1745 GAV 8 UNITS NDC DIN CODRC eMAR 0002751017 INSL 583 Humalog* INSULIN LISPRO 300 U... Bedside Blood Sugar:262 Insulin dose checked by 2 nurses:2Y 12/15/19 1746 File Document by NPGRMC 2200 Not Administered NPGRMC at 2200 N PT REFUSED Bedside Blood Sugar:202 Insulin dose checked by 2 nurses:2Y 12/16/19 0158 File Document by NPGRMC
BACTROBAN* 2% OINT 22 GRAM TUBE. MUPIROCIN (MUPIROCIN 2% OINTMENT 22 GRAM TUBE (BACTROBA **1 APPLIC NASAL TWICE A DAY** Total Doses: 10 (8 of 10 G used) Comments: Per Decolonization ICU protocol Mupirocin Nasal = 5 day stop date per policy RX #: 1840927 4	12/11/19 12/15/19	1000 NPGRMC at 0832 GAV 1 APPLIC NDC DIN CODRC eMAR 68462018022 BAC12201 Mupirocin 2% Ointment 22 Gram 12/15/19 0833 File Document by NPGRMC 2200 NPGRMC at 2003 GAV 1 APPLIC NDC DIN CODRC eMAR 68462018022 BAC12201 Mupirocin 2% Ointment 22 Gram... 12/15/19 2003 File Document by NPGRMC 2201 Pharmacy Discontinue SCHEDULER

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ADMINISTRATION PERIOD: 0701 12/15/19 to 0700 12/16/19 (Continued)	START/ STOP	
ROBAXIN* 500 MG TAB, METHOCARBAMOL (METHOCARBAMOL 500 MG TABLET (ROBAXIN*)) **750 MG** PO THREE TIMES DAILY RX #: 18409656	12/11/19 01/10/20	1400 Not Administered NPGBM2 at 1324 N PT REFUSED Administering for pain: No (End) Pain details: 12/15/19 1327 File Document by NPGBM2 2200 NPGSM2 at 2000 GAV: 750 MG NDC/DIN: (SOURCE: eMAR) 70010765401 METHO15042 Methocarbamol 500 MG Tablet (... Administering for pain: No (End) Pain details: 12/15/19 2002 File Document by NPGSM2 0600 Not Administered NPGSM2 at 0553 N PT REFUSED Administering for pain: No (End) Pain details: 12/16/19 0553 File Document by NPGSM2
HEPARIN INJ 5,000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5,000 UNITS/1 ML CARTRIDGE) **5,000 UNITS** SUBQ EVERY 8 HOURS RX #: 18417598	12/13/19 01/12/20	1400 NPGBM2 at 1334 GAV: 5,000 UNITS NDC/DIN: (SOURCE: eMAR) 0641040037 HEPA50002 Heparin Inj 5,000 Units 1 ML Is Pt HIT positive? N 12/15/19 1336 File Document by NPGBM2 2200 NPGSM2 at 2000 GAV: 5,000 UNITS NDC/DIN: (SOURCE: eMAR) 0641040037 HEPA50002 Heparin Inj 5,000 Units 1 ML ... Is Pt HIT positive? N 12/15/19 2002 File Document by NPGSM2 0600 Not Administered NPGSM2 at 0553 N PT REFUSED Is Pt HIT positive? N 12/16/19 0553 File Document by NPGSM2

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ADMINISTRATION PERIOD: 0701 12/15/19 to 0700 12/16/19 (Continued)	START/ STOP	
FERROUS SULFATE 325 MG TAB (FERROUS SULFATE 325 MG TABLET) 325 MG PO TWICE A DAY RX #: 1841760	12/13/19 01/12/20	1000 NPGBM2 at 0832 GAVE: 325 MG NDC/DIN: (SOURCE: eMAR) 0904759161 FERSUOT325 Ferrous Sulfate 325 MG Tablet 12/15/19 0833 File Document by NPGBM2 2200 NPGSM2 at 2000 GAVE: 325 MG NDC/DIN: (SOURCE: eMAR) 0904759161 FERSUOT325 Ferrous Sulfate 325 MG Tablet 12/15/19 2002 File Document by NPGSM2
VITAMIN C* ASCORBIC ACID 500 MG TAB (ASCORBIC ACID 500 MG TAB (VITAMIN-C*)) 2,000 MG PO DAILY RX #: 1841760	12/13/19 01/12/20	1000 NPGBM2 at 0831 GAVE: 2,000 MG NDC/DIN: (SOURCE: eMAR) 0904052361 ASCOOT5002 - Ascorbic Acid 500 MG Tab (Vit... 12/15/19 0833 File Document by NPGBM2
VITAMIN D 400 UNIT TABLET (CHOLECALCIFEROL (VITAMIN-D) 400 UNIT TABLET) 2,000 UNIT PO DAILY RX #: 1841760	12/13/19 01/12/20	1000 NPGBM2 at 0832 GAVE: 2,000 UNIT NDC/DIN: (SOURCE: eMAR) 7733394825 VITD400 Cholecalciferol (Vitamin-D) 4... 12/15/19 0833 File Document by NPGBM2
COREG* 6.25 MG TAB, CARVEDILOL (CARVEDILOL 6.25 MG TAB (COREG*)) 6.25 MG PO WITH BREAKFAST Comments: FORMULARY INTERCHANGE FOR COREG CR TAKE WITH FOOD Approved administration time interchanges: DAILY is interchanged to C BK (0730) BID is interchanged to C BK DIN (0730,1800) RX #: 1841819	12/14/19 01/13/20	0730 NPGBM2 at 0831 GAVE: 6.25 MG NDC/DIN: (SOURCE: eMAR) 0904630161 COREOT6.25 - Carvedilol 6.25 MG Tab (Coreg*) Blood Pressure: 131/71 BP Location: left arm Pulse: 92 Pulse Source: MONITOR 12/15/19 0833 File Document by NPGBM2
PRINIVIL*,ZESTRIL* 5 MG TABLET, LISINOPRIL (LISINOPRIL 5 MG TABLET (PRINIVIL*,ZESTRIL*)) 5 MG PO DAILY Comments: FORMULARY INTERCHANGE FOR LOTENSIN/BENAZEPRIL, MONOPRIL/FOSINOPRIL, UNIVASC/MOEXIPRIL, PERINDOPRIL/ACEON, ACCUPRIL/QUINAPRIL, AND MAVIK/TRANDOLAPRIL RX #: 1841820	12/14/19 01/11/20	1000 NPGBM2 at 0832 GAVE: 5 MG NDC/DIN: (SOURCE: eMAR) 6808419611 ZESTOT5101 - Lisinopril 5 MG Tablet (Prini... Blood Pressure: 131/72 BP Location: left arm 12/15/19 0833 File Document by NPGBM2

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ADMINISTRATION PERIOD: 0/01 12/15/19 to 0/00 12/16/19 (Continued)	START/ STOP	
VIT B12* 1000 MCG/ML 1 ML INJ, CYANOCOBALAMIN (CYANOCOBALAMIN (B12) INJ 1,000 MCG/ML VIA 1,000 MCG IM ONE TIME ONLY/ONE RX #: 18424929	12/15/19 12/15/19	1406 Order Entry PHY,GRASA 1409 Pharmacy Edit or Verification COE,PKG 1409 Pharmacy Edit or Verification COE,PKG 1444 Nursing Acknowledged Order NPGBM2 1445 NPGBM2 at 1629 SITE: LUA Left Upper Arm GAVE: 1,000 MCG NDC/DIN: (SOURCE: eMAR) 6332304400 CYANIV1008 Cyanocobalamin (B12) Inj 1,00... Most common side effects reviewed with patient?: Yes :: CYANIV1008:nausea/vomiting/diarrhea, Dyspepsia, Itching 12/15/19 1629 File Document by NPGBM2 1446 Pharmacy Discontinue SCHEDULER
TYLENOL* 500 MG TAB, ACETAMINOPHEN E.S. (ACETAMINOPHEN E.S. 500 MG TAB (TYLENOL*)) 1,000 MG PO THREE TIMES DAILY AS NEEDED/PRN PRN Reason: PAIN 1 3/TEM>100.5/HEADACHE Comments: Do not exceed 12 tablets in 24 hours Maximum acetaminophen dose = 4000 mg in 24 hours RX #: 18406008	12/10/19 01/09/20	1957 NPGSM2 at 1957 GAVE: 1,000 MG NDC/DIN: (SOURCE: eMAR) 0904673061 TYLE015001 Acetaminophen E.S. 500 MG Tab... Administering for pain: No (End) Pain details: 12/15/19 1957 File Document by NPGSM2
ULTRAM* 50 MG TAB, traMADol (traMADol 50 MG TAB (ULTRAM*)) 50 MG PO EVERY 6 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 7 10 Comments: ** Do not exceed 400 mg of Tramadol in 24 hr ** RX #: 18418724	12/13/19 12/20/19	1336 NPGBM2 at 1336 GAVE: 50 MG NDC/DIN: (SOURCE: eMAR) 6808480811 TRAMOT50 traMADol 50 MG TAB (ULTRAM*) Administering for pain: Yes (End) Pain details: Pain location: hip left Pain description: Aching Relieving factors for pain: Medication opioid Exacerbating factors for pain: Mobility Position Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 5 Pain intensity:: 5 RULE: Pain Scale Alert for Nursing 12/15/19 1336 File Document by NPGBM2 1436 Nursing Reassessment by NPGBM2 at 1436 Pain scale utilized: Verbal numeric Pain intensity, 3 (End)

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ADMINISTRATION PERIOD: 0701 12/16/19 to 0700 12/17/19	START/ STOP	
MIRALAX* 17 GM PKT. POLYETHYLENE GLYCOL (POLYETHYLENE GLYCOL 3350 17 GRAM POWDER (MIRALA 17 GRAM PO DAILY Comments: SUSPEND IN 120-240 ML OF LIQUID OF CHOICE RX #: 18404712	12/10/19 01/09/20	1000 NPGBM2 at 0849 GAVE: 17 GRAM NDC/DIN: (SOURCE: eMAR) 6978418001 MIR17PKT - Polyethylene Glycol 3350 17 G... 12/16/19-0851 File Document by NPGBM2
FLOMAX* 0.4 MG CAP SR. TAMSULOSIN HCL (TAMSULOSIN (SR) 0.4 MG CAP (FLOMAX*)) 0.4 MG PO DAILY Comments: **DO NOT CRUSH. CHEW. OR DISSOLVE GRANULES** FORMULARY INTERCHANGE FOR UROXATRAL/ALFUZOSIN AND RAPAFLO/SILODOSIN Approved pharmacodynamic dosing interchange: DAILY orders converted to BEDTIME RX #: 18408676	12/11/19 01/10/20	1000 NPGBM2 at 0850 GAVE: 0.4 MG NDC/DIN: (SOURCE: eMAR) 6808429911 FLOM0.4C - Tamsulosin (Sr) 0.4 MG Cap (F... 12/16/19-0851 File Document by NPGBM2 1148 Pharmacy Discontinue APFENCH 1216 Nursing Acknowledged Order NPGBM2
LIPITOR* 40 MG TAB. ATORVASTATIN CALCIUM (ATORVASTATIN 40 MG TABLET (LIPITOR*)) 80 MG PO AT BEDTIME Comments: THERAPEUTIC INTERCHANGE FOR CRESTOR RX #: 18408679	12/10/19 01/09/20	2200 NPGSM2 at 2011 GAVE: 80 MG NDC/DIN: (SOURCE: eMAR) 6808409911 LIPIOT40 - Atorvastatin 40 MG Tablet (Li... 12/16/19-2012 File Document by NPGSM2
ZOLOFT* 50 MG TAB. SERTRALINE HCL (SERTRALINE 50 MG TABLET (ZOLOFT*)) 100 MG PO DAILY RX #: 18408677	12/11/19 01/10/20	1000 Not Administered NPGBM2 at 0850 N PT REFUSED 12/16/19-0851 File Document by NPGBM2
ASPIRIN CHEWABLE 81 MG TABLET (ASPIRIN CHEWABLE 81 MG TABLET) 81 MG PO DAILY RX #: 18407543	12/10/19 01/09/20	1000 NPGBM2 at 0850 GAVE: 81 MG NDC/DIN: (SOURCE: eMAR) 6373943401 BAYEOT8136 - Aspirin Chewable 81 MG Tablet Administering for pain: No (End) Pain details: 12/16/19-0851 File Document by NPGBM2

*** CONTINUED ON PAGE 53 ***

ADMINISTRATION PERIOD: 0701 12/16/19 to 0700 12/17/19 (Continued)	START/ STOP	
HUMALOG* 100 UNITS/1 ML. INSULIN LISPRO (HumaLOG* INSULIN LISPRO 300 UNITS/3 ML VIAL) **See Dose Ins.** SUBQ WITH MEALS AND AT BEDTIME Dose Ins: **LOW SLIDING SCALE:** . **BS 110-150 =2 UNITS** **BS 151-200 =4 UNITS** **BS 201-250 =6 UNITS** **BS 251-300 =8 UNITS** **BS 301-350 =10 UNIT** **BS 351-400 =12 UNIT** **BS < 60 OR > 400 =** **CALL MD** Comments: LOW DOSE SLIDING SCALE RX #: 18409148	12/11/19 01/10/20	0730 NPGBM2 at 0841 GAVE: 4 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 - HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:162 Insulin dose checked by 2 nurses?Y 12/16/19 0844 File Document by NPGBM2 1200 NPGBM2 at 1318 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 - HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:211 Insulin dose checked by 2 nurses?Y 12/16/19 1319 File Document by NPGBM2 1800 NPGBM2 at 1921 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 - HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:203 Insulin dose checked by 2 nurses?Y 12/16/19 1922 File Document by NPGBM2 2200 NPGSM2 at 2226 GAVE: 8 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 - HumaLOG* INSULIN LISPRO 300 U. Bedside Blood Sugar:267 Insulin dose checked by 2 nurses?Y 12/16/19 2226 File Document by NPGSM2
ROBAXIN* 500 MG TAB. METHOCARBAMOL (METHOCARBAMOL 500 MG TABLET (ROBAXIN*)) **750 MG** PO THREE TIMES DAILY RX #: 18409656	12/11/19 01/10/20	1400 Not Administered NPGBM2 at 1319 N PT REFUSED Administering for pain: No (End) Pain details: 12/16/19 1319 File Document by NPGBM2 2200 NPGSM2 at 2011 GAVE: 750 MG NDC/DIN: (SOURCE: eMAR) 70010/5401 METHOT5042 - Methocarbamol 500 MG Tablet (... Administering for pain: No (End) Pain details: 12/16/19 2012 File Document by NPGSM2 0600 Not Administered NPGSM2 at 0418 N PT REFUSED Administering for pain: No (End) Pain details: 12/17/19 0418 File Document by NPGSM2

*** CONTINUED ON PAGE 54 ***

ADMINISTRATION PERIOD: 0701 12/16/19 to 0700 12/17/19 (Continued)	START/ STOP	
HEPARIN INJ 5,000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5,000 UNITS/1 ML CARTRIDGE) 5,000 UNITS SUBQ EVERY 8 HOURS RX #: 18417598	12/13/19 01/12/20	1400 Not Administered NPGBM2 at 1921 N PT REFUSED Is Pt HIT positive? N 12/16/19 1922 File Document by NPGBM2 2200 NPGSM2 at 2011 GAVE: 5,000 UNITS NDC/DIN: (SOURCE: eMAR) 0641040037 HEPA50002 Heparin Inj 5,000 Units/1 Ml ... Is Pt HIT positive? N 12/16/19 2012 File Document by NPGSM2 0600 NPGSM2 at 0418 GAVE: 5,000 UNITS NDC/DIN: (SOURCE: eMAR) 0641040037 HEPA50002 Heparin Inj 5,000 Units/1 Ml ... Is Pt HIT positive? N 12/17/19 0418 File Document by NPGSM2
FERROUS SULFATE 325 MG TAB (FERROUS SULFATE 325 MG TABLET) 325 MG PO TWICE A DAY RX #: 18417600	12/13/19 01/12/20	1000 NPGBM2 at 0850 GAVE: 325 MG NDC/DIN: (SOURCE: eMAR) 0904759161 FERSUOT325 Ferrous Sulfate 325 MG Tablet 12/16/19 0851 File Document by NPGBM2 1148 Pharmacy Discontinue APFENCH 1216 Nursing Acknowledged Order NPGBM2
VITAMIN C* ASCORBIC ACID 500 MG TAB (ASCORBIC ACID 500 MG TAB (VITAMIN-C*)) 2,000 MG PO DAILY RX #: 18417602	12/13/19 01/12/20	1000 NPGBM2 at 0851 GAVE: 2,000 MG NDC/DIN: (SOURCE: eMAR) 0904052361 ASCOOT5002 - Ascorbic Acid 500 MG Tab (Vit... 12/16/19 0851 File Document by NPGBM2
VITAMIN D 400 UNIT TABLET (CHOLECALCIFEROL (VITAMIN-D) 400 UNIT TABLET) 2,000 UNIT PO DAILY RX #: 18417601	12/13/19 01/12/20	1000 NPGBM2 at 0850 GAVE: 2,000 UNIT NDC/DIN: (SOURCE: eMAR) 502688631 VITD400 - Cholecalciferol (Vitamin-D) 4... 12/16/19 0851 File Document by NPGBM2
COREG* 6.25 MG TAB, CARVEDILOL (CARVEDILOL 6.25 MG TAB (COREG*)) 6.25 MG PO WITH BREAKFAST Comments: FORMULARY INTERCHANGE FOR COREG CR TAKE WITH FOOD Approved administration time interchanges: DAILY is interchanged to C BK (0730) BID is interchanged to C BK DIN (0730,1800) RX #: 18418199	12/14/19 01/13/20	0730 NPGBM2 at 0844 GAVE: 6.25 MG NDC/DIN: (SOURCE: eMAR) 0904630161 COREOT6.25 - Carvedilol 6.25 MG Tab (Coreg*) Blood Pressure: 106/63 BP Location: left arm Pulse: 84 Pulse Source: MONITOR 12/16/19 0844 File Document by NPGBM2

*** CONTINUED ON PAGE 55 ***

ADMINISTRATION PERIOD: 0701 12/16/19 to 0700 12/17/19 (Continued)	START/ STOP	
PRINIVIL*,ZESTRIL* 5 MG TABLET, LISINOPRIL (LISINOPRIL 5 MG TABLET (PRINIVIL*,ZESTRIL*)) 5 MG PO DAILY Comments: FORMULARY INTERCHANGE FOR LOTENSIN/BENAZEPRIL, MONOPRIL/FOSINOPRIL, UNIVASC/MOEXIPRIL, PERINDOPRIL/ACEON, ACCUPRIL/QUINAPRIL, AND MAVIK/TRANDOLAPRIL RX #: 18418720	12/14/19 01/11/20	1000 NPGBM2 at 0851 GAVE: 5 MG NDC/DIN: (SOURCE: eMAR) 6808419611 ZESTOT5101 - Lisinopril 5 MG Tablet (Prini... Blood Pressure: 106/63 BP Location: LEFT ARM 12/16/19 0851 File Document by NPGBM2 1148 Pharmacy Discontinue APFENCH 1216 Nursing Acknowledged Order NPGBM2
FERROUS SULFATE 325 MG TAB (FERROUS SULFATE 325 MG TABLET) 325 MG PO DAILY RX #: 18427509	12/17/19 01/16/20	1148 Order Entry APFENCH 1150 Pharmacy Edit or Verification COE.MTN 1216 Nursing Acknowledged Order NPGBM2
TYLENOL* 500 MG TAB, ACETAMINOPHEN E.S. (ACETAMINOPHEN E.S. 500 MG TAB (TYLENOL*)) 1,000 MG PO THREE TIMES DAILY AS NEEDED/PRN PRN Reason: PAIN 1-3/TEM>100.5/HEADACHE Comments: Do not exceed 12 tablets in 24 hours Maximum acetaminophen dose = 4000 mg in 24 hours RX #: 18406008	12/10/19 01/09/20	2010 NPGSM2 at 2010 GAVE: 1.000 MG NDC/DIN: (SOURCE: eMAR) 0904673061 TYLEOT5001 - Acetaminophen E.s. 500 MG Tab... Administering for pain: No (End) Pain details: 12/16/19-2012 File Document by NPGSM2
ULTRAM* 50 MG TAB, traMADol (traMADol 50 MG TAB (ULTRAM*)) 50 MG PO EVERY 6 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 7-10 Comments: ** Do not exceed 400 mg of Tramadol in 24 hr ** RX #: 18418724	12/13/19 12/20/19	0842 NPGBM2 at 0842 GAVE: 50 MG NDC/DIN: (SOURCE: eMAR) 6808480811 TRAMOT50 - traMADol 50 MG TAB (ULTRAM*) Administering for pain: Yes (End) Pain details: Pain location: Hip left Pain description: Aching Relieving factors for pain: Medication opioid Exacerbating factors for pain: Mobility Position Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain-6 Pain intensity:: 6 RULE: Pain Scale Alert for Nursing 12/16/19-0844 File Document by NPGBM2 0942 Nursing Reassessment by NPGBM2 at 0942 Pain scale utilized: Verbal numeric Pain intensity: 2 (End)

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This document is part of the legal medical record.

ADMINISTRATION PERIOD: 0/01 12/17/19 to 0/00 12/18/19	START/ STOP	
MIRALAX* 17 GM PKT, POLYETHYLENE GLYCOL (POLYETHYLENE GLYCOL 3350 17 GRAM POWDER (MIRALA 17 GRAM PO DAILY Comments: SUSPEND IN 120-240 ML OF LIQUID OF CHOICE RX #: 18404712	12/10/19 01/09/20	1000 NPGVV at 0830 GAVE: 17 GRAM NDC/DIN: (SOURCE: eMAR) 6978418001 MIR17PKT Polyethylene Glycol 3350 17 G... 12/17/19 0831 File Document by NPGVV 1623 Pharmacy Discontinue DISCHARGE
LIPITOR* 40 MG TAB, ATORVASTATIN CALCIUM (ATORVASTATIN 40 MG TABLET (LIPITOR*)) 80 MG PO AT BEDTIME Comments: THERAPEUTIC INTERCHANGE FOR CRESTOR RX #: 18408679	12/10/19 01/09/20	1623 Pharmacy Discontinue DISCHARGE
ZOLOFT* 50 MG TAB, SERTRALINE HCL (SERTRALINE 50 MG TABLET (ZOLOFT*)) 100 MG PO DAILY RX #: 18408677	12/11/19 01/10/20	1000 Not Administered NPGVV at 0830 N PT REFUSED 12/17/19 0831 File Document by NPGVV 1623 Pharmacy Discontinue DISCHARGE
ASPIRIN CHEWABLE 81 MG TABLET (ASPIRIN CHEWABLE 81 MG TABLET) 81 MG PO DAILY RX #: 18407543	12/10/19 01/09/20	1000 NPGVV at 0829 GAVE: 81 MG NDC/DIN: (SOURCE: eMAR) 6373943401 BAYEOT8136 - Aspirin Chewable 81 MG Tablet Administering for pain: No (End) Pain details: 12/17/19 0831 File Document by NPGVV 1623 Pharmacy Discontinue DISCHARGE
HUMALOG* 100 UNITS/1 ML, INSULIN LISPRO (HumaLOG* INSULIN LISPRO 300 UNITS/3 ML VIAL) See Dose Ins, SUBQ WITH MEALS AND AT BEDTIME Dose Ins: LOW SLIDING SCALE: . BS 110-150 =2 UNITS BS 151-200 =4 UNITS BS 201-250 =6 UNITS BS 251-300 =8 UNITS BS 301-350 =10 UNIT BS 351-400 =12 UNIT BS < 60 OR > 400 = CALL MD Comments: LOW DOSE SLIDING SCALE RX #: 18409148	12/11/19 01/10/20	0730 NPGVV at 0831 GAVE: 4 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 - HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:176 Insulin dose checked by 2 nurses?Y 12/17/19 0831 File Document by NPGVV 1200 NPGVV at 1247 GAVE: 6 UNITS NDC/DIN: (SOURCE: eMAR) 0002751017 INSLISP3 - HumaLOG* INSULIN LISPRO 300 U... Bedside Blood Sugar:201 Insulin dose checked by 2 nurses?Y 12/17/19 1247 File Document by NPGVV 1623 Pharmacy Discontinue DISCHARGE

*** CONTINUED ON PAGE 57 ***
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ADMINISTRATION PERIOD: 0701 12/17/19 to 0700 12/18/19 (Continued)	START/ STOP	
ROBAXIN* 500 MG TAB, METHOCARBAMOL (METHOCARBAMOL 500 MG TABLET (ROBAXIN*)) 750 MG PO THREE TIMES DAILY RX #: 18409656	12/11/19 01/10/20	1400 Nursing Edit Document Not Administered NPGVV at 1246 N PT REFUSED NDC/DIN: (SOURCE: eMAR) 700107540 METHOT5042 Methocarbamol 500 MG Tablet (... Administering for pain: Yes (End) Pain details: Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 5 Pain intensity.. 5 12/17/19 1247 File Document by NPGVV 12/17/19 1254 Nursing Edit Document by NPGVV GIVEN changed from: Y to: N REASON CODE changed from: to: N PT REFUSED DOSE changed from 750 MG to MG Old Queries: Administering for pain: Yes (End) Pain details: Pain location: Hip left Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 5 Pain intensity:: 5 New Queries: Administering for pain: Yes (End) Pain details: Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 5 Pain intensity:: 5 1623 Pharmacy Discontinue DISCHARGE
HEPARIN INJ 5,000 UNITS/1 ML CARPUJECT (HEPARIN INJ 5,000 UNITS/1 ML CARTRIDGE) 5,000 UNITS SUBQ EVERY 8 HOURS RX #: 18417598	12/13/19 01/12/20	1400 NPGVV at 1246 GAVE: 5,000 UNITS NDC/DIN: (SOURCE: eMAR) 064104003 HEPA50002 Heparin Inj 5,000 Units/1 Ml ... Is Pt HIT positive? N 12/17/19 1247 File Document by NPGVV 1623 Pharmacy Discontinue DISCHARGE

*** CONTINUED ON PAGE 58 ***

ADMINISTRATION PERIOD: 0701 12/17/19 to 0700 12/18/19 (Continued)	START/ STOP	
VITAMIN C* ASCORBIC ACID 500 MG TAB (ASCORBIC ACID 500 MG TAB (VITAMIN-C*)) 2.000 MG PO DAILY RX #: 18417602	12/13/19 01/12/20	1000 NPGVV at 0829 GAVE: 2.000 MG NDC/DIN: (SOURCE: eMAR) 0904052361 ASCOOT5002 Ascorbic Acid 500 MG Tab (Vit... 12/17/19 0831 File Document by NPGVV 1623 Pharmacy Discontinue DISCHARGE
VITAMIN D 400 UNIT TABLET (CHOLECALCIFEROL (VITAMIN-D) 400 UNIT TABLET) 2.000 UNIT PO DAILY RX #: 18417601	12/13/19 01/12/20	1000 NPGVV at 0830 GAVE: 2.000 UNIT NDC/DIN: (SOURCE: eMAR) 5076886311 VITD400 Cholecalciferol (Vitamin D) 4... 12/17/19 0831 File Document by NPGVV 1623 Pharmacy Discontinue DISCHARGE
COREG* 6.25 MG TAB, CARVEDILOL (CARVEDILOL 6.25 MG TAB (COREG*)) 6.25 MG PO WITH BREAKFAST Comments: FORMULARY INTERCHANGE FOR COREG CR TAKE WITH FOOD Approved administration time interchanges: DAILY is interchanged to C BK (0730) BID is interchanged to C BK DIN (0730,1800) RX #: 18418199	12/14/19 01/13/20	0730 Not Administered NPGVV at 0830 N PT REFUSED 12/17/19 0831 File Document by NPGVV 1623 Pharmacy Discontinue DISCHARGE
FERROUS SULFATE 325 MG TAB (FERROUS SULFATE 325 MG TABLET) 325 MG PO DAILY RX #: 18427509	12/17/19 01/16/20	1000 NPGVV at 0829 GAVE: 325 MG NDC/DIN: (SOURCE: eMAR) 0904759161 FERSUOT325 Ferrous Sulfate 325 MG Tablet 12/17/19 0831 File Document by NPGVV 1623 Pharmacy Discontinue DISCHARGE
ZOFRAN* 4 MG/2 ML SDV INJ, ONDANSETRON HCL (ONDANSETRON INJ 4 MG/2 ML SDVial (ZOFRAN*)) 4 MG IV EVERY 6 HOURS AS NEEDED/PRN PRN Reason: NAUSEA AND VOMITING Comments: FORMULARY SUBSTITUTION FOR PROMETHAZINE IV RX #: 18404714	12/10/19 01/09/20	1623 Pharmacy Discontinue DISCHARGE

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ADMINISTRATION PERIOD: 0701 12/17/19 to 0700 12/18/19 (Continued)	START/ STOP	
BENADRYL* 50 MG/ML 1ML INJ, diphenhydrAMINE (diphenhydrAMINE INJ 50 MG/1 ML VIAL (BENADR 25 MG IV EVERY 6 HOURS AS NEEDED/PRN PRN Reason: PRURITUS/ITCHING Comments: Give if unable to tolerate oral or NPO GIVE EACH 25 MG OR LESS OVER 1 MINUTE RX #: 18404719	12/10/19 01/09/20	1052 Pharmacy Discontinue NRXJA 1124 Nursing Acknowledged Order NPGVV
ADMIT SET ENTERED (ADMIT SET ENTERED) 1 MISC AS NEEDED/PRN PRN Reason: ADMIT SET Comments: ADMISSION ORDER ENTRY SET TO BE ADDED TO EACH ADULT INPATIENT'S PROFILE FOR THE EXTENT OF STAY RX #: 18404723	12/10/19 12/04/20	1623 Pharmacy Discontinue DISCHARGE
SODIUM CHLORIDE 0.9% 10 ML FLUSH SYRINGE (SODIUM CHLORIDE 0.9% 10 ML FLUSH SYRINGE) See Dose Ins. IV AS NEEDED/PRN PRN Reason: FLUSH LINE Dose Ins: SALINE FLUSH PER UNIT PROTOCOL Comments: ADMISSION ORDER ENTRY SET TO BE ADDED TO EACH ADULT INPATIENT'S PROFILE FOR THE EXTENT OF STAY RX #: 18404724	12/10/19 12/04/20	1623 Pharmacy Discontinue DISCHARGE
PRESCRIPTION ORMC (UNCONTROLLED) (PRESCRIPTION - ORMC UNCONTROLLED RX) 1 MISC AS DIRECTED (USE FOR UD)/PRN PRN Reason: PRESCRIPTION PAD Comments: OSCEOLA REGIONAL MEDICAL CENTER UNCONTROLLED PRESCRIPTION RX #: 18404725	12/10/19 12/04/20	1623 Pharmacy Discontinue DISCHARGE
PATIENT #1 BIN PYXIS TOWER (PATIENT #1 BIN PYXIS TOWER) 1 EA MISC AS DIRECTED (USE FOR UD)/PRN PRN Reason: PT'S SPECIFIC BIN TOWER Comments: PATIENT SPECIFIC BIN IN PYXIS TOWER RX #: 18404726	12/10/19 12/04/20	1623 Pharmacy Discontinue DISCHARGE

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This document is part of the legal medical record.

ADMINISTRATION PERIOD (12/01 [illegible] to 12/18 [illegible] 24 discontinued)	START STOP	
PATIENT SPECIFIC BIN FOR RT MEDS (PATIENT SPECIFIC BIN FOR RT MEDS) **1 EA** [illegible] AS DIRECTED ORAL FOR [illegible] PRN PRN Reason: [illegible] RT MEDICATION Comments: PATIENT SPECIFIC BIN FOR RT MEDS RX # [illegible]	[illegible] 19 01 [illegible] 20	[illegible] Pharmacy Discontinue DISCHARGE
KEY FOR NARCOTIC INFUSION LOCK BOX (IV POLE) (KEY FOR NARCOTIC INFUSION LOCK BOX (IV POL **1 EACH** [illegible] AS NEEDED PRN PRN Reason: KEY INFUSION LOCK BOX Comments: [illegible] RX # [illegible]	[illegible] 19 01 [illegible] 20	[illegible] Pharmacy Discontinue DISCHARGE
TYLENOL* 500 MG TAB. ACETAMINOPHEN E.S (ACETAMINOPHEN E S. 500 MG TAB (TYLENOL*)) **2.000 MG** PO [illegible] TIMES DAILY AS NEEDED PRN PRN Reason: PAIN [illegible] HEADACHE Comments: [illegible] tablets in 24 hours Maximum acetaminophen dose = 4000 mg in 24 hours RX # [illegible]	[illegible] 19 01 [illegible] 20	[illegible] Pharmacy Discontinue DISCHARGE
DEXTROSE 50% INJ 25 GRAM/50 ML SYRINGE (DEXTROSE 50% 25 GRAM/50 ML SYRINGE) **See Dose Ins.** [illegible] AS DIRECTED ORAL FOR [illegible] PRN PRN Reason: HYPOGLYCEMIA PER PROTOCOL Dose Ins: **Glucose < 70 = 25 mL** **Glucose < 60 = 50 mL** Spec Ins: If patient is NPO, stupurous or comatose and serum glucose is: [illegible] than [illegible] mg/dl, give [illegible] ml D50W [illegible] than [illegible] mg/dl, give [illegible] ml D50W RX # [illegible]	[illegible] 19 01 [illegible] 20	[illegible] Pharmacy Discontinue DISCHARGE
GLUCAGON INJ 1 MG (GLUCAGON INJ 1 MG VIAL) **1 MG** [illegible] AS DIRECTED ORAL FOR [illegible] PRN PRN Reason: HYPOGLYCEMIA PER PROTOCOL Spec Ins: Give after [illegible] if patient is NPO and [illegible] and serum glucose is less than [illegible] mg/dl RX # [illegible]	[illegible] 19 01 [illegible] 20	[illegible] Pharmacy Discontinue DISCHARGE

ADMINISTRATION PERIOD: 0/01 12/17/19 to 0/00 12/18/19 (Continued)	START/ STOP	
MAGNESIUM SULFATE 2 GM PREMIX 50 ML **(MAGNESIUM SULFATE 2 GRAM/50 ML PREMIX)** 25 ML/HR IV PER PROTOCOL/PRN PRN Reason: HYPOMAGNESIUM PER PROTOCOL RX #: 18409443	12/11/19 01/10/20	1623 Pharmacy Discontinue DISCHARGE
MAGNESIUM SULFATE 4 GM/100 ML PREMIX 100 ML **(MAGNESIUM SULFATE 4 GRAM/100 ML PREMIX)** 25 ML/HR IV AS DIRECTED (USE FOR LD)/PRN PRN Reason: HYPOMAGNESIUM PER PROTOCOL Comments: MAGNESIUM 4 GRAM PREMIX GIVE OVER 4 HOURS RX #: 18409605	12/11/19 01/10/20	1623 Pharmacy Discontinue DISCHARGE
ULTRAM* 50 MG TAB, traMADol (traMADol 50 MG TAB (ULTRAM*)) **50 MG** PO EVERY 6 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 7-10 Comments: ** Do not exceed 400 mg of Tramadol in 24 hr ** RX #: 18418724	12/13/19 12/20/19	0/01 NPGSM2 at 0/01 GAVE: 50 MG NDC/DIN, (SOURCE, eMAR) 6808480811 TRAM0150 traMADol 50 MG TAB (ULTRAM*) Administering for pain: Yes (End) Pain details: Pain location: Hip left Pain scale utilized:: Verbal numeric Numeric pain scale:: Moderate pain 5 Pain intensity** 5 RULE: Pain Scale Alert for Nursing 12/17/19 0/01 File Document by NPGSM2 1623 Pharmacy Discontinue DISCHARGE
NEURONTIN* 100 MG CAP, GABAPENTIN (GABAPENTIN 100 MG CAP (NEURONTIN*)) **200 MG** PO EVERY 8 HOURS AS NEEDED/PRN PRN Reason: PAIN SCALE 1-3 RX #: 18418716	12/13/19 01/10/20	1623 Pharmacy Discontinue DISCHARGE
BENADRYL* 25 MG CAP, diphenhydrAMINE (diphenhydrAMINE 25 MG CAP (BENADRYL*)) **25 MG** PO EVERY 6 HOURS AS NEEDED/PRN PRN Reason: PRURITUS/ITCHING RX #: 18431221	12/17/19 01/16/20	1052 Order Entry NRXCA 1124 Nursing Acknowledged Order NPGVV 1623 Pharmacy Discontinue DISCHARGE

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LEGENDS

REASON CODES
L/E BP LOW - LATE/EARLY BP LOW
L/E COMMENTS - LATE/EARLY SEE COMMENTS
N BP LOW - NOT GVN BP LOW
N COMMENTS - NOT GVN SEE COMMENTS
N MDREQ - NOT GVN PHYSICIAN REQUEST
N PT REFUSED - NOT GVN PT REFUSED

SITE CODES
LUA - Left Upper Arm

ELECTRONICALLY SIGNED BY

USER	USER NAME/TYPE	USER	USER NAME/TYPE	USER	USER NAME/TYPE	USER	USER NAME/TYPE
CSS.JCC	COLLINS,JUDY C RN	NEDCAR	Rivera,Carmen A RN	NEDJC2	Cortes Diaz,JeanC RN	NEDJF	Franzen,James RN
NICAKC	Cherian,Abraham K RN	NICGV	Vagamattathil,Gibbym RN	NICMLS	Serrano,Meilani L RN	NICRXR	Raju,Rachel P RN
NNAYFI	Fernandez borges,Yan RN	NNUR.SKI	LARMOND,SONIA M RN	NPGAEC	Camacho,Angie E RN	NPGBM2	Morris,Beverly RN
NPGSM2	Martinezrivera,Sonia RN	NPGVV	Vanegas rios,Valeria RN	NRCPAW	White,Patricia A RN		

OTHER USERS

USER	USER NAME	USER	USER NAME	USER	USER NAME	USER	USER NAME
AP.KNOTH	KNOBL,THOMAS	APFFENCH	FENAR,CHRISTOPHER S	COE.HGK	KHALIL,HALA G	COE.MAW	Waite,Mark A
COE.MTN	Nguyen,My Dung	COE.NMV	Vaughn Metellus,Niki	COE.PKG	Eldred,Paula K	COE.SFB	Bee,Stephen F
COE.SLJ	Taxley-Jackson,Sharm	COE.UNP	PATEL,URMILA N	COE.VCH	Huynh,Vinh C	COE.VQT	Tran,Vy Q
NICAKC	Cherian,Abraham K	NICMLS	Serrano,Meilani L	NICRXR	Raju,Rachel P	NNAMGM	Montanez rodrig,Mari
NNAYFI	Fernandez borges,Yan	NPHA MSX	Siddiqui,Musarrat A	NRXJA	Alaimo,Joseph	NRXMW	Wilson,Matthew
NRXMWI	Walsh,Michael	NRXSB	Blount,Stephan	PHY.BAWSH	BAWANY,SHEILA X	PHY.GRASA	GRAY,SANJIV F
PHY.SLOMA	SLOME,MARY C	PHYRODDA	RODRIGUEZ MORVELI,DA				

PHA ALLERGY HISTORY

DATE	PHA	USER	ALLERGY DETAILS	
12/10/19 0417	N	NEDBFI - Figueroa,Bryan	ADDED No Known Allergies OLD: NEW: No Known Allergies added.	by NEDBFI
12/10/19 0549	Y	COE.MAW - Waite,Mark A	FILED TEXT: User filed without changing allergy record.	by COE.MAW
12/11/19 0021	N	NICGV - Vagamattathil,Gibbym	FILED TEXT: User filed without changing allergy record.	by NICGV
12/14/19 2337	N	NPGAEC - Camacho,Angie E	FILED TEXT: User filed without changing allergy record.	by NPGAEC
12/15/19 2019	N	NPGSM2 - Martinezrivera,Sonia	FILED	by NPGSM2

*** CONTINUED ON PAGE 63 ***

NAME AYAD,AZIZ UNIT # N000880775 ACCT # N00101730890

[illegible]

[illegible]

[illegible]

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: N00101730890
Location: N.PCU
Room/Bed: N.A419-1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
EVOLUTION PLAN OF CARE HPF

Printed 12/18/19 at 0303

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/11/19 Time: 0020									
Diagnosis/Problem: STANDARD: Critical Care							A		
Create	12/11/19	0020	GV	12/11/19	0020	GV			
Outcome: Standard for Critical Care							A	12/20/19	
Create	12/11/19	0020	GV	12/11/19	0020	GV			
Diagnosis/Problem: STANDARD: Facility Wide							A		
Create	12/11/19	0020	GV	12/11/19	0020	GV			
Outcome: Standard for Facility							A	12/20/19	
Create	12/11/19	0020	GV	12/11/19	0020	GV			
Activity Date: 12/11/19 Time: 0414									
Diagnosis/Problem: Cardiac Output Alteration Change in or modification of the pumping action of the heart or blood vessels.							A		
Create	12/11/19	0414	YF	12/11/19	0414	YF			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/11/19	0414	YF	12/11/19	0414	YF			
Activity Date: 12/11/19 Time: 1220									
Diagnosis/Problem: Injury Risk Increased chance of danger or loss.							A		
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Diagnosis/Problem: Toileting Deficit Impaired ability to urinate or defecate for oneself							A		
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Diagnosis/Problem: Comfort Alteration Change in or modification of sensation that is distressing.							A		
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Diagnosis/Problem: Pain Physical suffering or distress; to hurt.							A		
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Diagnosis/Problem: Skin Integrity Alteration Change in or modification of skin conditions.							A		
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Activity Date: 12/11/19 Time: 1220									
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Activity Date: 12/12/19 Time: 0235									
Diagnosis/Problem: Bleeding Risk Increased chance of loss of blood volume							A		
Create	12/12/19	0235	RR	12/12/19	0235	RR			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/12/19	0235	RR	12/12/19	0235	RR			
Diagnosis/Problem: Musculoskeletal Alteration Change in or modification of the muscles, bones, or support structures.							A		
Create	12/12/19	0235	RR	12/12/19	0235	RR			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/12/19	0235	RR	12/12/19	0235	RR			
Activity Date: 12/12/19 Time: 1610									
Diagnosis/Problem: REHAB:Impaired Rehabilitative Functions*							A		
Create	12/12/19	1610	END	12/12/19	1610	END			
Outcome: REHAB: Maintain/Improve Rehab Functions*							A	12/19/19	
Create	12/12/19	1610	END	12/12/19	1610	END			
Ed Target	12/12/19	1610	END	12/12/19	1610	END			None => 12/19/19
Activity Date: 12/13/19 Time: 1007									
Diagnosis/Problem: Family Coping Impairment Inadequate family response to problems or difficulties.							A		
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Diagnosis/Problem: Home Maintenance Alteration Inability to sustain a safe, healthy environment.							A		
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Diagnosis/Problem: Endocrine Alteration Change in or modification of internal secretions or hormones.							A		
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: N00101730890
Location: N PCU
Room/Bed: N.A419-1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
EVOLUTION PLAN OF CARE HPI

Printed 12/18/19 at 0303

Diagnosis/Problem/Outcome/Intervention/eval, Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/13/19 Time: 1007									
Diagnosis/Problem: Infection Contamination with disease producing germs							A		
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Diagnosis/Problem: Family Process Alteration Change in or modification of usual functioning of a related group.							A		
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Diagnosis/Problem: Anxiety Feeling of distress or apprehension whose source is unknown.							A		
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/13/19	1007	AKC	12/13/19	1007	AKC			
Activity Date: 12/13/19 Time: 2313									
Outcome: Standard for Critical Care							A	12/20/19	
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Outcome: See Health Plan of Care							A	12/20/19	
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Outcome: Standard for Facility							A	12/20/19	
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Outcome: See Health Plan of Care							A	12/20/19	
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH			None => 12/20/19
Activity Date: 12/17/19 Time: 1623									
Diagnosis/Problem: STANDARD: Critical Care							D		
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Outcome: Standard for Critical Care							D	12/20/19	
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Diagnosis/Problem: Bleeding Risk Increased chance of loss of blood volume							D		
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Diagnosis/Problem: REHAB:Impaired Rehabilitative Functions*							D		
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Outcome: REHAB: Maintain/Improve Rehab Functions*							D	12/19/19	
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Diagnosis/Problem: Family Coping Impairment Inadequate family response to problems or difficulties.							D		
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Diagnosis/Problem: Home Maintenance Alteration Inability to sustain a safe, healthy environment.							D		
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Diagnosis/Problem: Endocrine Alteration Change in or modification of internal secretions or hormones.							D		
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Diagnosis/Problem: Infection Contamination with disease producing germs							D		
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Diagnosis/Problem: Family Process Alteration Change in or modification of usual functioning of a related group							D		
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D
Diagnosis/Problem: Anxiety Feeling of distress or apprehension whose source is unknown.							D		
Ed Status	12/17/19	1623	hls	12/17/19	1623	hls			A => D

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: NC0101730890
Location: N.PCU
Room/Bed: N.A419 1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
EVOLUTION PLAN OF CARE HPF

Printed 12/18/19 at 0303

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/17/19 Time: 1623									
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: STANDARD: Facility Wide							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: Standard for Facility							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Cardiac Output Alteration Change in or modification of the pumping action of the heart or blood vessels							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Injury Risk Increased chance of danger or loss.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Toileting Deficit Impaired ability to urinate or defecate for oneself							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Comfort Alteration Change in or modification of sensation that is distressing.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Pain Physical suffering or distress; to hurt.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Skin Integrity Alteration Change in or modification of skin conditions.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Musculoskeletal Alteration Change in or modification of the muscles, bones, or support structures							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Activity Date: 12/17/19 Time: 1623									
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Activity Date: 12/17/19 Time: 1704									
Diagnosis/Problem: Activity Alteration Change in or modification of energy used by the body.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Posttrauma Response Sustained behavior related to a traumatic event.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Infection Risk Increased chance of contamination with disease-producing germs							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Communication Impairment Diminished ability to exchange thoughts, opinions, or information.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Sensory Perceptual Alteration Change in or modification of the response to stimuli.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Peripheral Vascular Alteration Change in or modification of the oxygenation of tissues.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Urinary Elimination Alteration Change in or modification of excretion of the waste matter of the kidneys.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest J MD
Account #: NC0101730890
Location: N.PCU
Room/Bed: N.A419 1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
EVOLUTION PLAN OF CARE HPI

Printed 12/18/19 at 0303

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/17/19 Time: 1704									
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Activity Date: 12/17/19 Time: 1735									
Diagnosis/Problem: Activity Alteration Change in or modification of energy used by the body.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Posttrauma Response Sustained behavior related to a traumatic event.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Infection Risk Increased chance of contamination with disease producing germs							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Communication Impairment Diminished ability to exchange thoughts, opinions, or information.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Sensory Perceptual Alteration Change in or modification of the response to stimuli.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Peripheral Vascular Alteration Change in or modification of the oxygenation of tissues.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Urinary Elimination Alteration Change in or modification of excretion of the waste matter of the kidneys.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Activity Date: 12/17/19 Time: 1735									
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D

Monogram	Initials	Name	Nurse Type
AKC	NICAKC	Cherian,Abraham K	RN
END	NPIO.END	DY,ELAINE N	OT
GV	NICGV	Vagamattathil,Gibbym	RN
MLH	NNUR.MLH	HARRIS,MICHAEL L	RN
MLS	NICMLS	Serrano,Merlani L	RN
RR	NICRXR	Raju,Rachel P	RN
VV	NPGVV	Vanegas rios,Valeria	RN
YF	NNAYF1	Fernandez borges,Yan	RN
his		automatic by program	

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: N00101730890
Location: N.PCU
Room/Bed: N.A419-1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
PLAN OF CARE HPF

Printed 12/18/19 at 0432

Diagnosis/Problem Description
Intervention/eval. Description — Sts — Directions — From
Activity — Occurred — Recorded — Documented
Type — Date — Time — by — Date — Time — by — Comment — Units — Change

Activity Date: 12/11/19 Time: 0020

Diagnosis/Problem: STANDARD: Citical Care A
- Create 12/11/19 0020 GV 12/11/19 0020 GV
Diagnosis/Problem: STANDARD: Facility Wide A
- Create 12/11/19 0020 GV 12/11/19 0020 GV

Activity Date: 12/11/19 Time: 0414

Diagnosis/Problem: Cardiac Output Alteration A
Change in or modification of the pumping action of the heart or blood vessels.
- Create 12/11/19 0414 YF 12/11/19 0414 YF

Activity Date: 12/11/19 Time: 1220

Diagnosis/Problem: Injury Risk A
Increased chance of danger or loss.
- Create 12/11/19 1220 MLS 12/11/19 1220 MLS
Diagnosis/Problem: Toileting Deficit A
Impaired ability to urinate or defecate for oneself
- Create 12/11/19 1220 MLS 12/11/19 1220 MLS
Diagnosis/Problem: Comfort Alteration A
Change in or modification of sensation that is distressing.
Create 12/11/19 1220 MLS 12/11/19 1220 MLS
Diagnosis/Problem: Pain A
Physical suffering or distress; to hurt.
- Create 12/11/19 1220 MLS 12/11/19 1220 MLS
Diagnosis/Problem: Skin Integrity Alteration A
Change in or modification of skin conditions.
- Create 12/11/19 1220 MLS 12/11/19 1220 MLS

Activity Date: 12/12/19 Time: 0235

Diagnosis/Problem: Bleeding Risk A
Increased chance of loss of blood volume
- Create 12/12/19 0235 RR 12/12/19 0235 RR
Diagnosis/Problem: Musculoskeletal Alteration A
Change in or modification of the muscles, bones, or support structures.
- Create 12/12/19 0235 RR 12/12/19 0235 RR

Activity Date: 12/12/19 Time: 1610

Diagnosis/Problem: REHAB:Impaired Rehabilitative Functions*A
- Create 12/12/19 1610 END 12/12/19 1610 END

Activity Date: 12/13/19 Time: 1007

Diagnosis/Problem: Family Coping Impairment A
Inadequate family response to problems or difficulties.
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Diagnosis/Problem: Home Maintenance Alteration A
Inability to sustain a safe, healthy environment.
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Diagnosis/Problem: Endocrine Alteration A
Change in or modification of internal secretions or hormones.
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Diagnosis/Problem: Infection A
Contamination with disease-producing germs
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Diagnosis/Problem: Family Process Alteration A
Change in or modification of usual functioning of a related group.
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Diagnosis/Problem: Anxiety A
Feeling of distress or apprehension whose source is unknown.
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC

Activity Date: 12/17/19 Time: 1623

Diagnosis/Problem: STANDARD: Citical Care D
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Bleeding Risk D
Increased chance of loss of blood volume
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: REHAB:Impaired Rehabilitative Functions*D
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Family Coping Impairment D
Inadequate family response to problems or difficulties.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Home Maintenance Alteration D
Inability to sustain a safe, healthy environment.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D

Diagnosis/Problem Description
Intervention/eval. Description — Sts — Directions — From
Activity — Occurred — Recorded — Documented
Type — Date — Time — by — Date — Time — by — Comment — Units — Change

Activity Date: 12/17/19 Time: 1623

Diagnosis/Problem: Endocrine Alteration D
Change in or modification of internal secretions or hormones.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Infection D
Contamination with disease producing germs
Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Family Process Alteration D
Change in or modification of usual functioning of a related group.
Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Anxiety D
Feeling of distress or apprehension whose source is unknown.
Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: STANDARD: Facility Wide D
Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Cardiac Output Alteration D
Change in or modification of the pumping action of the heart or blood vessels.
Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Injury Risk D
Increased chance of danger or loss.
Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Toileting Deficit D
Impaired ability to urinate or defecate for oneself
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Comfort Alteration D
Change in or modification of sensation that is distressing.
Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Pain D
Physical suffering or distress; to hurt.
Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Skin Integrity Alteration D
Change in or modification of skin conditions.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
Diagnosis/Problem: Musculoskeletal Alteration D
Change in or modification of the muscles, bones, or support structures.
Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D

Activity Date: 12/17/19 Time: 1704

Diagnosis/Problem: Activity Alteration A
Change in or modification of energy used by the body.
- Create 12/17/19 1704 VV 12/17/19 1704 VV
Diagnosis/Problem: Posttrauma Response A
Sustained behavior related to a traumatic event.
Create 12/17/19 1704 VV 12/17/19 1704 VV
Diagnosis/Problem: Infection Risk A
Increased chance of contamination with disease-producing germs
- Create 12/17/19 1704 VV 12/17/19 1704 VV
Diagnosis/Problem: Communication Impairment A
Diminished ability to exchange thoughts, opinions, or information.
- Create 12/17/19 1704 VV 12/17/19 1704 VV
Diagnosis/Problem: Sensory Perceptual Alteration A
Change in or modification of the response to stimuli.
- Create 12/17/19 1704 VV 12/17/19 1704 VV
Diagnosis/Problem: Peripheral Vascular Alteration A
Change in or modification of the oxygenation of tissues.
Create 12/17/19 1704 VV 12/17/19 1704 VV
Diagnosis/Problem: Urinary Elimination Alteration A
Change in or modification of excretion of the waste matter of the kidneys.
- Create 12/17/19 1704 VV 12/17/19 1704 VV

Activity Date: 12/17/19 Time: 1735

Diagnosis/Problem: Activity Alteration D
Change in or modification of energy used by the body.
- Ed Status 12/17/19 1735 his 12/17/19 1735 his A => D
Diagnosis/Problem: Posttrauma Response D
Sustained behavior related to a traumatic event.
- Ed Status 12/17/19 1735 his 12/17/19 1735 his A => D
Diagnosis/Problem: Infection Risk D
Increased chance of contamination with disease producing germs
Ed Status 12/17/19 1735 his 12/17/19 1735 his A => D
Diagnosis/Problem: Communication Impairment D
Diminished ability to exchange thoughts, opinions, or information.
- Ed Status 12/17/19 1735 his 12/17/19 1735 his A => D

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: NC0101730890
Location: N.PCU
Room/Bed: N.A419 1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
PLAN OF CARE HPI

Printed 12/18/19 at 0432

Diagnosis/Problem Description Intervention/eval. Description Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1735

Diagnosis/Problem: Sensory Perceptual Alteration D
Change in or modification of the response to stimuli
Ed Status 12/17/19 1735 his 12/17/19 1735 his A => D

Diagnosis/Problem: Peripheral Vascular Alteration D
Change in or modification of the oxygenation of tissues.
Ed Status 12/17/19 1735 his 12/17/19 1735 his A => D

Diagnosis/Problem: Urinary Elimination Alteration D
Change in or modification of excretion of the waste matter of the kidneys.
Ed Status 12/17/19 1735 his 12/17/19 1735 his A => D

Monogram	Initials	Name	Nurse Type
AKC	NICAKC	Cherian,Abraham K	RN
END	NPTO END	DY,ELAINE N	OT
GV	NICGV	Vagamattathil,Gibbym	RN
MLS	NIOMLS	Serrano,Melani L	RN
RR	NICRXR	Raju,Rachel P	RN
VV	NPGVV	Vanegas rios,Valeria	RN
YF	NNAYFI	Fernandez borges,Yar	RN
his		automatic by program	

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: N00101730890
Location: N.PCU
Room/Bed: N.A419-1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
CLINICAL DOCUMENTATION RECORD HPF

Printed 12/18/19 at 0417

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 0536

28023 z:Assess Neurologic Status A OE
.
Nursing Frequency: OTHER (SEE BELOW)
Other Frequency: with Vital Signs
Comment:
Please do not use to enter medications
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28047 z:Cardiac Monitor: Telemetry A OE
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28047 z:Cardiac Monitor: Telemetry A OE
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28070 z:Dressing Change A OE
Press ENTER for Order Details Below
.
Type: Dry
Wet to dry: Damp to dry:
Apply to: affected areas
Cover with:
.
Frequency: QS +
Additional Instructions:
Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28111 z:Intake & Output A OE
.
Frequency:
Comments: Strict
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28136 z:Notify Vital Sign Parameters A OE
Press (ENTER) for Order Details below
.
Notify Physician:
Temperature >: 38.6 degrees C HR <: 50 HR >: 110
Oxygen Saturation <: 92 percent SBP <: 90 mmhg SBP >: 160 mmHg
RR <: 12 RR >: 28 MAP <: 60 mmHg DBP >: 100 mmHg
Comment:
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28143 z:Oral Hygiene A OE
Press <ENTER> for additional order detail
.
Oral Hygiene Frequency: EVERY 8 HOURS
Comment:
Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28175 z: Incentive Spirometry A OE
Press ENTER for Order Details Below
.
Frequency: EVERY 1 HOUR WHILE AWAKE X 10 deep breaths and cough
Comments:
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 0536

28190 z:Seq Compression Device A OE
.
Placement: Knee High
Comment:
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28222 z:Vital Signs A OE
.
Nursing Frequency: OTHER (SEE BELOW)
Other Frequency: Every 1 hour X 4, then every 4 hours X 24 hours then per unit standard
Comment:
Please do not use to enter medications
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28458 z:Education - VTE A OE
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28622 z:PRN LAB TEST A OE
Press (ENTER) for Order Details below
.
Comment: Repeat potassium serum level 1 hour after dose complete and in AM. Obtain STAT magnesium level from blood already drawn with second replacement dose of potassium.
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB
28655 z:INIT Electrolyte Protocol A OE
.
Comments: Follow admin criteria for potassium dosing.
- Create 12/10/19 0536 SXB 12/10/19 0536 SXB

Activity Date: 12/10/19 Time: 0851

28139 z:Obtain Patient Consent A OE
Press ENTER for Order Details Below
.
Authorize Dr(s): Mezzanotte
Prepare Consent for: Open reduction internal fixation of left femur
Anticipated date of Procedure: 12/10/19
- Create 12/10/19 0851 LC 12/10/19 0851 LC

Activity Date: 12/10/19 Time: 0932

Patient Notes: PHYSICAL THERAPY NOTES
- Create 12/10/19 0932 JS 12/10/19 0933 JS
Abnormal? N Confidential? N
PHYSICAL THERAPY ORDERS RECEIVED. PATIENT GOING TO OR TODAY FOR ORIF OF FEMUR FRACTURE. WILL DEFER THERAPY FOR TODAY.

Note Type	Description
No Type	None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 1044

220822 SURG: Pre-Procedure Checklist, Prep + A AS
Pre-operative Form to be completed prior
to patient procedure
- Create 12/10/19 1044 ANL 12/10/19 1050 ANL
- Document 12/10/19 1044 ANL 12/10/19 1050 ANL
- - PRE-PROCEDURE UNIVERSAL PROTOCOL AND RN -
Procedure: OPEN REDUCTION INTERNAL FIXATION OF LEFT FEMUR
Procedure(s) and site(s) confirmed and marked per policy: Yes
Patient identified by two identifiers and ID band on: Yes
Band on if indicated: Medication/food allergy
Fall risk
H and P completed within last 30 days and available: Yes
H and P updated, completed and available: Yes
Is patient participating in the Enhanced Surgical Recovery (ESR) program: No
Did the patient drink a carbohydrate-rich drink prior to surgery: No
MD orders reviewed: Yes
Procedure documentation verified and available: Adm Assessment
Adm History
Pre-Anesthesia Assessment
Consents complete, valid and available: Procedure(s)
Anesthesia
Blood
Type screen available: No
Existing patient implants: NONE
Lab results reviewed: Yes
- NPO STATUS
Last solids date: 12/09/19
Last solids time: 2359
Last liquids date: 12/10/19
Last liquids time: 0611
NPO comments: SIP OF WATER WITH PAIN MEDICATION
Patient voided prior to procedure: Yes
Bowel prep: No
- - SAFETY - -
Assistive devices sent with patient: None
Assistive device comment: ALL PERSONAL BELONGINGS W/ PT'S DAUGHTER
- - PRE PROCEDURE VITAL SIGNS - -
Blood pressure: 163/97
Pulse: 98
Respiratory rate: 17
Temperature F: 98.6
Temperature source: Temporal
SPO2 %: 96
Height ft: 5
Height in: 2
Height source: Stated/Reported
Weight kg: 63.630
Weight source: Stated/Reported

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 1044 (continued)

220822 SURG: Pre-Procedure Checklist, Prep + (continued)
BMI calculated: 25.7

Activity Date: 12/10/19 Time: 1050

220804 SURG: Lines, Drains, Airways Pre-op + A AS
- Create 12/10/19 1050 ANL 12/10/19 1051 ANL
- Document 12/10/19 1050 ANL 12/10/19 1051 ANL
- - LINES, DRAINS, AIRWAY - -
- - PERIPHERAL INTRAVENOUS/OTHER - -
IV type: - - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Start
Inserted by, if other than current documenter: Nurse
Number of attempts: 1
Skin prep used: Chlorhexidine gluconate
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes

- - Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Start
Inserted by, if other than current documenter: Nurse
Number of attempts: 1
Skin prep used: Chlorhexidine gluconate
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>

Activity Date: 12/10/19 Time: 1052

220801 SURG: Plan of Care Pre-op + A AS
- Create 12/10/19 1052 ANL 12/10/19 1052 ANL
- Document 12/10/19 1052 ANL 12/10/19 1052 ANL
Physiological problem/alteration in: Skin integrity
Musculoskeletal
- - MUSCULOSKELETAL ALTERATION - -
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Musculoskeletal alteration problem is: Stabilizing/Maintaining
- - SKIN INTEGRITY ALTERATION - -
Skin integrity alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Skin integrity alteration problem is: Stabilizing/Maintaining
Functional problem/alteration in: Nutrition
Pain

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 1052 (continued)

220801 SURG: Plan of Care Pre op + (continued)
Comfort
Activity
COMFORT ALTERATION
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Comfort alteration problem is: Stabilizing/Maintaining
PAIN PROBLEM
Pain problem expected to: Improve/Resolve
Target date: 12/10/19
Pain problem is: Stabilizing/Maintaining
ACTIVITY ALTERATION
Activity alteration problem expected to Improve/Resolve
Target date: 12/10/19
Activity alteration problem is: Stabilizing/Maintaining
NUTRITION ALTERATION
Nutrition alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Nutrition alteration problem is: Stabilizing/Maintaining
Psychological problem/alteration in: Individual coping
Family coping
FAMILY COPING IMPAIRMENT
Family coping impairment problem expected to: Improve/Resolve
Target date: 12/10/19
Family coping impairment problem is: Stabilizing/Maintaining
INDIVIDUAL COPING IMPAIRMENT -
Individual coping impairment problem expected to: Improve/Resolve
Target date: 12/10/19
Individual coping impairment problem is Stabilizing/Maintaining
Health behavior problem/risk: Home maintenance
HOME MAINTENANCE ALTERATION
Home maintenance alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Home maintenance alteration problem is: Stabilizing/Maintaining
220843 SURG: Teach/Educate Pre op + A AS
Create 12/10/19 1052 ANL 12/10/19 1054 ANL
- Document 12/10/19 1052 ANL 12/10/19 1054 ANL
PATIENT/FAMILY TEACHING
Primary learner: Patient
Other learner: Family
Barriers to communication/learning: language barrier
Primary learners preferred spoken language: ARA ARABIC
Primary learners preferred written language: ARA ARABIC
Physiological topics: Circulatory control
Functional topics: Nutrition care
Psychological topics: Coping support
Discharge/Health behavior topics: Safety precautions
Compliance with instructions

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 1052 (continued)

220843 SURG: Teach/Educate Pre op + (continued)
Person(s) educated Patient
Family
Readiness to learn: Asks questions
Cooperative
Method of education: Verbal discussion
Responsiveness to learning: Verbalized understanding
Demonstrate understanding

Activity Date: 12/10/19 Time: 1325

Patient Notes: OCCUPATIONAL THERAPY NOTES
- Create 12/10/19 1325 YW 12/10/19 1326 YW
Abnormal? N Confidential? N
ORDERS RECEIVED FOR OT EVAL AMD TREAT. PER CHART REVIEW PLAN FOR OR TODAY CRIF L FEMUR. OT WILL SEE PATIENT POST-OP.
Note Type Description
No Type None

Activity Date: 12/10/19 Time: 1438

220827 SURG: Core Measures Intra op + A AS
- Create 12/10/19 1438 JPT 12/10/19 1439 JPT
Document 12/10/19 1438 JPT 12/10/19 1439 JPT
- CQM ANTIBIOTIC DOSING -
Antibiotic #1 given: Pre-operative dosing
Antibiotic #1: CEFA
Antibiotic #1 dose: 2
Antibiotic #1 units: Gram(s)
Antibiotic #1 date: 12/10/19
Antibiotic #1 time begun: 1355
Antibiotic #1 route: IV Intravenous
Antibiotic #1 given by: ANESTHESIA
Surgical incision date: 12/10/19
Surgical incision time: 1428

Activity Date: 12/10/19 Time: 1441

Patient Notes: OPERATIVE NOTES *
Create 12/10/19 1441 JPT 12/10/19 1442 JPT
Abnormal? N Confidential? N
Chart reviewed prior to transfer into OR. Proper body alignment maintained during transfers and positioning. Sterile technique monitored throughout procedure.
Note Type Description
No Type None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 1550

220800 SURG: Plan of Care Intra-op + A AS
- Create 12/10/19 1550 MK 12/10/19 1553 MK
- Document 12/10/19 1550 MK 12/10/19 1553 MK
Physiological problem/alteration in: Skin integrity
Musculoskeletal
Cardiac
Respiratory
- CARDIAC ALTERATION - -
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Cardiac alteration problem is: Stabilizing/Maintaining
- RESPIRATION ALTERATION -
Respiration alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Respiration alteration problem is: Stabilizing/Maintaining
- - MUSCULOSKELETAL ALTERATION - -
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Musculoskeletal alteration problem is: Stabilizing/Maintaining
- - SKIN INTEGRITY ALTERATION - -
Skin integrity alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Skin integrity alteration problem is: Stabilizing/Maintaining
Functional problem/alteration in: Nutrition
Pain
Comfort
Activity
- COMFORT ALTERATION - -
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Comfort alteration problem is: Stabilizing/Maintaining
- - PAIN PROBLEM -
Pain problem expected to: Improve/Resolve
Target date: 12/10/19
Pain problem is: Stabilizing/Maintaining
- - ACTIVITY ALTERATION - -
Activity alteration problem expected to Improve/Resolve
Target date: 12/10/19
Activity alteration problem is: Stabilizing/Maintaining
- NUTRITION ALTERATION - -
Nutrition alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Nutrition alteration problem is: Stabilizing/Maintaining
Psychological problem/alteration in: Individual coping
Family coping
- FAMILY COPING IMPAIRMENT -
Family coping impairment problem expected to: Improve/Resolve
Target date: 12/10/19

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 1550 (continued)

220800 SURG: Plan of Care Intra-op + (continued)
Family coping impairment problem is: Stabilizing/Maintaining
- INDIVIDUAL COPING IMPAIRMENT - -
Individual coping impairment problem expected to: Improve/Resolve
Target date: 12/10/19
Individual coping impairment problem is: Stabilizing/Maintaining
BLEEDING ALTERATION - -
Bleeding risk problem expected to: Improve/Resolve
Target date: 12/10/19
Bleeding risk problem is: Stabilizing/Maintaining
Health behavior problem/risk: Home maintenance
Bleeding risk
Infection risk
Injury risk
Procedural/periop risk
- - INJURY RISK PROBLEM -
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/10/19
Injury risk problem is: Stabilizing/Maintaining
- - PROCEDURAL/PERIOP RISK - -
Procedural/periop risk problem expected to: Stabilize/Maintain
Target date: 12/10/19
Procedural/periop risk problem is: Stabilizing/Maintaining
- - HOME MAINTENANCE ALTERATION - -
Home maintenance alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Home maintenance alteration problem is: Stabilizing/Maintaining
- - INFECTION RISK - -
Infection risk problem expected to: Improve/Resolve
Target date: 12/10/19
Infection risk problem is: Stabilizing/Maintaining

Activity Date: 12/10/19 Time: 1702

220832 SURG: Packing Intra-op + A AS
- Create 12/10/19 1702 MK 12/10/19 1702 MK
- Document 12/10/19 1702 MK 12/10/19 1702 MK
- - DRESSING AND PACKING - -
Skin alteration: Present/Exists
Skin alteration: - - Procedural site Lateral Thigh left - -
Instance list status: Active
Staples/sutures: Staples intact
Cleansed/applied: Normal saline
Dressing/reinforcement type: Abd pad/dressing, Gauze, MEDIPORE TAPE
Packing removed: No
<End>

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Units	Documented	from Change

Activity Date: 12/10/19 Time: 1730

Patient Notes: PACU NOTES *
Create 12/10/19 1730 PAW 12/10/19 1835 PAW
Abnormal? N Confidential? N
RECEIVED TO PACU S/P OPEN REDUCTION INTERNAL FIXATION OF LEFT FEMUR.INITIALLY HEARTRATE OF 130 WITH LOW BLOOD PRESSURE UPON ARRIVAL.INCISIONAL SITE WITH STAPLES 4X4S ACE WRAP AND KNEE IMMOBILIZER IN PLACE.UPON ARRIVAL 2 UNITS OF PACKED RED BLOOD CELLS RENDERED BY CRNA POLETE WITH OF RN WHITE RN
Note Type Description
No Type None
Create 12/10/19 1730 PAW 12/10/19 2008 PAW
Abnormal? N Confidential? N
FOLEY DRAINING DARK AMBER URINE
Note Type Description
No Type None

Activity Date: 12/10/19 Time: 1732

28026 z:Assess Respiratory Status A OE
Press (ENTER) for Order Details below
Comment: If respiratory rate <9, not arousable and O2 sat's >90%, notify anesthesiologist and give Naloxone/Narca 0.1 mg IV x 1 dose
Create 12/10/19 1732 DR 12/10/19 1732 DR
28040 z:Blood Glucose Monitoring A OE
Press ENTER for Order Details Below
Frequency: ZOTHER
Additional instructions: Prior to discharge to home. Notify anesthesia if blood sugar <90 or >200.
Create 12/10/19 1732 DR 12/10/19 1732 DR
28136 z:Notify Vital Sign Parameters A OE
Press (ENTER) for Order Details below
Notify Physician:
Temperature >: 38.3 degrees C HR <: 50 HR >: 110
Oxygen Saturation <: 92 percent SBP <: 90 mmhg SBP >: 170 mmHg
RR <: 12 RR >: 28 MAP <: 60 mmHg DBP >: 100 mmHg
Comment:
Create 12/10/19 1732 DR 12/10/19 1732 DR
28222 z:Vital Signs A OE
Nursing Frequency: OTHER (SEE BELOW)
Other Frequency: Q15min x 4, Q30min x 2 and Q1h x 2.
Comment:
Please do not use to enter medications
Create 12/10/19 1732 DR 12/10/19 1732 DR

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Units	Documented	from Change

Activity Date: 12/10/19 Time: 1732

28448 z:Monitor Core Temperature A OE
Comments: Maintain temperature no less than 36C.
Create 12/10/19 1732 DR 12/10/19 1732 DR
30757 z:Post Procedure Release Instruction A OE
Press (ENTER) for Order Details below
Comment: Discharge to nursing unit or home per following criteria: Blood pressure stable, O2 sat >90%. Notify anesthesiologist if patients doe not meet criteria.
Create 12/10/19 1732 DR 12/10/19 1732 DR

Activity Date: 12/10/19 Time: 1740

Patient Notes: PACU NOTES *
Create 12/10/19 1740 PAW 12/10/19 1931 PAW
Abnormal? N Confidential? N
BLOOD OBTAINED FOR TROPONIN LEVEL.AND BMP STAT TO LAB.EKG @ BEDSIDE.
Note Type Description
No Type None

Activity Date: 12/10/19 Time: 1800

Patient Notes: PACU NOTES *
Create 12/10/19 1800 PAW 12/10/19 1932 PAW
Abnormal? N Confidential? N
DAUGHTER ELAINE @ BEDSIDE FOR TRANSLATION.DR MOVELLI AWARE OF EKG AND TROPONIN LEVEL.STATES WANTS PT TO NUERO TRAUMA ICU.DAUGHTER AWARE
Note Type Description
No Type None

Activity Date: 12/10/19 Time: 1801

28028 z:Assess Signs and Symptoms A OE
Press (ENTER) for Order Details below
Comment: If patient is shaking, sweating, confused, or if patient/caregiver thinks patient is having a hypoglycemic reaction, then obtain STAT fingerstick glucose.
Create 12/10/19 1801 SFG 12/10/19 1801 SFG
28040 z:Blood Glucose Monitoring A OE
Press ENTER for Order Details Below
Frequency: Q4HRS
Additional instructions:
Create 12/10/19 1801 SFG 12/10/19 1801 SFG

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 1801

28431 z:Notify - Blood Glucose A OE
Create 12/10/19 1801 SFG 12/10/19 1801 SFG
28456 z:Notify - Results A OE
Press (ENTER) for Order Details below
.
Comment: Notify physician for Potassium levels less than 4.
- Create 12/10/19 1801 SFG 12/10/19 1801 SFG
28622 z:PRN LAB TEST A OE
Press (ENTER) for Order Details below
.
Comment: Repeat Fingerstick blood suger PRN for treatment
or suspicion of hypoglycemia.
- Create 12/10/19 1801 SFG 12/10/19 1801 SFG
28694 z:Meal Monitoring A OE
.
Comments: for changes in glucose sources (NPO, Holding tube
feedings, IV/IVPB's with dextrose, TPN, etc.) and
any corticosteroid use.
- Create 12/10/19 1801 SFG 12/10/19 1801 SFG

Activity Date: 12/10/19 Time: 1851

220895 SURG: Assessment PAC A AS
- Create 12/10/19 1851 PAW 12/10/19 1910 PAW
Document 12/10/19 1851 PAW 12/10/19 1910 PAW
- - SURG: ASSESSMENT PACU
Postop assessment and management: Admitting PACU I
PACU assessment time: 1730
Patient identified by two identifiers and ID band on: Yes
Patient position on arrival: Fowlers semi
Family notified: Yes
Level of consciousness: Awake
Alertness/orientation: Alert
Ice Applied: Not applicable
If location is extremity, was extremity elevated: Not applicable
Assess neurological: Yes
- - NEUROLOGICAL ASSESSMENT -
Alert and oriented: Yes
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Tongue: Midline
Vocalization: Appropriate
Reflexes present and appropriate: Yes
Upper extremities equal and strong bilaterally: Yes
Lower extremities equal and strong bilaterally: Yes
Gait, strength, balance: Appropriate
General weakness: None
Dizziness: None

Activity Date: 12/10/19 Time: 1851 (continued)

220895 SURG: Assessment PAC (continued)
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
Numbness/tingling, paresis/paralysis, tremors: None
Current seizure activity: None
Nuchal rigidity: No
Assess respiratory: Yes
- RESPIRATORY ASSESSMENT -
Respirations even and unlabored: Yes
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
Oxygen therapy: Present/Exists
Oxygen delivery devices: Non rebreather mask
O2 Liters per minute: 15.000000
Cough/sputum/secretions: None
Assess cardiovascular: Yes
- - CARDIOVASCULAR ASSESSMENT -
Heart sounds normal (S1,S2): Yes
Jugular distension: None
Cardiac monitor: Present/Exists
Monitored heart rhythm: Sinus tachycardia
Cardiac pacer/AICD: None
Ventricular assist device: None
Assess EENT Yes
Assess gastrointestinal: Yes
- - GASTROINTESTINAL ASSESSMENT -
Nausea: None
Vomiting/Dry heaving: None
Abdomen is soft, symmetrical, and non-tender: Yes
Bowel sounds normal-active in all 4 quadrants: Yes
Passing flatus: Yes
Document stool: Normal for patient
Assess genitourinary: Yes
- - GENITOURINARY ASSESSMENT -
Urine clear, yellow to amber in color: Unable to assess
Assess gynecological: No
Assess musculoskeletal: Yes
- - MUSCULOSKELETAL ASSESSMENT -
Full range of motion appropriate for developmental age: Yes
Developmentally age appropriate gait: Yes
Developmentally appropriate independent ambulation: Yes
Paresthesia: None
Musculoskeletal acute condition: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 1851 (continued)

220895 SURG: Assessment PAC (continued)
Traction: None
Positioning aids: None
Contractures: None
Assess integumentary: Yes
- - INTEGUMENTARY ASSESSMENT - -
Skin condition: Warm and dry
Color within expectations for ethnicity: Yes
Skin turgor-tenting less than 1 second: Yes
Skin piercings: None
- - SKIN PIERCINGS - -
Skin alteration/Procedure site: None
- - SKIN TEST - -
Document skin test monitor: No
Assess peripheral vascular: Yes
- - PERIPHERAL VASCULAR - -
Capillary refill less than or equal to 3 seconds: Yes
Pulses strong and equal bilaterally: Yes
Calves symmetrical and pain is absent with dorsiflexion: Yes
Peripheral edema: None
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Gcs knee
Device applied to: Right

Activity Date: 12/10/19 Time: 1911

220802 SURG: Plan of Care PACU + A AS
- Create 12/10/19 1911 PAW 12/10/19 1911 PAW
- Document 12/10/19 1911 PAW 12/10/19 1911 PAW
Physiological problem/alteration in: Skin integrity
Musculoskeletal
Cardiac
Respiratory
- - CARDIAC ALTERATION - -
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Cardiac alteration problem is: Improving/Resolving
- - RESPIRATION ALTERATION - -
Respiration alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Respiration alteration problem is: Improving/Resolving
- - MUSCULOSKELETAL ALTERATION - -
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Musculoskeletal alteration problem is: Improving/Resolving
- - SKIN INTEGRITY ALTERATION - -
Skin integrity alteration problem expected to: Improve/Resolve

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 1911 (continued)

220802 SURG: Plan of Care PACU + (continued)
Target date: 12/10/19
Skin integrity alteration problem is: Improving/Resolving
Functional problem/alteration in: Nutrition
Pain
Comfort
Activity
- - COMFORT ALTERATION - -
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Comfort alteration problem is: Improving/Resolving
- - PAIN PROBLEM - -
Pain problem expected to: Improve/Resolve
Target date: 12/10/19
Pain problem is: Improving/Resolving
- - ACTIVITY ALTERATION - -
Activity alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Activity alteration problem is: Improving/Resolving
- - NUTRITION ALTERATION - -
Nutrition alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Nutrition alteration problem is: Improving/Resolving
Psychological problem/alteration in: Individual coping
Family coping
- - FAMILY COPING IMPAIRMENT - -
Family coping impairment problem expected to: Improve/Resolve
Target date: 12/10/19
Family coping impairment problem is: Improving/Resolving
- - INDIVIDUAL COPING IMPAIRMENT - -
Individual coping impairment problem expected to: Improve/Resolve
Target date: 12/10/19
Individual coping impairment problem is: Improving/Resolving
- - BLEEDING ALTERATION - -
Bleeding risk problem expected to: Improve/Resolve
Target date: 12/10/19
Bleeding risk problem is: Improving/Resolving
Health behavior problem/risk: Home maintenance
Bleeding risk
Infection risk
Injury risk
Procedural/periop risk
- - INJURY RISK PROBLEM - -
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/10/19
Injury risk problem is: Improving/Resolving
- - PROCEDURAL/PERIOP RISK - -
Procedural/periop risk problem expected to: Stabilize/Maintain

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 1911 (continued)

220802 SURG: Plan of Care PACU + (continued)
Target date: 12/10/19
Procedural/periop risk problem is: Improving/Resolving
- HOME MAINTENANCE ALTERATION -
Home maintenance alteration problem expected to: Improve/Resolve
Target date: 12/10/19
Home maintenance alteration problem is: Improving/Resolving
- - INFECTION RISK -
Infection risk problem expected to: Improve/Resolve
Target date: 12/10/19
Infection risk problem is: Improving/Resolving

Activity Date: 12/10/19 Time: 1930

Patient Notes: PACU NOTES *
Create 12/10/19 1930 PAW 12/10/19 1933 PAW
Abnormal? N Confidential? N
PT STATES PAIN IS 5/10 AND PT RESTING EASY
Note Type Description
No Type None

Activity Date: 12/10/19 Time: 2008

Patient Notes: PACU NOTES *
- Create 12/10/19 2008 PAW 12/10/19 2009 PAW
Abnormal? N Confidential? N
IV @ 75 CC/HR VIA PUMP
Note Type Description
No Type None

Activity Date: 12/10/19 Time: 2030

Patient Notes: PACU NOTES *
- Create 12/10/19 2030 PAW 12/10/19 2031 PAW
Abnormal? N Confidential? N
PT RESTING WITHOUT COMPLAINTS
Note Type Description
No Type None

Activity Date: 12/10/19 Time: 2130

Patient Notes: PACU NOTES *
- Create 12/10/19 2130 PAW 12/10/19 2335 PAW
Abnormal? N Confidential? N
FAMILY @ BEDSIDE FOR VISIT,PT STATES PAIN IS 2/10
Note Type Description
No Type None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 2200

Patient Notes: PACU NOTES *
- Create 12/10/19 2200 PAW 12/10/19 2336 PAW
Abnormal? N Confidential? N
RESTING @ INTERVALS
Note Type Description
No Type None

Activity Date: 12/10/19 Time: 2230

Patient Notes: PACU NOTES *
- Create 12/10/19 2230 PAW 12/10/19 2336 PAW
Abnormal? N Confidential? N
VOICING NO COMPLAINTS
Note Type Description
No Type None

Activity Date: 12/10/19 Time: 2301

Patient Notes: PACU NOTES *
- Create 12/10/19 2301 PAW 12/10/19 2333 PAW
Abnormal? N Confidential? N
ROOM AVAILABLE .TRANSPORTED VIA STRETCHER,REPORT TO ICU RN
Note Type Description
No Type None

Activity Date: 12/10/19 Time: 2310

220411 Clinical Monitor Interface + A MO
- Document 12/10/19 2310 GV 12/11/19 0126 GV
Pulse: 102
Respiratory rate: 26
SPO2 %: 98
Arterial line blood pressure: 132/66
Arterial line MAP: 85

Activity Date: 12/10/19 Time: 2330

Patient Notes: NURSE NOTES *
- Create 12/10/19 2330 GV 12/11/19 0733 GV
Abnormal? N Confidential? N
RECEIVED AWAKE, ALERT PT FROM PACU ON NASAL CANULA. LT FEMUR ORIF. DRESSING INTACT AND DRY WITH IMMOBILISER.
Note Type Description
No Type None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 2333

220805 SURG: Lines, Drains, Airways PACU + A AS
Create 12/10/19 2333 PAW 12/10/19 2334 PAW
Document 12/10/19 2333 PAW 12/10/19 2334 PAW
- - LINES, DRAINS, AIRWAY -
- PERIPHERAL INTRAVENOUS/OTHER
IV type: Venous Left Forearm anterior 18 g Inserted 12/10/19 0430
Instance list status: Active
IV/IO/Subcutaneous line status Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
- - Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
220895 SURG: Assessment PAC A AS
- Document 12/10/19 2333 PAW 12/10/19 2333 PAW
- SURG: ASSESSMENT PACU -
Postop assessment and management: Discharge PACU I
PACU assessment time: 2301
Patient identified by two identifiers and ID band on: Yes
Patient position on arrival: fowlers semi
Family notified: Yes
Level of consciousness: Awake
Alertness/orientation: Alert
Changes since last assessment: No
Ice Applied: Not applicable
If location is extremity, was extremity elevated: Not applicable
Assess neurological: No
Assess respiratory: No
Assess cardiovascular: No
Assess EENT: No
Assess gastrointestinal: No
Assess genitourinary: No
Assess gynecological: No
Assess musculoskeletal: No
Assess integumentary: No
Assess peripheral vascular: No
PACU DISCHARGE - -
Transported with O2: Yes
Reintubated in PACU: No
Orders received and noted: Yes
Family notified of transfer: Yes
Discharge order by: RODDAI Rodriguez-Morvell,Dante MD

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/10/19 Time: 2340

220411 Clinical Monitor Interface + A MO
- Document 12/10/19 2340 GV 12/11/19 0126 GV
Pulse: 103
Respiratory rate: 21
SPO2 %: 98
Arterial line blood pressure: 137/69
Arterial line MAP: 88

Activity Date: 12/11/19 Time: 0000

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0000 GV 12/11/19 0126 GV
Pulse: 104
Respiratory rate: 21
SPO2 %: 97
Blood pressure: 107/68
Mean arterial pressure: 81
Arterial line blood pressure: 128/65
Arterial line MAP: 85
220417 Hygiene Care+ A PS
- Document 12/11/19 0000 GV 12/11/19 0127 GV
- HYGIENE CARE - -
Chlorhexidine gluconate (CHG) used for bath: Yes, CHG bath given
Hygiene care provided: Limited assistance
Perineal care provided: Limited assistance
Oral care provided: Limited assistance
Chlorhexidine gluconate (CHG) used for oral care: Yes, CHG oral swabs used
220410 Critical Care Flow Record + A CP
- Document 12/11/19 0000 GV 12/11/19 0125 GV
- - CRITICAL CARE FLOWSHEET -
- GLASGOW COMA SCALE - -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
- - INTAKE AND OUTPUT -
Document intake and output: Yes
Oral ml: 50
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 75.00
- - URINE -
Urinary catheter ml: 500
LINES DRAINS AND AIRWAYS
Document lines, drains and airways: Yes
- - ARTERIAL LINE -
Arterial line: Radial artery Left Inserted 12/10/19 0536

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0000 (continued)

220410 Critical Care Flow Record + (continued)
Instance list status: Active
Arterial line status: Present on arrival
Arterial line site condition: Clean, dry and intact
Dressing status: Clean/dry/intact
Dressing type: Antimicrobial patch
<End>
IV
IV type: Venous Left Forearm anterior 18 g Inserted 12/10/19 0430
Instance list status: Active
IV/IO/Subcutaneous line status Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes

Venous Right Forearm anterior 20 g Inserted 12/10/19 0430
Instance list status: Active
IV/IO/Subcutaneous line status Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
URINARY CATHETER
Urinary catheter type: Temporary/indwelling
Insertion/applied date: 12/10/19
Insertion/applied time: 0536
Indication for urinary catheter: Accurate I/O and crit ill
Urinary catheter status: Present on arrival
Indwelling type: 2 way
Catheter size: 16 fr
Urinary catheter complications encountered: None
220235 Pain Assessment + A CP
Document 12/11/19 0000 GV 12/11/19 0122 GV
PAIN ASSESSMENT
Patient goal for pain management: No pain-0
Pain scale utilized: Verbal numeric
Numeric pain scale: Moderate pain 4
Pain intensity: 4
Pain location: Leg left
Relieving factors for pain: Repositioning
Relaxation techniques
Medication non-opioid
Environment dim lights
Non pharmacological intervention used: Repositioning
220400 Vitals/Ht/ Wt/ Measurements + A CP
Document 12/11/19 0000 GV 12/11/19 0123 GV
VITAL SIGNS
Document vital signs: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0000 (continued)

220400 Vitals/Ht/ Wt/ Measurements + (continued)
Temperature F: 99.0
Temperature source Temporal
HEIGHT/WEIGHT
BMI calculated: 25.7
Document 12/11/19 0000 GV 12/11/19 0124 GV
VITAL SIGNS
HEIGHT/WEIGHT
Document height/weight measurements: Yes
Weight kg: 77.500
Weight source: Bed scale
BSA calculated sq m: 1.8
BMI calculated: 29.2
Weight in kg to have BMI equal to 25: 61.999
220415 Routine Daily Care + A .on going CP
Document 12/11/19 0000 GV 12/11/19 0126 GV
DAILY CARE ROUTINE
Activity: Turn
Bedrest
Level of assistance: 1 person assist
Specialty bed: low air loss
Head of bed elevation: HOB 30 degrees
Transport method: Bed

Activity Date: 12/11/19 Time: 0010

220411 Clinical Monitor Interface + A MO
Document 12/11/19 0010 GV 12/11/19 0126 GV
Pulse: 97
Respiratory rate: 20
SPO2 %: 97
Arterial line blood pressure: 137/64
Arterial line MAP: 87

Activity Date: 12/11/19 Time: 0020

220215 *Quick Start + A AS
Create 12/11/19 0020 GV 12/11/19 0020 GV
Document 12/11/19 0020 GV 12/11/19 0020 GV
QUICK START
Patient type: ICU/Stepdown
Diagnosis/Problem: STANDARD: Critical Care A
Create 12/11/19 0020 GV 12/11/19 0020 GV
Outcome: Standard for Critical Care A 12/20/19
Create 12/11/19 0020 GV 12/11/19 0020 GV

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: N00101730890
Location: N.PCU
Room/Bed: N.A419-1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
CLINICAL DOCUMENTATION RECORD HPF

Printed 12/18/19 at 0417

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/11/19 Time: 0020									
220410 Critical Care Flow Record +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220411 Clinical Monitor Interface +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220440 IV Drip Titration +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
Diagnosis/Problem: STANDARD: Facility Wide							A		
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
Outcome: Standard for Facility							A	12/20/19	
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220200 Admission Health History +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220205 Health History Update +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220210 Admission/Shift Assessment +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220220 Safety/Risk/Regulatory +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220230 1st Point of Contact MRSA/TB/RESP +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
- Document	12/11/19	0020	GV	12/11/19	0021	GV			

- - FIRST POINT OF CONTACT - -
Is patient present and able to complete the screening for infection: Yes
Patient admitted/transferred from: Home
Reported/visualized open or draining wound: No
Is reason for visit open joint replacement/open spine/open heart surg: No
Is the patient receiving dialysis: No
Have you or a close contact traveled outside the US in the last 3 weeks: No
Risk factors for C.diff: None
Have you ever had TB or a positive TB skin test: No
Recent close contact with a person who has TB or influenza like illness: No
Fever greater than 100.4 F or 38.0 C: Not in the last 7 days
Cough not related to allergy or COPD: Not in the last 7 days
Sore throat: Not in the last 7 days
Night sweats: Not in the last 7 days
Unexplained weight loss: Not in the last 7 days
Fatigue: Not in the last 7 days
Body aches: Not in the last 7 days
Rash: Not in the last 7 days
Nasal congestion unrelated to allergies/sinus infections: Not in the last 7 days
Point of entry screening status: Negative TB Risk
Negative Respiratory Risk
Negative C difficile Risk

220235 Pain Assessment +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220316 Sleep Apnea Screening +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220400 Vitals/Ht/ Wt/ Measurements +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220415 Routine Daily Care +							A	.on going	CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220420 Intake and Output +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220425 Lines/Drains/Airways +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220430 Teach/Educate +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220445 Manage/Refer/Contact/ Notify +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220450 Language Assistant +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220455 Transport +							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
220700 Plan of Care+							A		CP
- Create	12/11/19	0020	GV	12/11/19	0020	GV			
Activity Date: 12/11/19 Time: 0021									
220200 Admission Health History +							A		CP
- Document	12/11/19	0021	GV	12/11/19	0026	GV			

- - HEALTH HISTORY - -
- - INDIVIDUAL CARE CONSIDERATIONS - -
Preferred Name: AZIZ
Patient email address: ELAINEAYAD@GMAIL.COM
Religion: CHR CHRISTIAN
Hearing impairment: None*
Vision impairment: None*
Vocalization: Appropriate*
Cognitive impairment: None
Preferred language: ARA ARABIC
Interpreter offered: Declined
Developmental level 18 years+: Able to function indepdnt*
Able to live independntly*
- - ADVANCE DIRECTIVES - -
Do you have an advance directive: No
In absence of advance directives, patient: Does not wish to execute
- - FUNCTIONAL/NUTRITIONAL SCREENING - -
Decrease in ADL function or upper limb mobility past 7 days: None
Recent decline in mobility or ambulation in the past 7 days: None
Falls within the past 3 months: Yes
Musculoskeletal chronic conditions: None
Recent weight loss without trying: No
Eating poorly due to decreased appetite: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0021 (continued)

220200 Admission Health History + (continued)
Malnutrition screen tool score: 0 Not at risk
Home tube feeding or TPN: No
- TOBACCO USE - -
Smoking status for patients 13 years old or older: Never Smoker
Smokeless tobacco used: No
ALCOHOL USE
Alcohol use within last 3 days: No
OTHER SUBSTANCE USE -
Other substances used: No
- - ABUSE/LIVING SITUATION
Do you feel safe at home, work and/or school/daycare: Yes
Evidence of physical and/or psychological abuse: No
Evidence of verbal abuse: No
History consistent with presentation/injury: Yes
Living situation: Home with others
Barriers in living situation relevant for discharge planning: None*
MEDICAL HISTORY
Respiratory: None
Heart disease: None
History of cardiac defects: None*
Stroke: History of
Diabetes: History of
Cancer: None
Additional medical history: HTN, , DM, INCONTINENCE*
Surgical history: DENIES*
Patient goal for pain management: No pain 0
Edit Results 12/11/19 0021 GV 12/14/19 2342 AEC ADDITIONAL INFO
Additional medical history: HTN, , DM, INCONTINENCE, CIRRHOSIS [HTN, , DM, INCONTINENCE]

Activity Date: 12/11/19 Time: 0026

220210 Admission/Shift Assessment + A CP
Document 12/11/19 0026 GV 12/11/19 0030 GV
- BODY SYSTEM ASSESSMENT
VACCINE SCREENING ASSESSMENT -
Vaccine status: NOT ASSESSED
NEUROLOGICAL ASSESSMENT
- RASS/LOC
Alert and oriented: Yes
GLASGOW COMA SCORE - -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
FACIAL SYMMETRY
Facial symmetry: Intact

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0026 (continued)

220210 Admission/Shift Assessment + (continued)
- PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
TONGUE -
Tongue: Midline
VOCALIZATION
Vocalization: Appropriate
- REFLEXES - -
Reflexes present and appropriate: Yes
UPPER EXTREMITY
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Moves against resistance
Weak
Leg right motor strength: Moves against gravity
Moves against resistance
Strong
- - GAIT/BALANCE - -
Gait, strength, balance: Non-ambulatory
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- NUMB/TINGLING/PARALYSIS -
Numbness/tingling, paresis/paralysis, tremors: Present/Exists
Numbness/tingling, paresis/paralysis, tremors comment:
WEAKNESS ON LT LEG
- - SEIZURE ACTIVITY -
Current seizure activity: None
Nuchal rigidity: No
- CARDIOVASCULAR ASSESSMENT - -
HEART SOUNDS/MURMUR
Heart sounds normal (S1,S2): Yes
- - JUGULAR DISTENTION
Jugular distension: None
HEART RHYTHM -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Sinus tachycardia
- PACING/AICD
Cardiac pacer/AICD: None
Ventricular assist device: None
RESPIRATORY
RESPIRATORY EFFORT/PATTERN
Respirations even and unlabored: Yes
BREATH SOUNDS - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0026 (continued)

220210 Admission/Shift Assessment + (continued)
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
OXYGEN THERAPY
Oxygen therapy: Present/Exists
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 2.000000
COUGH/SPUTUM
Cough/sputum/secretions: None
ENT
EYE ABNORMALITIES
Eye physical abnormalities or drainage: None
EAR ABNORMALITIES
Ear physical abnormalities or drainage: None
NOSE ABNORMALITIES
Nose physical abnormalities or drainage None
MOUTH/THROAT ABNORMALITIES
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
GASTROINTESTINAL
Nausea: None
VOMITING
Vomiting/Dry heaving: None
ABDOMEN
Abdomen is soft, symmetrical, and non-tender: Yes
BOWEL SOUNDS
Bowel sounds normal active in all 4 quadrants: Yes
Passing flatus: Yes
STOOL
Document stool: Normal for patient
GENITOURINARY
URINE CHARACTERISTICS
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: Yes
Abnormal urinary conditions: None
FISTULA/GRAFT
Fistula/graft present: No
ABNORMAL GENITALIA
Abnormal genitalia: None
URETHRAL DISCHARGE/LESIONS
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0026 (continued)

220210 Admission/Shift Assessment + (continued)
SIGNS/SYMPTOMS - INJURY/TRAUMA
Signs or symptoms of recent injury or trauma: None
MUSCULOSKELETAL
Full range of motion appropriate for developmental age: No
GAIT
Developmentally age appropriate gait: No
Gait impairment: Bed bound
AMBULATION
Developmentally appropriate independent ambulation: No
Ambulation: Non ambulatory
PARESTHESIA
Paresthesia. None
ACUTE CONDITION
Musculoskeletal acute condition: None
TRACTION
Traction: None
POSITIONING AIDS
Positioning aids: Present/Exists
Positioning aids: Pillows
Contractures: None
INTEGUMENTARY
Skin condition: Warm and dry
SKIN COLOR
Color within expectations for ethnicity: Yes
Skin turgor tenting less than 1 second: Yes
SKIN PIERCINGS
Skin piercings: None
SKIN ALTERATION
Skin alteration/Procedure site: Present/Exists
Skin alteration: Procedural site Lateral Thigh left
Instance list status: Active
Related clinical factors: Procedure related
Tissue type-worst: Unable to determine
Wound base visible: No
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: Unable to determine
Wound edges: Approximated
Date of last dressing change: 12/10/19
Time of last dressing change: 2000
Dressing/reinforcement type: Gauze bandage roll, Adhesive wound dressing
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Intact value score: 0
<Enc>
Document skin test monitor: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0026 (continued)

220210 Admission/Shift Assessment + (continued)
VASCULAR
CAP REFILL DELAY
Capillary refill less than or equal to 3 seconds: Yes
- - PERIPHERAL PULSE
Pulses strong and equal bilaterally: Yes
- - CALF INSPECTION
Calves symmetrical and pain is absent with dorsiflexion: Yes
- - PERIPHERAL EDEMA
Peripheral edema: None
MECHANICAL PROPHYLAXIS
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee
Device applied to: Right
- PSYCHOSOCIAL
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
MOOD AND BEHAVIOR - -
Mood, behavior appropriate for situation/developmental age: Yes
THOUGHT PROCESSES - -
Thought processes appropriate for developmental age: Yes
SPEECH -
Speech coherent and conversational: Yes
VOCALIZATION - -
Speech/vocalization is appropriate for developmental age: Yes
MEMORY -
Short term and long term memory appears intact: Yes
Able to comprehend and follow directions: Yes
- - BODY IMAGE DISTURBANCE
Body image disturbance: None
- PARANOIA AND DELUSIONS
Paranoid ideation/delusions/hallucinations: None

Activity Date: 12/11/19 Time: 0040

220411 Clinical Monitor Interface + A MO
Document 12/11/19 0040 GV 12/11/19 0126 GV
Pulse: 93
Respiratory rate: 20
SPO2 %: 98
Arterial line blood pressure: 135/63
Arterial line MAP: 85

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0100

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0100 GV 12/11/19 0126 GV
Pulse: 93
Respiratory rate: 18
SPO2 %: 97
Blood pressure: 108/58
Mean arterial pressure: 77
Arterial line blood pressure: 130/64
Arterial line MAP: 85
220410 Critical Care Flow Record + A CP
- Document 12/11/19 0100 YF 12/11/19 0624 YF
CRITICAL CARE FLOWSHEET
INTAKE AND OUTPUT
Document intake and output: Yes
- IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 75.00
- URINE - -
Urinary catheter ml: 50
220420 Intake and Output + A CP
- Document 12/11/19 0100 GV 12/11/19 0127 GV
- - INTAKE AND OUTPUT - -
- - ORAL INTAKE
Oral ml: 50
- - IV INTAKE
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 75.00
- - URINE - -
Urinary catheter ml: 50

Activity Date: 12/11/19 Time: 0110

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0110 GV 12/11/19 0126 GV
Pulse: 94
Respiratory rate: 18
SPO2 %: 97
Arterial line blood pressure: 132/64
Arterial line MAP: 85

Activity Date: 12/11/19 Time: 0124

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0124 GV 12/11/19 0126 GV
Pulse: 92
Respiratory rate: 17
SPO2 %: 96
Arterial line blood pressure: 132/63

Age/Sex: 69 M
Unit #: N00088077 5
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: N00101730890
Location: N.PCU
Room/Bed: N.A419-1

AYAD,AZIZ

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CLINICAL DOCUMENTATION RECORD HPF

Printed 12/18/19 at 0417

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/11/19 Time: 0124 (continued)

220411 Clinical Monitor Interface + (continued)
Arterial line MAP: 84

Activity Date: 12/11/19 Time: 0126

220411 Clinical Monitor Interface + A MO
- Create 12/11/19 0126 GV 12/11/19 0126 GV
220417 Hygiene Care+ A PS
- Create 12/11/19 0126 GV 12/11/19 0126 GV

Activity Date: 12/11/19 Time: 0130

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0130 YF 12/11/19 0236 YF
Pulse: 93
Respiratory rate: 18
SPO2 %: 96
Arterial line blood pressure: 129/63
Arterial line MAP: 84

Activity Date: 12/11/19 Time: 0200

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0200 YF 12/11/19 0236 YF
Pulse: 90
Respiratory rate: 18
SPO2 %: 98
Blood pressure: 109/59
Mean arterial pressure: 78
Arterial line blood pressure: 132/63
Arterial line MAP: 85
220410 Critical Care Flow Record + A CP
- Document 12/11/19 0200 YF 12/11/19 0624 YF
- - CRITICAL CARE FLOWSHEET - -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 75.00
- - URINE - -
Urinary catheter ml: 60

Activity Date: 12/11/19 Time: 0230

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0230 YF 12/11/19 0236 YF
Pulse: 88
Respiratory rate: 17

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/11/19 Time: 0230 (continued)

220411 Clinical Monitor Interface + (continued)
SPO2 %: 98
Arterial line blood pressure: 131/63
Arterial line MAP: 85

Activity Date: 12/11/19 Time: 0300

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0300 YF 12/11/19 0445 YF
Pulse: 85
Respiratory rate: 18
SPO2 %: 98
Blood pressure: 109/59
Mean arterial pressure: 78
Arterial line blood pressure: 132/62
Arterial line MAP: 85
220410 Critical Care Flow Record + A CP
- Document 12/11/19 0300 YF 12/11/19 0624 YF
- - CRITICAL CARE FLOWSHEET - -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 75.00
- - URINE - -
Urinary catheter ml: 60

Activity Date: 12/11/19 Time: 0330

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0330 YF 12/11/19 0446 YF
Pulse: 85
Respiratory rate: 17
SPO2 %: 98
Arterial line blood pressure: 133/63
Arterial line MAP: 87

Activity Date: 12/11/19 Time: 0400

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0400 YF 12/11/19 0446 YF
Pulse: 84
Respiratory rate: 18
SPO2 %: 98
Blood pressure: 116/60
Mean arterial pressure: 82
Arterial line blood pressure: 132/62
Arterial line MAP: 86

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0400

220410 Critical Care Flow Record + A CP
- Document 12/11/19 0400 YF 12/11/19 0624 YF
- - CRITICAL CARE FLOWSHEET - -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- IV INTAKE -
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 75.00
- - URINE - -
Urinary catheter ml: 70

Activity Date: 12/11/19 Time: 0409

220220 Safety/Risk/Regulatory + A CP
- Document 12/11/19 0409 YF 12/11/19 0410 YF
- - SAFETY/RISK/REGULATORY - -
Isolation status: Standard precautions
- - SKIN RISK - -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: No
Existing wound: Yes
Skin integrity impairment risk: Yes
- - FALL RISK - -
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
- - SEVERE SEPSIS SCREENING - -
Assess sepsis: Yes
Temperature: No
Heart rate: Yes
Respirations: Yes
WBC results: 12/10/19 6.39 0427
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 2
Suspected/documented infection: No
Antibiotic therapy (not prophylaxis): No
Screening due to sepsis early warning alert/detection: No
If yes to 1 of the above, proceed to next section: 0

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0410

220400 Vitals/Ht/ Wt/ Measurements + A CP
- Document 12/11/19 0410 YF 12/11/19 0410 YF
- - VITAL SIGNS - -
Document vital signs: Yes
Temperature F: 98.8
Temperature source: Temporal
- - HEIGHT/WEIGHT - -
BMI calculated: 29.2

Activity Date: 12/11/19 Time: 0411

220425 Lines/Drains/Airways + A CP
- Document 12/11/19 0411 YF 12/11/19 0413 YF
- - LINES, DRAINS, AIRWAY - -
- - ARTERIAL LINE - -
Arterial line: - - Radial artery Left Inserted 12/10/19 0536 - -
Instance list status: Active
Arterial line status: Monitor
Arterial line site condition: Clean, dry and intact
Dressing status: Clean/dry/intact
Date of last dressing change: 12/10/19
Dressing type: Antimicrobial patch, Transparent
<End>
- - PERIPHERAL INTRAVENOUS/OTHER - -
IV type: - - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes

- - Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
- - URINARY CATHETER - -
Urinary catheter type: Temporary/indwelling
Insertion/applied date: 12/10/19
Insertion/applied time: 0536
Indication for urinary catheter: Acute retention/obstruct
Urinary catheter status: Monitor
Urinary catheter complications encountered: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/11/19 Time: 0411

220430 Teach/Educate + A CP
Document 12/11/19 0411 YF 12/11/19 0413 YF
PATIENT/FAMILY TEACHING -
Primary learner: Patient
Other learner: Family
Barriers to communication/learning: Language barrier
Primary learners preferred spoken language: ARA ARABIC
Primary learners preferred written language: ARA ARABIC
Physiological topics: Dressing change
Functional topics: Fracture care
Person(s) educated: Patient
Family
Readiness to learn: Cooperative
Method of education: Verbal discussion
Responsiveness to learning: Needs reinforcement
Discharge/Health behavior topics needing follow-up: Compliance with instructions
Skin integrity topics: Dressing change
Activity topics: Fracture care
220700 Plan of Care+ A CP
- Document 12/11/19 0411 YF 12/11/19 0414 YF
CARDIAC ALTERATION - -
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Cardiac alteration problem is: Stabilizing/Maintaining
- - MAIN SCREEN SELECTIONS - -
Physiological problem/alteration in: Cardiac

Activity Date: 12/11/19 Time: 0414

Diagnosis/Problem: Cardiac Output Alteration A
Change in or modification of the pumping action of the heart or blood vessels.
Create 12/11/19 0414 YF 12/11/19 0414 YF
Outcome: See Health Plan of Care A 12/20/19
- Create 12/11/19 0414 YF 12/11/19 0414 YF
220702 Cardiac Output Alteration A CP
- Create 12/11/19 0414 YF 12/11/19 0414 YF

Activity Date: 12/11/19 Time: 0430

220411 Clinical Monitor Interface + A MO
Document 12/11/19 0430 YF 12/11/19 0446 YF
Pulse: 85
Respiratory rate: 19
SPO2 %: 98
Arterial line blood pressure: 137/62
Arterial line MAP: 87

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/11/19 Time: 0500

220411 Clinical Monitor Interface + A MO
Document 12/11/19 0500 YF 12/11/19 0547 YF
Pulse: 80
Respiratory rate: 18
SPO2 %: 98
Blood pressure: 120/62
Mean arterial pressure: 86
Arterial line blood pressure: 137/61
Arterial line MAP: 86
220410 Critical Care Flow Record + A CP
- Document 12/11/19 0500 YF 12/11/19 0624 YF
- CRITICAL CARE FLOWSHEET - -
- INTAKE AND OUTPUT - -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 75.00
- URINE -
Urinary catheter ml: 50

Activity Date: 12/11/19 Time: 0530

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0530 YF 12/11/19 0547 YF
Pulse: 83
Respiratory rate: 19
SPO2 %: 98
Arterial line blood pressure: 144/63
Arterial line MAP: 91

Activity Date: 12/11/19 Time: 0534

220445 Manage/Refer/Contact/ Notify + A CP
- Document 12/11/19 0534 YF 12/11/19 0536 YF
- - MANAGE REFER CONTACT NOTIFY - -
Action: Notified
Reason notified: Critical value
Entity attempted/notified: Nurse
Provider attempted/notified: DAVKE David,Kelly PA-C
Chain of command contact name: NNAYFI Fernandez borges,Yan
Other notification comments: TROPONIN 1.54
Critical value(s) received from: Laboratory
Value(s) read back and verified: Yes
Critical value(s) called to provider: Yes
Value(s) read back and verified by provider: Yes
Critical value(s) comment: PORITIVE TROPONIN

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0536

28028 z:Assess Signs and Symptons A OE
Press (ENTER) for Order Details below

Comment: If patient is shaking, sweating, confused, or if patient/caregiver thinks patient is having a hypoglycemic reaction, then obtain STAT fingerstick glucose.
Treatment if glucose is < 70 mg/dl:
- Apple OR orange juice 1/2 cup (120 ml) OR skim milk 1 cup (240ml) DO NOT ADD SUGAR
- if patient is on fluid restrictions, give 1 Tablespoon of jelly or honey (do not spread on crackers) OR give 1/2 cup applesauce
- if patient is NPO, stuperous or comatose, give 50 ml (1amp) of 50% Dextrose IV
- if patient is NPO and NO IV access, give 1 mg glucagon subcutaneously (may cause vomiting).
Treatment if glucose is < 60 mg/dl:
-Apple OR orange juice 1 cup (240ml) OR skim milk 2 cups (480ml). DO NOT ADD SUGAR
- if patient is on fluid restrictions, give 2 Tablespoons of jelly or honey (do not spread on cracker) OR give 1 cup applesauce
- if patient is NPO, stuperous or comatose, give 50 ml (1amp) of 50% Dextrose IV
- if patient is NPO and NO IV access, give 1 mg glucagon subcutaneously (may cause vomiting)
Hypoglycemia Management
Repeat fingerstick glucose 15 minutes after any treatment for hypoglycemia. Repeat hypoglycemia treatmnet for any glucose < 70 mg/dl until glucose > 100 mg/dl. Do not fee solid food until blood sugar is over 100 mg/dl.
Create 12/11/19 0536 SXB 12/11/19 0536 SXB

28040 z:Blood Glucose Monitoring A OE
Press ENTER for Order Details Below

Frequency: Q4HRS
Additional instructions:
- Create 12/11/19 0536 SXB 12/11/19 0536 SXB

28431 z:Notify Blood Glucose A OE
Create 12/11/19 0536 SXB 12/11/19 0536 SXB

28445 z:Insulin Sliding Scale Protoc A OE
- Create 12/11/19 0536 SXB 12/11/19 0536 SXB

28622 z:PRN LAB TEST A OE
Press (ENTER) for Order Details below

Comment: Repeat Fingerstick blood sugar PRN for treatment

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0536 (continued)

28622 z:PRN LAB TEST (continued)
or suspicion of hypoglycemia.
- Create 12/11/19 0536 SXB 12/11/19 0536 SXB

Activity Date: 12/11/19 Time: 0600

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0600 YF 12/11/19 0620 YF
Pulse: 82
Respiratory rate: 19
SPO2 %: 98
Blood pressure: 116/62
Mean arterial pressure: 83
Arterial line blood pressure: 145/62
Arterial line MAP: 90

220410 Critical Care Flow Record + A CP
- Document 12/11/19 0600 YF 12/11/19 0624 YF
CRITICAL CARE FLOWSHEET - -
- INTAKE AND OUTPUT - -
Document intake and output: Yes
- IV INTAKE -
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 75.00
- URINE - -
Urinary catheter ml: 60

Activity Date: 12/11/19 Time: 0645

28415 z:Initiate ICU MRSA Protocol A OE
Create 12/11/19 0645 RR 12/11/19 0645 RR

28749 z:Chlorhexidine Bath A OE

Comments: A. 2% Chlorhexidine gluconate (CHG) bathing cloths for all bathing needs (below jaw line) for the entire duration of ICU stay.
B. Discontinue 2% Chlorhexidine (CHG) bathing when patient is discharged or transferred out of ICU.
C. Exclude from CHG bathing intervention patient with known allergy to Chlorhexidine gluconate (CHG).
D. Document bathing exclusion reason in Meditech.
Create 12/11/19 0645 RR 12/11/19 0645 RR

Activity Date: 12/11/19 Time: 0700

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0700 MLS 12/11/19 1217 MLS
Pulse: 81

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0700 (continued)

220411 Clinical Monitor Interface + (continued)
Respiratory rate: 18
SPO2 %: 99
Blood pressure: 118/61
Mean arterial pressure: 83
Arterial line blood pressure: 142/62
Arterial line MAP: 89
220410 Critical Care Flow Record + A CP
- Document 12/11/19 0700 MLS 12/11/19 1152 MLS
- CRITICAL CARE FLOWSHEET - -
- - VITAL SIGNS MAIN INPUT -
Document vitals: Yes
Document vital signs: Yes
- - VITAL SIGNS - -
Temperature F: 98.6
Temperature source: Temporal
BMI calculated: 29.2
- - GLASGOW COMA SCALE -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
- INTAKE AND OUTPUT - -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 75.00
- - LINES DRAINS AND AIRWAYS -
Document lines, drains and airways: Yes
- ARTERIAL LINE - -
Arterial line: - - Radial artery Left Inserted 12/10/19 0536 - -
Instance list status: Active
Arterial line status: Monitor
Arterial line site condition: Clean, dry and intact
Dressing status: Clean/dry/intact
Date of last dressing change: 12/10/19
Dressing type: Antimicrobial patch, Transparent
<End>
IV -
IV type: - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
- Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0700 (continued)

220410 Critical Care Flow Record + (continued)
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
- - URINARY CATHETER - -
Urinary catheter type: Temporary/indwelling
Insertion/applied date: 12/10/19
Insertion/applied time: 0536
Indication for urinary catheter: Perioperative procedure
Urinary catheter status: Monitor
Urinary catheter complications encountered: None

Activity Date: 12/11/19 Time: 0730

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0730 MLS 12/11/19 1217 MLS
Pulse: 83
Respiratory rate: 22
SPO2 %: 98
Arterial line blood pressure: 137/57
Arterial line MAP: 84

Activity Date: 12/11/19 Time: 0800

220216 Neurovascular Checks + A PS
- Document 12/11/19 0800 MLS 12/11/19 1222 MLS
- - NEUROVASCULAR CHECKS -
LOC: Alert
Oriented to: Person
Place
Time
Situation
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Vocalization: Appropriate
Mood, behavior appropriate for situation/developmental age: Yes
Upper extremities equal and strong bilaterally: Yes
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Moves not against gravity
Foot left motor strength: Weak
Moves not against gravity
Pulses strong and equal bilaterally: Yes
Capillary refill less than or equal to 3 seconds: Yes
Peripheral edema: None

Diagnosis/Problem/Outcome/Intervention/eval. Description — Sts Directions — From
Activity Type | Occurred Date Time by | Recorded Date Time by | Comment | Documented Units | Change

Activity Date: 12/11/19 Time: 0800 (continued)

220216 Neurovascular Checks + (continued)
Airway: Patent
Trachea: Midline
Skin alteration/Procedure site: Present/Exists
Skin alteration: Bruise Posterior Arm right upper
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Purple/maroon/deep red
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable Yes
Any open areas: No
Altered level/stage: No staging necessary
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 5
Intact value score: 0
- Procedural site lateral Thigh left -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Dressing intact/device
Date of last dressing change: 12/10/19
Time of last dressing change: 2000
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 0
Intact value score: 0
<End>

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0800 MLS 12/11/19 1217 MLS
Pulse: 85
Respiratory rate: 18
SPO2 %: 97
Blood pressure: 112/60
Mean arterial pressure: 80
Arterial line blood pressure: 131/59
Arterial line MAP: 83

220410 Critical Care Flow Record + A CP
- Document 12/11/19 0800 MLS 12/11/19 1152 MLS
- CRITICAL CARE FLOWSHEET -
- INTAKE AND OUTPUT -
Document intake and output: Yes
Oral ml: 720

220210 Admission/Shift Assessment + A CP
- Document 12/11/19 0800 MLS 12/11/19 1214 MLS
- BODY SYSTEM ASSESSMENT
- NEUROLOGICAL ASSESSMENT - -

Diagnosis/Problem/Outcome/Intervention/eval. Description — Sts Directions — From
Activity Type | Occurred Date Time by | Recorded Date Time by | Comment | Documented Units | Change

Activity Date: 12/11/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
RASS/LOC
Alert and oriented: Yes
- GLASGOW COMA SCORE -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
FACIAL SYMMETRY -
Facial symmetry: Intact
- - PUPIL VARIANCE -
Pupils equal round reactive to light and accommodation: Yes
- TONGUE -
Tongue: Midline
- VOCALIZATION - -
Vocalization: Appropriate
- REFLEXES -
Reflexes present and appropriate: Yes
UPPER EXTREMITY - -
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Moves not against gravity
Leg right motor strength: Moves against gravity
Foot left motor strength: Moves not against gravity
Foot right motor strength: Moves against gravity
- GAIT/BALANCE -
Gait, strength, balance: Gait unsteady
Extremity weakness
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- NUMB/TINGLING/PARALYSIS -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- CARDIOVASCULAR ASSESSMENT -
HEART SOUNDS/MURMUR - -
Heart sounds normal (S1,S2): Yes
- JUGULAR DISTENTION
Jugular distension: None
- HEART RHYTHM -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts	Directions Comment	Documented Units	From Change

Activity Date: 12/11/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm
- - PACING/AICD - -
Cardiac pacer/AICD: None
Ventricular assist device: None
- - RESPIRATORY -
- - RESPIRATORY EFFORT/PATTERN - -
Respirations even and unlabored: Yes
- - BREATH SOUNDS -
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
- - OXYGEN THERAPY -
Oxygen therapy: Present/Exists
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 2.000000
- - COUGH/SPUTUM -
Cough/sputum/secretions: None
- EENT - -
- - EYE ABNORMALITIES -
Eye physical abnormalities or drainage: None
- EAR ABNORMALITIES - -
Ear physical abnormalities or drainage: None
- - NOSE ABNORMALITIES - -
Nose physical abnormalities or drainage: None
- MOUTH/THROAT ABNORMALITIES - -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
- - GASTROINTESTINAL - -
Nausea: None
- - VOMITING - -
Vomiting/Dry heaving: None
- - ABDOMEN - -
Abdomen is soft, symmetrical, and non-tender: Yes
- - BOWEL SOUNDS - -
Bowel sounds normal active in all 4 quadrants: Yes
Passing flatus: Yes
- - STOOL - -
Document stool: Normal for patient
- - GENITOURINARY -
- - URINE CHARACTERISTICS -
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts	Directions Comment	Documented Units	From Change

Activity Date: 12/11/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Abnormal urinary conditions: None
- FISTULA/GRAFT - -
Fistula/graft present: No
- ABNORMAL GENITALIA -
Abnormal genitalia: None
- URETHRAL DISCHARGE/LESIONS
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: None
- - SIGNS/SYMPTOMS - INJURY/TRAUMA - -
Signs or symptoms of recent injury or trauma: None
- - MUSCULOSKELETAL - -
Full range of motion appropriate for developmental age: No
- - GAIT - -
Developmentally age appropriate gait: No
Gait impairment: Unsteady
Weakness
- - AMBULATION - -
Developmentally appropriate independent ambulation: No
Ambulation: 2 person assist
- - PARESTHESIA - -
Paresthesia: None
- - ACUTE CONDITION - -
Musculoskeletal acute condition: Present/Exists
- - TRACTION - -
Traction: None
- - POSITIONING AIDS - -
Positioning aids: Present/Exists
Positioning aids: Pillows
Contractures: None
- - INTEGUMENTARY -
Skin condition: Warm and dry
- - SKIN COLOR - -
Color within expectations for ethnicity: Yes
Skin turgor tenting less than 1 second: Yes
- - SKIN PIERCINGS - -
Skin piercings: None
- - SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists
Skin alteration: - - Bruise Posterior Arm right upper - -
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Purple/maroon/deep red
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No

Diagnosis/Problem/Outcome/Intervention/eval. Description | Sts | Directions | From
Activity Type | Occurred Date Time by | Recorded Date Time by | Comment | Documented Units | Change

Activity Date: 12/11/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Altered level/stage: No staging necessary
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 5
Intact value score: 0

Procedural site lateral thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Dressing intact/device
Date of last dressing change: 12/10/19
Time of last dressing change: 2000
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 0
Intact value score: 0
<fnd>
Document skin test monitor: No
VASCULAR
CAP REFILL DELAY
Capillary refill less than or equal to 3 seconds: Yes
PERIPHERAL PULSE
Pulses strong and equal bilaterally: Yes
- - CALF INSPECTION - -
Calves symmetrical and pain is absent with dorsiflexion: Yes
- - PERIPHERAL EDEMA - -
Peripheral edema: None
MECHANICAL PROPHYLAXIS
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee
Device applied to: Right
PSYCHOSOCIAL
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
- - MOOD AND BEHAVIOR - -
Mood, behavior appropriate for situation/developmental age: Yes
- - THOUGHT PROCESSES - -
Thought processes appropriate for developmental age: Yes
- SPEECH -
Speech coherent and conversational: Yes
- - VOCALIZATION - -
Speech/vocalization is appropriate for developmental age: Yes
MEMORY
Short term and long term memory appears intact: Yes
Able to comprehend and follow directions: Yes
- - BODY IMAGE DISTURBANCE - -

Diagnosis/Problem/Outcome/Intervention/eval. Description | Sts | Directions | From
Activity Type | Occurred Date Time by | Recorded Date Time by | Comment | Documented Units | Change

Activity Date: 12/11/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Body image disturbance: None
- - PARANOIA AND DELUSIONS - -
Paranoid ideation/delusions/hallucinations: None
220220 Safety/Risk/Regulatory + A CP
Document 12/11/19 0800 MLS 12/11/19 1216 MLS
SAFETY/RISK/REGULATORY
Isolation status: Standard precautions
- - SKIN RISK - -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: No
Existing wound: Yes
Skin integrity impairment risk: Yes
FALL RISK -
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
SUICIDE - -
Assess suicide: Yes
Suicidal thoughts: None in lifetime
Patient is at risk for suicide: No
SEVERE SEPSIS SCREENING
Assess sepsis: Yes
Temperature: No
Heart rate: No
Respirations: No
WBC results: 12/11/19 10.47 0430
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 0
- - VACCINE SCREENING ASSESSMENT - -
Assess vaccines: Yes
Estimated pneumococcal PCV13 vaccine admin date: 12/11/18
Pneumococcal vaccine contraindications: None
Patient or caregiver reports up to date on pneumococcal vaccine: Y
Estimated influenza vaccine admin date: 12/01/18
Flu vaccine contraindications: None
Patient or caregiver reports up to date on influenza vaccine: N
Patient or home caregiver agrees to receive influenza vaccine: No, REFUSES
Comment: patient states wife had reaction and prefers not to have the vaccine
Vaccine status: NOT A CANDIDATE
Influenza vaccination status: Pt or caregiver's refusal

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0800 (continued)

220220 Safety/Risk/Regulatory + (continued)
Pneumococcal vaccination status- Received in the past
TRAUMA ALCOHOL SCREENING (CAGE) -
Assess trauma alcohol screening (CAGE): Yes
Need to reduce alcohol consumption: No
Annoyed by criticism of your drinking: No
Felt guilty about your drinking: No
Need a morning eye opener to steady nerves or get rid of a hangover: No
CAGE score: 0 Negative

220235 Pain Assessment + A CP
- Document 12/11/19 0800 MLS 12/11/19 1217 MLS
- - PAIN ASSESSMENT
Patient goal for pain management: Moderate pain 4
Pain scale utilized: Verbal numeric
Numeric pain scale: Severe pain-9
Pain intensity: 9
Pain location: Thigh left
Head/neck
Relieving factors for pain: Repositioning
Relaxation techniques
Medication non-opioid
Environment dim lights

Activity Date: 12/11/19 Time: 0813

2060103 B RT Chg: Oxygen Daily A .per standard PS
- Create 12/11/19 0813 MRM 12/11/19 0813 MRM
220586 RT: Oxygen + A PS
- Create 12/11/19 0813 MRM 12/11/19 0813 MRM

Activity Date: 12/11/19 Time: 0814

2060103 B RT Chg: Oxygen Daily A .per standard PS
- Document 12/11/19 0814 MRM 12/11/19 0814 MRM
220586 RT: Oxygen + A PS
- Document 12/11/19 0814 MRM 12/11/19 0814 MRM
- - RT: OXYGEN -
Oxygen treatment: Adult
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 2.000000
SPO2 %: 97
FiO2%: 28

Activity Date: 12/11/19 Time: 0830

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0830 MLS 12/11/19 1217 MLS
Pulse: 90

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0830 (continued)

220411 Clinical Monitor Interface + (continued)
Respiratory rate: 21
SPO2 %: 98
Arterial line blood pressure: 124/57
Arterial line MAP: 80

Activity Date: 12/11/19 Time: 0900

220411 Clinical Monitor Interface + A MO
Document 12/11/19 0900 MLS 12/11/19 1217 MLS
Pulse: 101
Respiratory rate: 22
SPO2 %: 98
Blood pressure: 85/54
Mean arterial pressure: 64
Arterial line blood pressure: 97/45
Arterial line MAP: 61

Activity Date: 12/11/19 Time: 0903

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0903 MLS 12/11/19 1217 MLS
Pulse: 99
Respiratory rate: 22
SPO2 %: 99
Arterial line blood pressure: 103/43
Arterial line MAP: 61

Activity Date: 12/11/19 Time: 0921

Patient Notes: NURSE NOTES *
- Create 12/11/19 0921 MLS 12/11/19 0922 MLS
Abnormal? N Confidential? N
TRAUMA ROUNDS COMPLETE. PATIENTS WIFE AND DAUGHTER PARTICIPATED AND ALL QUESTIONS ANSWERED.
Note Type Description
No Type None

Activity Date: 12/11/19 Time: 0930

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 0930 MLS 12/11/19 1435 MLS
Pulse: 94
Respiratory rate: 21
SPO2 %: 98
Arterial line blood pressure: 101/47
Arterial line MAP: 63

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 0933

220910 Care Assure + A PS
Create 12/11/19 0933 TT 12/11/19 0933 TT
Document 12/11/19 0933 TT 12/11/19 0933 TT
Currently followed by Care Assure team: Yes

Activity Date: 12/11/19 Time: 0938

Patient Notes: PHYSICAL THERAPY NOTES
Create 12/11/19 0938 JXD 12/11/19 0939 JXD
Abnormal? N Confidential? N
ATTEMPTED PT CONSULT THIS MORNING S/P LT HIP ORIF BUT NO WEIGHT BEARING ORDERS PLACED BY ORTHO. SENT A IMOBILE MESSAGE TO ORTHO PA BUT NO RESPONSE. DR. BILSKI AWARE OF THIS DURING TRAUMA ROUNDS. WILL FOLLOW UP ONCE WB ORDERS ARE PUT IN.
Note Type Description
No Type None

Activity Date: 12/11/19 Time: 1000

220411 Clinical Monitor Interface + A MO
Document 12/11/19 1000 MLS 12/11/19 1217 MLS
Pulse: 95
Respiratory rate: 23
SPO2 %: 97
Arterial line blood pressure: 101/47
Arterial line MAP: 63

Activity Date: 12/11/19 Time: 1012

220910 Care Assure + A PS
Document 12/11/19 1012 TT 12/11/19 1012 TT
Currently followed by Care Assure team: Yes
220910 Care Assure + A PS
Create 12/11/19 1012 TT 12/11/19 1012 TT

Activity Date: 12/11/19 Time: 1030

220411 Clinical Monitor Interface + A MO
Document 12/11/19 1030 MLS 12/11/19 1217 MLS
Pulse: 88
Respiratory rate: 22
SPO2 %: 97
Arterial line blood pressure: 105/49
Arterial line MAP: 65

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1035

28224 z:Weight Bearing Status A OE
Weight Bearing Status: TTWB to LLE with walker and assist
Mobility Restrictions: LLE knee immobilizer in place
Details:
(FREE TEXT)
Create 12/11/19 1035 RCH 12/11/19 1035 RCH

Activity Date: 12/11/19 Time: 1102

Patient Notes: PT ADVOCATE/CHAPLAIN NOTES *
Create 12/11/19 1102 LVH 12/11/19 1104 LVH
Abnormal? N Confidential? N
On arrival, pt was lying on bed. Pt was pleasant and appreciative. Pt's family was present. Pt is Orthodox and his priest is coming to visit. Pt shared about his faith. Chaplain provided socialization, gentle touch, encouragement, and prayer.
Note Type Description
No Type None

Activity Date: 12/11/19 Time: 1130

220411 Clinical Monitor Interface + A MO
Document 12/11/19 1130 MLS 12/11/19 1217 MLS
Pulse: 91
Respiratory rate: 22
SPO2 %: 93
Arterial line blood pressure: 127/56
Arterial line MAP: 79
571000 PT: Assessment+ A .per standard AS
A physical therapy evaluation will be performed per policy. The following parameters are considered not appropriate for therapeutic intervention, whose results are "within functional limits". If a patient falls within defined parameters for a physical therapy component, the Physical Therapist may answer "Y" (yes) to the "WFL" query and move on to the next component. A response of "UTA" (unable to assess) and "NA" (not assessed) will allow the Physical Therapist to move on to the next component. If the therapist answers "N" (no), he/she must complete the full component assessment before moving on to the next component.
Create 12/11/19 1130 APB 12/11/19 1156 APB

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/11/19		Time: 1130							
571000	PT: Assessment+ A physical therapy evaluation will be performed per policy. The following parameters are considered not appropriate for therapeutic intervention, whose results are "within functional limits". If a patient falls within defined parameters for a physical therapy component, the Physical Therapist may answer "Y" (yes) to the "WFL" query and move on to the next component. A response of "UTA" (unable to assess) and "NA" (not assessed) will allow the Physical Therapist to move on to the next component. If the therapist answers "N" (no), he/she must complete the full component assessment before moving on to the next component.						A	.per standard	AS

- Document Unve 12/11/19 1130 APB 12/11/19 1156 APB
<< PHYSICAL THERAPY INITIAL EVALUATION >>
Date of Eval: 12/11/19
Date of Admit: 12/10/19
Charge? Y
Eval Start Time: 1034
Eval Stop Time: 1047
Total Time: 0 Hr 13 Mins
Referring Physician / Surgeon: BAWSH Bawany,Sheila MD R3
Physician's Orders: PT EVAL AND TREAT
Admission DX: LEFT HIP FX
Surgical Procedure: L HIP ORIF
Surgery Date: 12/10/19
Precautions: FALLS
HIP
UNIVERSAL
Rehab Diagnosis: GAIT INSTABILITY
BALANCE IMPAIRMENT
DECR FUNCTIONAL MOBILITY
GENERALIZED WEAKNESS
< Past Medical History & Surgical Procedures>
Neuro/Psych Hx: CVA
Endocrine Hx: DM
EENT Hx: NO HISTORY
GI Hx: NO HISTORY
Cardiovascular Hx: HYPERTENSION
HLD
Respiratory Hx: NO HISTORY
Musculoskeletal Hx: NO HISTORY
Integumentary Hx: NO HISTORY

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/11/19		Time: 1130 (continued)							

571000 PT: Assessment+ (continued)
Hematological Hx: NO HISTORY
Genitourinary Hx: NO HISTORY
Reproductive Hx: NO HISTORY
< Social History >
Lives in: HOUSE
Lives with: SPOUSE
Equipment Owned: ROLLING WALKER
STANDARD CANE
Orthotics/Prosthetics: Not Applicable
Comments: Pt LIVES IN OHIO W/ WIFE. IS VISITING HERE IN
FLORIDA AND LIVES W/ DAUGHTER IN A 2 STORY HOUSE.
Stairs: Y
# of Steps: 7
Comments: BEDROOM UPSTAIRS IN OHIO
DAUGHTER'S HOUSE HERE HAS 17 STEPS. FAMILY ABLE TO
MAKE ACCOMODATIONS TO MOVE BEDROOM DOWNSTAIRS.
< PRIOR LEVEL OF FUNCTION >
Bed Mobility: 7-PERFORM INDEPENDENTLY
Transfers: 7-PERFORM INDEPENDENTLY
Ambulation: 7-PERFORM INDEPENDENTLY
Distance: COMMUNITY LEVEL (>100FT)
Assistive Device: ROLLING WALKER
STANDARD CANE
COMMENT: WAS CURRENTLY NOT USING
ADs
< SUBJECTIVE >
Patient Remarks: Pt AGREED TO PT. WIFE AND DAUGHTER IN
THE ROOM TO TRANSLATE. Pt SPEAKS SOME
ENGLISH
Comments: Pt TTWB ON L LE W/ IMMOBILIZER ON. EDUCATED Pt AND FAMILY ON WB
PRECAUTIONS
< OBJECTIVE >
Oriented to: ORIENTED X 3
SENSES:
Vision: Corrective Lenses
Hearing Impairment: No Impairments
Speech Impairment: No Impairment
Skin Condition: INCISION
Edema: NOT APPLICABLE
Wound evaluation required: N
RANGE OF MOTION:
All major extremity joints within functional limits? N
UE Deficit: WFL
LE Deficit: L LE IMMOBILIZED
R WFL
Independent SLR: N
MUSCLE STRENGTH:

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1130 (continued)

5/1000 PT: Assessment+ (continued)
All major muscle groups within functional limits? N
UE: WFL
LE: L IMMOBILIZED; R WFL
Muscle Tone: NORMAL
Coordination WFL: Y
Hand Dominance: RIGHT
Sensation Intact: Y
Posture upright/midline: Y
Balance WFL: Y
Sitting: maintains midline Y
Sitting balance Static: GOOD
Dynamic: GOOD
Standing - Maintains midline: Y
Standing balance - Static: POOR
Dynamic: POOR
Comments: W/ RW.
FUNCTIONAL MOBILITY:
Bed Mobility Deficits: Y
Rolling from side to side: 0-ACTIVITY DOES NOT OCCUR
Bridging: 0-ACTIVITY DOES NOT OCCUR
Scooting: 4-MIN ASST/PERFRM >75%
Supine to sit: 3-MOD ASST/PERFRM 50-75%
Sit to supine: 3-MOD ASST/PERFRM 50-75%
Comments: Pt IN BED UPON ARRIVAL.
ASSTSED Pt W/ LEGS ON/OFF THE
BED. HHA TO SIT Pt UP. Pt
ABLE TO USE HIM ARMS TO HELP
SLIDE L LE OFF THE BED
Wt Bearing Restrictions: Y
LLE: TOE TOUCH WEIGHT BEARING
Transfers Deficit: Y
Sit<->Stand: 2 MAX ASST/PERFRM 25 50%
Bed<->Chair: 1-TOT ASST/PERFRM <25%
Comments: RW; 2 PERSON ASSIST UNDER ARMS
3 REPS SIT<>STAND. Pt FORWARD
BENT. CUES TO TTWB ON L AND
PUSH W/ R LE. Pt UNABLE TO
INITIATE AMBULATION AND STAND
LONG DUE TO FEAR AND PAIN. Pt
WAS TRANSFERRED TO A CARDIAC
CHAIR USING SLIDING TECHNIQUE
3 PERSON ASSIST
Gait deficits: Y
Assistance needed: 0-ACTIVITY DOES NOT OCCUR
Wheelchair mobility assessment: N
Comments: ATTEMPTED BUT Pt UNABLE
TO DUE TO PAIN.

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1130 (continued)

5/1000 PT: Assessment+ (continued)
WEAKNESS. AND INABILITY
TO MAINTAIN TTWB.
ASSESSMENT
< Problem List >
- ROM
- Muscle Tone
- Bed Mobility
- Transfers
- Gait
PT Assessment: Pt PRESENTS W/ WEAKNESS AND DECREASED FUNCTIONAL
MOBILITY DUE TO AN ORIF ON THE L HIP FROM A FALL.
Pt WILL BENEFIT FROM SKILLED PT SERVICES TO
IMPROVE BED MOB. TRANSFERS. AMBULATION. AND
BALANCE. PT EVAL W/ HIGH COMPLEXITY DONE.
RECOMMEND DC TO REHAB. Pt FALL RISK.
Rehabilitation Potential: GOOD
Discharge Planning Recommendations: REHAB
Document Interdisciplinary Education? Y
Physical Therapy indicated at this time? Y
SHORT TERM GOALS:
The patient will:
1. MIN A W/ BED MOB
Time Frame: 12/16/19
2. TRANSFER MOD A. 1 PERSON ASSIST W/ RW
Time Frame: 12/16/19
3. INITIATE AMBULATION MOD A W/ RW TTWB ON LLE
Time Frame: 12/16/19
4. IMPROVE STANDING BALANCE TO FAIR
Time Frame: 12/16/19
LONG TERM GOALS
The patient will:
1. NA
Patients Personal Goal: TO GET STRONGER AND DECREASE PAIN
Potential barriers to goal achievement: Anxious
Co-morbidities
Emotional State
Fatigue
Language Barrier
Medication
Medical Condition
Pain
PLAN OF CARE
Frequency: ONCE DAILY
Duration: 5 DAYS
Average Treatment Time: 30 MIN
Treatment Plan: FUNCT. MOBILITY TRAINING
PT/FAMILY EDUCATION

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1130 (continued)

571000 PT: Assessment+ (continued)
GAIT TRAINING
THERAPEUTIC ACTIVITY
THERAPEUTIC EXERCISE
Goals/treatment plan discussed and
agreed upon with patient and/or family: Y
Comments: THERALEX 1048-1058
TA x2 1059 1128
G Code: N
Severity Modifier determined by Objective Clinical Findings.
CONTINUE FOR OUTPATIENTS/OBSERVATION/SKILLED NSG UNIT PATIENTS: N
CONTINUE FOR INPATIENT REHABILITATION: Y
I certify that I have read this plan of care and deem this service to be
medically necessary while under my care
Physician Signature _____
Date _____
Time_____
Queue PT: Y
<< TEACHING & EDUCATION >>
Department: REHABILITATION SERVICES
Setting: BEDSIDE
Learner: PATIENT
SPOUSE
DAUGHTER
Readiness to Learn: WILLING TO LEARN
NEEDS ENCOURAGEMENT
Preferred Method: DEMONSTRATION
EXPLANATION
Barriers: PAIN
MEDICATED
MEDICAL CONDITION
LANGUAGE BARRIER
ANXIOUS
PHYSICAL IMPAIRMENT
Education Content:
Dx/Condition: L HIP FX
Procedure/Test: Physical Therapy
Hospital Care: Physical Therapy
Rehabilitation
Home Care. Patient Safety
Fall Precautions
Strategies: DEMONSTRATION
EXPLANATION
Evaluation: STATES UNDERSTANDING
Community Resources/Referral: REHAB FACILITY
Document Ver 12/11/19 1130 JXD 12/11/19 1207 JXD
<< PHYSICAL THERAPY INITIAL EVALUATION >>
Date of Eval: 12/11/19

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1130 (continued)

571000 PT: Assessment+ (continued)
Date of Admit: 12/10/19
Charge? Y
Eval Start Time: 1034
Eval Stop Time: 1047
Total Time: 0 Hr 13 Mins
Referring Physician / Surgeon: BAWSH Bawany,Sheila MD R3
Physician's Orders: PT EVAL AND TREAT
Admission DX: FALL INJURY W/ LEFT HIP FX
Surgical Procedure: LT HIP ORIF
Surgery Date: 12/10/19
Precautions: FALLS
HIP
UNIVERSAL
TTWB LLE
Rehab Diagnosis: GAIT INSTABILITY
BALANCE IMPAIRMENT
DECR FUNCTIONAL MOBILITY
GENERALIZED WEAKNESS
< Past Medical History & Surgical Procedures>
Neuro/Psych Hx: CVA
Endocrine Hx: DM
EENT Hx: NO HISTORY
GI Hx: NO HISTORY
Cardiovascular Hx: HYPERTENSION
HLD
Respiratory Hx: NO HISTORY
Musculoskeletal Hx: NO HISTORY
Integumentary Hx: NO HISTORY
Hematological Hx: NO HISTORY
Genitourinary Hx: NO HISTORY
Reproductive Hx: NO HISTORY
< Social History >
Lives in: TWO-STORY HOUSE
IN OHIO
Lives with: SPOUSE
Equipment Owned: ROLLING WALKER
STANDARD CANE
Orthotics/Prosthetics: Not Applicable
Comments: Pt LIVES IN OHIO W/ WIFE. IS VISITING HERE IN
FLORIDA AND LIVES W/ DAUGHTER IN A 2 STORY HOUSE.
Stairs: Y
# of Steps: 17
Comments: BEDROOM UPSTAIRS IN OHIO. W/ HANDRAIL.
DAUGHTER'S HOUSE HERE HAS 17 STEPS. FAMILY ABLE TO
MAKE ACCOMMODATIONS TO MOVE BEDROOM DOWNSTAIRS.
< PRIOR LEVEL OF FUNCTION >
Bed Mobility: I PERFORM INDEPENDENTLY

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1130 (continued)

571000 PT: Assessment+ (continued)
Transfers: 7-PERFORM INDEPENDENTLY
Ambulation: 7-PERFORM INDEPENDENTLY
Distance: COMMUNITY LEVEL (>100FT)
Assistive Device: ROLLING WALKER
STANDARD CANE
COMMENT: WAS CURRENTLY NOT USING
ADs.
< SUBJECTIVE >
Patient Remarks: Pt AGREED TO PT. WIFE AND DAUGHTER IN
THE ROOM TO TRANSLATE. Pt SPEAKS SOME
ENGLISH.
Comments: Pt TTWB ON L LE W/ IMMOBILIZER ON. EDUCATED Pt AND FAMILY ON WB
PRECAUTIONS.
< OBJECTIVE >
Oriented to: ORIENTED X 3
Cognition: ANXIOUS
SENSES:
Vision: Corrective Lenses
Hearing Impairment: No Impairments
Speech Impairment: No Impairment
Skin Condition: INCISION
LT HIP ORIF
Edema: MODERATE
LLE
Wound evaluation required: N
RANGE OF MOTION:
All major extremity joints within functional limits? N
UE Deficit: WFL
LE Deficit: LLE W/ KNEE IMMOBILIZER
RLE WFL
Independent SLR: N
MUSCLE STRENGTH:
All major muscle groups within functional limits? N
UE: GROSSLY 4/5
LE: LLE 2 /5 RLE 3+/5
Muscle Tone: NORMAL
Coordination WFL: Y
Comments: SLOW
Hand Dominance: RIGHT
Sensation Intact: Y
Posture upright/midline: N
Comments: FWD BENT AND RT SIDE LEANING.
Balance WFL: N
Sitting: maintains midline N
Sitting balance - Static: FAIR
Dynamic: FAIR
Comments: TEND TO LEAN BACK ON/OFF DUE TO MOBILITY FATIGUE

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1130 (continued)

571000 PT: Assessment+ (continued)
Standing Maintains midline: Y
Standing balance - Static: POOR
Dynamic: POOR
Comments: W/ RW.
FUNCTIONAL MOBILITY:
Bed Mobility Deficits: Y
Rolling from side to side: 2 MAX ASST/PERFRM 25-50%
Bridging: 2-MAX ASST/PERFRM 25-50%
Scooting: 2 MAX ASST/PERFRM 25 50%
Supine to sit: 2-MAX ASST/PERFRM 25-50%
Sit to supine: 2 MAX ASST/PERFRM 25-50%
Comments: Pt IN BED UPON ARRIVAL.
ASSTSED Pt W/ LEGS ON/OFF THE
BED. HHA TO SIT Pt UP. Pt
ABLE TO USE HIM ARMS TO HELP
SLIDE LLE OFF THE BED.
Wt Bearing Restrictions: Y
LLE: TOE TOUCH WEIGHT BEARING
Transfers Deficit: Y
Sit<->Stand: 2-MAX ASST/PERFRM 25-50%
Bed<->Chair: 1-TOT ASST/PERFRM <25%
Comments: RW; 2 PERSON ASSIST UNDER ARMS
3 REPS SIT<>STAND. Pt FORWARD
BENT. CUES TO TTWB ON L AND
PUSH W/ R LE. Pt UNABLE TO
INITIATE AMBULATION AND STAND
LONG DUE TO FEAR AND PAIN. Pt
WAS TRANSFERRED TO A CARDIAC
CHAIR USING SLIDING TECHNIQUE.
3 PERSON ASSIST FOR SAFETY AND
POSITIONING.
Gait deficits: Y
Assistance needed: 2 MAX ASST/PERFRM 25-50%
Type of Assistance Needed: 2 PERSON ASSIST
Assistive device: ROLLING WALKER
TTWB LLE DIFFICULTY
Distance: 2 PIVOT SIDESTEPS
Gait Pattern: SHORT STEP
SLOW CADENCE
UNSTEADY
Prosthetics/Orthotics: Immobilizer
LLE
Wheelchair mobility assessment: N
Comments: UNABLE TO MAINTAIN TTWB
DESPITE MAX VERBAL AND
TACTILE CUES.
ASSESSMENT

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1130 (continued)

571000 PT: Assessment+ (continued)
< Problem List >
ROM
Muscle Tone
- Balance
- Bed Mobility
- Transfers
Gait
PT Assessment: Pt PRESENTS W/ WEAKNESS AND DECREASED FUNCTIONAL MOBILITY DUE TO AN ORIF ON THE LT HIP FROM A FALL. Pt WILL BENEFIT FROM SKILLED PT SERVICES TO IMPROVE BED MOB, TRANSFERS, AMBULATION, AND BALANCE. PT EVAL W/ HIGH COMPLEXITY DONE. RECOMMEND DC TO REHAB. HIGH FALLS RISK. DISCUSSED IN DETAIL ON BENEFITS OF REHAB FOR D/C PLAN AND FOLLOW UP.
Rehabilitation Potential: GOOD
Discharge Planning Recommendations: REHAB
Document Interdisciplinary Education? Y
Physical Therapy indicated at this time? Y
SHORT TERM GOALS:
The patient will:
1. MOD ASSIST W/ BED MOB<>EOB SITTING
Time Frame: 12/18/19
2. IMPROVE TRANSFERS W/ MOD ASSIST 1 PERSON ASSIST W/ RW
Time Frame: 12/18/19
3. IMPROVE AMBULATION MOD A W/ RW TTWB ON LLE > 5 FEET
Time Frame: 12/18/19
4. IMPROVE STANDING BALANCE TO FAIR W/ RW
Time Frame: 12/18/19
LONG TERM GOALS
The patient will:
1. N/A
Patients Personal Goal: TO GET STRONGER AND DECREASE PAIN
Potential barriers to goal achievement: Anxious
Co morbidities
Emotional State
Fatigue
Language Barrier
Medication
Medical Condition
Pain
Physical Impairment

PLAN OF CARE
Frequency: EXTENDED DAILY TREATMENT
Duration: 1 WEEK
Average Treatment Time: 30 MIN
Treatment Plan: FUNCT. MOBILITY TRAINING

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1130 (continued)

571000 PT: Assessment+ (continued)
PT/FAMILY EDUCATION
GAIT TRAINING
THERAPEUTIC ACTIVITY
THERAPEUTIC EXERCISE
NEUROMUSCULAR RE ED
Goals/treatment plan discussed and agreed upon with patient and/or family: Y
Comments: THERA EX 10:48-10:58
SUPINE AAROM BLE EXs AND
INCENTIVE SPIROMETER x 10
REPS EACH
THERA ACT 10:59 11:28
EOB SITTING/SIT<>STAND x
3 REPS AND TRANSFER STEPS
SLIDING TRANSFER FROM BED
TO CARDIAC CHAIR W/ +3
PERSON ASSIST
Equipment recommendations: ROLLING WALKER
BEDSIDE COMMODE
MANUAL WHEELCHAIR
G Code: N
Severity Modifier determined by Objective Clinical Findings.
CONTINUE FOR OUTPATIENTS/OBSERVATION/SKILLED NSG UNIT PATIENTS: N
CONTINUE FOR INPATIENT REHABILITATION: Y
I certify that I have read this plan of care and deem this service to be medically necessary while under my care.
Physician Signature _____
Date _____
Time _____
Queue PT: Y
<< TEACHING & EDUCATION >>
Department: REHABILITATION SERVICES
Setting: BEDSIDE
Learner: PATIENT
SPOUSE
DAUGHTER
Readiness to Learn: WILLING TO LEARN
NEEDS ENCOURAGEMENT
Preferred Method: DEMONSTRATION
EXPLANATION
Barriers: PAIN
MEDICATED
MEDICAL CONDITION
LANGUAGE BARRIER
ANXIOUS
PHYSICAL IMPAIRMENT
Education Content:

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/11/19 Time: 1130 (continued)

571000 PT: Assessment+ (continued)
Dx/Condition: L HIP FX
Procedure/Test: Physical Therapy
Equipment: Walker
Hospital Care: Physical Therapy
Rehabilitation
Home Care: Patient Safety
Fall Precautions
Strategies: DEMONSTRATION
EXPLANATION
Evaluation: STATES UNDERSTANDING
POSITIVE BEHAVIOR RESP
Community Resources/Referral: REHAB FACILITY

Activity Date: 12/11/19 Time: 1149

220410 Critical Care Flow Record + A CP
- Document 12/11/19 1149 MLS 12/11/19 1152 MLS
- - CRITICAL CARE FLOWSHEET -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- IV INTAKE -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 2 volume ml: 100.00
- URINE - -
Urinary catheter ml: 600
- LINES DRAINS AND AIRWAYS - -
Document lines, drains and airways: Yes
- URINARY CATHETER - -
Urinary catheter type: Temporary/indwelling
Insertion/applied date: 12/10/19
Insertion/applied time: 0536
Indication for urinary catheter: Perioperative procedure
Urinary catheter status: Discontinue
Removal date: 12/11/19
Removal time: 1151
Reason for removal: Meets removal protocol
Complications during removal: None
Urinary catheter complications encountered: None

Activity Date: 12/11/19 Time: 1200

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 1200 MLS 12/11/19 1217 MLS
Pulse: 87
Respiratory rate: 11
SPO2 %: 94

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/11/19 Time: 1200 (continued)

220411 Clinical Monitor Interface + (continued)
Arterial line blood pressure: 114/51
Arterial line MAP: 70

Activity Date: 12/11/19 Time: 1215

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 1215 MLS 12/11/19 1217 MLS
Pulse: 85
Respiratory rate: 21
SPO2 %: 95
Arterial line blood pressure: 118/53
Arterial line MAP: 73

Activity Date: 12/11/19 Time: 1216

220235 Pain Assessment + A CP
- Document 12/11/19 1216 MLS 12/11/19 1217 MLS
- - PAIN ASSESSMENT - -
Patient goal for pain management: Moderate pain-4
Pain scale utilized: Verbal numeric
Numeric pain scale: Moderate pain-5
Pain intensity: 5
Pain location: Thigh left
Relieving factors for pain: Repositioning
Relaxation techniques
Medication non-opioid
Environment dim lights

Activity Date: 12/11/19 Time: 1217

220410 Critical Care Flow Record + A CP
- Document 12/11/19 1217 MLS 12/11/19 1218 MLS
- - CRITICAL CARE FLOWSHEET - -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- - EMESIS - -
Emesis ml: 200
Number of emesis: 1

Activity Date: 12/11/19 Time: 1218

220417 Hygiene Care+ A PS
- Document 12/11/19 1218 MLS 12/11/19 1218 MLS
- - HYGIENE CARE - -
Hygiene care provided: Limited assistance
Perineal care provided: Limited assistance

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1218

220415 Routine Daily Care + A .on going CP
- Document 12/11/19 1218 MLS 12/11/19 1218 MLS
- DAILY CARE ROUTINE - -
Activity: Chair
220430 Teach/Educate + A CP
- Document 12/11/19 1218 MLS 12/11/19 1219 MLS
- - PATIENT/FAMILY TEACHING -
Primary learner: Patient
Other learner: Family
Barriers to communication/learning: Language barrier
Primary learners preferred spoken language: ARA ARABIC
Primary learners preferred written language: ARA ARABIC
Physiological topics: Cardiac care
Infection risk
Diabetic care
Vital signs
Wound care
Functional topics: Mobility care
Musculoskeletal care
Positioning treatment
Special diet
Discharge/Health behavior topics: Safety precautions
Person(s) educated: Patient
Family
Readiness to learn: Cooperative
Method of education: Verbal discussion
Responsiveness to learning: Verbalized understanding
Cardiac Topics: Cardiac care
Physical regulation topics: Infection control
Vital signs
Metabolic Topics: Diabetic care
Skin integrity topics: Wound care
Activity topics: Mobility care
Musculoskeletal care
Positioning treatment
Nutritional topics: Special diet
Safety Topics: Safety precautions

Activity Date: 12/11/19 Time: 1219

220700 Plan of Care+ A CP
Document 12/11/19 1219 MLS 12/11/19 1220 MLS
- - CARDIAC ALTERATION - -
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Cardiac alteration problem is: Stabilizing/Maintaining
- SKIN INTEGRITY ALTERATION -
Skin integrity alteration problem expected to: Improve/Resolve

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1219 (continued)

220700 Plan of Care+ (continued)
Target date: 12/16/19
Skin integrity alteration problem is: Stabilizing/Maintaining
- COMFORT ALTERATION - -
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Comfort alteration problem is: Stabilizing/Maintaining
- PAIN PROBLEM -
Pain problem expected to: Improve/Resolve
Target date: 12/16/19
Pain problem is: Stabilizing/Maintaining
- - TOILETING DEFICIT PROBLEM - -
Toileting deficit problem expected to: Improve/Resolve
Target date: 12/16/19
Toileting deficit problem is: Stabilizing/Maintaining
- - INJURY RISK PROBLEM - -
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/16/19
Injury risk problem is: Stabilizing/Maintaining
- - MAIN SCREEN SELECTIONS - -
Physiological problem/alteration in: Cardiac
Skin integrity
Functional problem/alteration in: Comfort
Pain
Toileting
Health behavior problem/risk: Injury risk

Activity Date: 12/11/19 Time: 1220

220216 Neurovascular Checks + A PS
- Create 12/11/19 1220 MLS 12/11/19 1220 MLS
Diagnosis/Problem: Injury Risk A
Increased chance of danger or loss.
Create 12/11/19 1220 MLS 12/11/19 1220 MLS
Outcome: See Health Plan of Care A 12/20/19
- Create 12/11/19 1220 MLS 12/11/19 1220 MLS
220745 Injury Risk A CP
- Create 12/11/19 1220 MLS 12/11/19 1220 MLS
Diagnosis/Problem: Toileting Deficit A
Impaired ability to urinate or defecate for oneself.
- Create 12/11/19 1220 MLS 12/11/19 1220 MLS
Outcome: See Health Plan of Care A 12/20/19
- Create 12/11/19 1220 MLS 12/11/19 1220 MLS
220727 Toileting Deficit A CP
- Create 12/11/19 1220 MLS 12/11/19 1220 MLS

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/11/19 Time: 1220									
Diagnosis/Problem: Comfort Alteration Change in or modification of sensation that is distressing.							A		
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
220719 Comfort Alteration							A		CP
- Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Diagnosis/Problem: Pain Physical suffering or distress; to hurt.							A		
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
220725 Pain							A		CP
- Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Diagnosis/Problem: Skin Integrity Alteration Change in or modification of skin conditions.							A		
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Outcome: See Health Plan of Care							A	12/20/19	
Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
220712 Skin Integrity Alteration							A		CP
- Create	12/11/19	1220	MLS	12/11/19	1220	MLS			
Activity Date: 12/11/19 Time: 1230									
220411 Clinical Monitor Interface +							A		MO
- Document	12/11/19	1230	MLS	12/11/19	1435	MLS			
Pulse: 87									
Respiratory rate: 21									
SPO2 %: 95									
Arterial line blood pressure: 125/61									
Arterial line MAP: 80									
Activity Date: 12/11/19 Time: 1300									
220411 Clinical Monitor Interface +							A		MO
- Document	12/11/19	1300	MLS	12/11/19	1435	MLS			
Pulse: 89									
Respiratory rate: 20									
SPO2 %: 94									
Arterial line blood pressure: 120/62									
Arterial line MAP: 80									

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/11/19 Time: 1400									
220411 Clinical Monitor Interface +							A		MO
Document	12/11/19	1400	MLS	12/11/19	1435	MLS			
Pulse: 93									
Respiratory rate: 25									
SPO2 %: 97									
Arterial line blood pressure: 115/54									
Arterial line MAP: 72									
Activity Date: 12/11/19 Time: 1430									
220411 Clinical Monitor Interface +							A		MO
Document	12/11/19	1430	MLS	12/11/19	1435	MLS			
Pulse: 93									
Respiratory rate: 23									
SPO2 %: 97									
Arterial line blood pressure: 118/51									
Arterial line MAP: 71									
Activity Date: 12/11/19 Time: 1500									
220411 Clinical Monitor Interface +							A		MO
- Document	12/11/19	1500	MLS	12/11/19	1802	MLS			
Pulse: 90									
Respiratory rate: 23									
SPO2 %: 96									
Arterial line blood pressure: 126/53									
Arterial line MAP: 74									
Activity Date: 12/11/19 Time: 1530									
220411 Clinical Monitor Interface +							A		MO
- Document	12/11/19	1530	MLS	12/11/19	1802	MLS			
Pulse: 92									
Respiratory rate: 22									
SPO2 %: 95									
Arterial line blood pressure: 123/53									
Arterial line MAP: 74									
Activity Date: 12/11/19 Time: 1600									
220411 Clinical Monitor Interface +							A		MO
- Document	12/11/19	1600	MLS	12/11/19	1832	MLS			
Pulse: 92									
Respiratory rate: 24									
SPO2 %: 95									
Arterial line blood pressure: 131/55									
Arterial line MAP: 78									

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1700

220411 Clinical Monitor Interface + A MO
Document 12/11/19 1700 MLS 12/11/19 1802 MLS
Pulse: 90
Respiratory rate: 21
SPO2 %: 98
Blood pressure: 119/73
Mean arterial pressure: 90

Activity Date: 12/11/19 Time: 1758

220411 Clinical Monitor Interface + A MO
Document 12/11/19 1758 MLS 12/11/19 1802 MLS
Pulse: 79
Respiratory rate: 25
SPO2 %: 96

Activity Date: 12/11/19 Time: 1800

220411 Clinical Monitor Interface + A MO
Document 12/11/19 1800 MLS 12/11/19 1837 MLS
Pulse: 78
Respiratory rate: 24
SPO2 %: 97
Blood pressure: 122/57
Mean arterial pressure: 82

Activity Date: 12/11/19 Time: 1802

220410 Critical Care Flow Record + A CP
- Document 12/11/19 1802 MLS 12/11/19 1803 MLS
CRITICAL CARE FLOWSHEET -
- INTAKE AND OUTPUT
Document intake and output: Yes
- MEALS CONSUMED INTAKE
Meal: Dinner
Amount taken: 75%
- LINES DRAINS AND AIRWAYS
Document lines, drains and airways: Yes
- ARTERIAL LINE -
Arterial line: Radial artery left Inserted 12/10/19 0536
Instance list status: Inactive
Arterial line status: Discontinue
Arterial line unplanned removal: Yes
Catheter tip intact: Yes
Arterial line removal date: 12/11/19
Arterial line removal time: 1600
<End>

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1804

220216 Neurovascular Checks + A PS
- Document 12/11/19 1804 MLS 12/11/19 1804 MLS
- NEUROVASCULAR CHECKS
LOC: Alert
Pulses strong and equal bilaterally: Yes
220235 Pain Assessment + A CP
Document 12/11/19 1804 MLS 12/11/19 1804 MLS
- PAIN ASSESSMENT -
Patient goal for pain management: Moderate pain 4
Pain scale utilized: Verbal numeric
Numeric pain scale: No pain 0
Pain intensity: 0
Relieving factors for pain: Repositioning
Relaxation techniques
Medication non opioid
Environment dim lights

Activity Date: 12/11/19 Time: 1814

Patient Notes: NURSE NOTES *
- Create 12/11/19 1814 MLS 12/11/19 1814 MLS
Abnormal? N Confidential? N
SPOKE WITH REBECCA, PA FROM ORTHO TO RELAY MESSAGE IN REGARDS TO STARTING HEPARIN GTT UNTIL HEART CATH FRIDAY PER DR DIN. REBECCA STATES SHE WILL CALL BACK ONCE SHE FINDS AN ANSWER FROM THE PHYSICIAN.

Note Type	Description
No Type	None

Activity Date: 12/11/19 Time: 1835

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 1835 MLS 12/11/19 1837 MLS
Pulse: 78
Respiratory rate: 23
SPO2 %: 96
28017 Z:Assess Bleeding A OE
Press (ENTER) for Order Details below
Comment: ANY SIGNS of bleeding, STOP HEPARIN, check aPTT and notify physician immediately, this includes if Platelets decreased less than 100,000 or by greater or equal to 50% from baseline
- Create 12/11/19 1835 MLS 12/11/19 1835 MLS
28609 Z:No IM Injections A OE
- Create 12/11/19 1835 MLS 12/11/19 1835 MLS

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 1900

220411 Clinical Monitor Interface + A MO
Document 12/11/19 1900 RR 12/11/19 2236 RR
Pulse: 74
Respiratory rate: 27
SPO2 %: 95

Activity Date: 12/11/19 Time: 1901

220411 Clinical Monitor Interface + A MO
Document 12/11/19 1901 RR 12/11/19 2236 RR
Pulse: 78
Respiratory rate: 25
SPO2 %: 96
Blood pressure: 102/54
Mean arterial pressure: 74

Activity Date: 12/11/19 Time: 1906

Patient Notes: PT ADVOCATE/CHAPLAIN NOTES *
Create 12/11/19 1906 RD 12/11/19 1910 RD
Abnormal? N Confidential? N
Chaplain visited Patient. Patient is unresponsive. prayed at bedside.
Note Type Description
No Type None

Activity Date: 12/11/19 Time: 1909

220410 Critical Care Flow Record + A CP
Document 12/11/19 1909 MLS 12/11/19 1909 MLS
CRITICAL CARE FLOWSHEET
INTAKE AND OUTPUT -
Document intake and output: Yes
URINE
Void ml: 225

Activity Date: 12/11/19 Time: 1955

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 1955 RR 12/11/19 2236 RR
Pulse: 81
Respiratory rate: 29
SPO2 %: 91
Blood pressure: 105/57
Mean arterial pressure: 75

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 2000

220411 Clinical Monitor Interface + A MO
Document 12/11/19 2000 RR 12/11/19 2236 RR
Pulse: 80
Respiratory rate: 30
SPO2 %: 94
Blood pressure: 102/58
Mean arterial pressure: 77
220410 Critical Care Flow Record + A CP
Document 12/11/19 2000 RR 12/12/19 0220 RR
CRITICAL CARE FLOWSHEET
VITAL SIGNS MAIN INPUT
Document vitals: Yes
Document vital signs: Yes
VITAL SIGNS -
Temperature F: 99.8
Temperature source: Temporal
BMI calculated: 29.2
OXYGEN THERAPY
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 2.000000
INTAKE AND OUTPUT
Document intake and output: Yes
Oral ml: 50
IV INTAKE
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
LINES DRAINS AND AIRWAYS -
Document lines, drains and airways: Yes
- IV -
IV type: Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: No

Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: No
IV site absent of redness, heat or edema: No
IV site condition: Leaking
<End>
220210 Admission/Shift Assessment + A CP
Document 12/11/19 2000 RR 12/12/19 0137 RR
BODY SYSTEM ASSESSMENT
NEUROLOGICAL ASSESSMENT

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
- - RASS/LOC
Alert and oriented: Yes
- - GLASGOW COMA SCORE -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
- FACIAL SYMMETRY - -
Facial symmetry: Intact
PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
TONGUE - -
Tongue: Midline
- VOCALIZATION -
Vocalization: Appropriate
REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY - -
Upper extremities equal and strong bilaterally: Yes
- LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Moves against gravity
Weak
WITH FRACTURE LT HIP
Foot left motor strength: Weak
- - GAIT/BALANCE - -
Gait, strength, balance: Non-ambulatory
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- NUMB/TINGLING/PARALYSIS -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- - CARDIOVASCULAR ASSESSMENT -
- - HEART SOUNDS/MURMUR -
Heart sounds normal (S1,S2): Yes
- - JUGULAR DISTENTION -
Jugular distension: None
- - HEART RHYTHM - -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
- PACING/AICD - -
Cardiac pacer/AICD: None
Ventricular assist device: None
- RESPIRATORY -
- - RESPIRATORY EFFORT/PATTERN - -
Respirations even and unlabored: Yes
- - BREATH SOUNDS - -
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
- OXYGEN THERAPY - -
Oxygen therapy: Present/Exists
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 4.000000
- COUGH/SPUTUM -
Cough/sputum/secretions: None
- EENT - -
EYE ABNORMALITIES - -
Eye physical abnormalities or drainage: None
EAR ABNORMALITIES - -
Ear physical abnormalities or drainage: None
- NOSE ABNORMALITIES - -
Nose physical abnormalities or drainage: None
- - MOUTH/THROAT ABNORMALITIES -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
- - GASTROINTESTINAL - -
Nausea: None
- VOMITING - -
Vomiting/Dry heaving: None
- - ABDOMEN - -
Abdomen is soft, symmetrical, and non-tender: Yes
- BOWEL SOUNDS -
Bowel sounds normal-active in all 4 quadrants: Yes
Passing flatus: Yes
- - STOOL - -
Document stool: Normal for patient
- - GENITOURINARY - -
- - URINE CHARACTERISTICS - -
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: Yes
Abnormal urinary conditions: None
- FISTULA/GRAFT - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Fistula/graft present: No
ABNORMAL GENITALIA
Abnormal genitalia: None
- URETHRAL DISCHARGE/LESIONS
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: None
SIGNS/SYMPTOMS INJURY/TRAUMA
Signs or symptoms of recent injury or trauma: None
- MUSCULOSKELETAL - -
Full range of motion appropriate for developmental age: Yes
GAIT -
Developmentally age appropriate gait: Yes
AMBULATION
Developmentally appropriate independent ambulation: No
Ambulation: Non wt bearing
WITH FRACTURE LT HIP
ACUTE CONDITION
Musculoskeletal acute condition: Present/Exists
Acute condition: Fracture Proximal Hip left - -
Instance list status: Active
Sensations: Painful
Motor strength: Weak, Moves against gravity
Immobilization comment:
S/P ORIF
<End>
- TRACTION
Traction: None
- - POSITIONING AIDS - -
Positioning aids: Present/Exists
Positioning aids: Pillows
Specialty bed
INTEGUMENTARY
Skin condition: Warm and dry
SKIN COLOR
Color within expectations for ethnicity Yes
Skin turgor tenting less than 1 second: Yes
SKIN PIERCINGS -
Skin piercings: None
- - SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists
Skin alteration: Bruise Posterior Arm right upper
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Pink/red/erythema/intact
Wound base visible: No
Intact skin: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Intact skin blanchable: No
Any open areas: No
Skin alteration details: Smooth/red/moist
Altered level/stage: No staging necessary
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 2
Intact value score: 0
- Procedural site Lateral Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Dressing intact/device
Wound exudate amount/type: Serosanguineous
Date of last dressing change: 12/10/19
Time of last dressing change: 2000
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 0
Intact value score: 0
<End>
Document skin test monitor: No
VASCULAR - -
CAP REFILL DELAY
Capillary refill less than or equal to 3 seconds Yes
PERIPHERAL PULSE
Pulses strong and equal bilaterally: Yes
- - CALF INSPECTION - -
Calves symmetrical and pain is absent with dorsiflexion: Yes
PERIPHERAL EDEMA -
Peripheral edema: None
MECHANICAL PROPHYLAXIS
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee
Device applied to: Right
PSYCHOSOCIAL
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
MOOD AND BEHAVIOR
Mood, behavior appropriate for situation/developmental age: Yes
THOUGHT PROCESSES
Thought processes appropriate for developmental age: Yes
SPEECH -
Speech coherent and conversational: Yes
VOCALIZATION
Speech/vocalization is appropriate for developmental age: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
MEMORY -
Short term and long term memory appears intact: Yes
Able to comprehend and follow directions: Yes
- - BODY IMAGE DISTURBANCE -
Body image disturbance: None
- - PARANOIA AND DELUSIONS - -
Paranoid ideation/delusions/hallucinations: None
220220 Safety/Risk/Regulatory + A CP
- Document 12/11/19 2000 RR 12/12/19 0208 RR
- - SAFETY/RISK/REGULATORY -
Isolation status: Standard precautions
FALL RISK - -
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
SEVERE SEPSIS SCREENING
Assess sepsis: Yes
Temperature: No
Heart rate: Yes
Respirations: Yes
WBC results: 12/11/19 10.47 0430
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 2
Suspected/documented infection: No
Antibiotic therapy (not prophylaxis): No
Screening due to sepsis early warning alert/detection: No
If yes to 1 of the above, proceed to next section: 0

Activity Date: 12/11/19 Time: 2024

220586 RT: Oxygen + A .2LPM NC 98% PS
- Ed Directs 12/11/19 2024 SPL 12/11/19 2024 SPL
==> 12/11 2024 .2LPM NC 98%
- Document 12/11/19 2024 SPL 12/11/19 2024 SPL
RT: OXYGEN -
Oxygen treatment: Adult
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 2.000000
SPO2 %: 98
FIO2%: 28

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 2030

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 2030 RR 12/11/19 2236 RR
Pulse: 80
Respiratory rate: 31
SPO2 %: 98
Blood pressure: 135/67
Mean arterial pressure: 92
220417 Hygiene Care+ A PS
- Document 12/11/19 2030 RR 12/12/19 0224 RR
HYGIENE CARE -
Hygiene care provided: Extensive, 2+ person asst
Perineal care provided: Extensive, 1 person asst
Oral care provided: Extensive, 1 person asst
220415 Routine Daily Care + A .on going CP
- Document 12/11/19 2030 RR 12/12/19 0222 RR
- - DAILY CARE ROUTINE - -
Activity: Turn
Level of assistance: 2 person assist
Specialty bed: Low air loss
Head of bed elevation: HOB 30 degrees
Transport method: Bed

Activity Date: 12/11/19 Time: 2100

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 2100 RR 12/11/19 2236 RR
Pulse: 89
Respiratory rate: 34
SPO2 %: 97
Blood pressure: 129/75
Mean arterial pressure: 85
220440 IV Drip Titration + A CP
- Document 12/11/19 2100 RR 12/12/19 0226 RR
- - IV DRIP 1 TITRATION
IV drip 1: HEPARIN 25000 UNIT 1/2NS 250ML
IV drip 1 status: Start
IV drip 1: HEPARIN 25000 UNIT 1/2NS 250ML
IV drip 1 concentration: 25000 UNIT/250 ML
IV drip 1 new dosage: 12
IV drip 1 dosage concentration: units/kg/hr
IV drip 1 dosage in ml/hr: 8.6
IV drip 1 titrate parameter: APTT
220430 Teach/Educate + A CP
- Document 12/11/19 2100 RR 12/12/19 0232 RR
- PATIENT/FAMILY TEACHING - -
Primary learner: Patient
Other learner: Family
Barriers to communication/learning: Language barrier

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 2100 (continued)

220430 Teach/Educate + (continued)
Pain level
Primary learners preferred spoken language: ARA ARABIC
Primary learners preferred written language: ARA ARABIC
Physiological topics: Skin breakdown control
Functional topics: Musculoskeletal care
Discharge/Health behavior topics: Medication actions
Injection administration
Medication side effects
Medication treatment
Person(s) educated: Patient
Family
Readiness to learn: Asks questions
Cooperative
Method of education: Verbal discussion
Responsiveness to learning: Verbalized understanding
Skin integrity topics: Skin breakdown control
Activity topics: Musculoskeletal care
Medication topics: Medication actions
Injection administration
Medication side effects
Medication treatment

Activity Date: 12/11/19 Time: 2137

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 2137 RR 12/11/19 2236 RR
Pulse: 81
Respiratory rate: 26
SPO2 %: 98
Blood pressure: 122/61
Mean arterial pressure: 84

Activity Date: 12/11/19 Time: 2200

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 2200 RR 12/11/19 2236 RR
Pulse: 86
Respiratory rate: 29
SPO2 %: 94
Blood pressure: 122/67
Mean arterial pressure: 90
220410 Critical Care Flow Record + A CP
- Document 12/11/19 2200 RR 12/12/19 0220 RR
- CRITICAL CARE FLOWSHEET - -
- INTAKE AND OUTPUT - -
Document intake and output: Yes
Oral ml: 100

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 2200 (continued)

220410 Critical Care Flow Record + (continued)
- IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 3 volume ml: 8.60
- - URINE - -
Void ml: 100
Other urine type: + UNDERPAD WET +++
220700 Plan of Care+ A CP
- Document 12/11/19 2200 RR 12/12/19 0234 RR
- - CARDIAC ALTERATION - -
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Cardiac alteration problem is: Improving/Resolving
- MUSCULOSKELETAL ALTERATION -
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Musculoskeletal alteration problem is: Stabilizing/Maintaining
- - SKIN INTEGRITY ALTERATION -
Skin integrity alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Skin integrity alteration problem is: Improving/Resolving
- COMFORT ALTERATION - -
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Comfort alteration problem is: Improving/Resolving
- - PAIN PROBLEM - -
Pain problem expected to: Improve/Resolve
Target date: 12/16/19
Pain problem is: Improving/Resolving
- - TOILETING DEFICIT PROBLEM -
Toileting deficit problem expected to: Improve/Resolve
Target date: 12/16/19
Toileting deficit problem is: Improving/Resolving
- - BLEEDING RISK PROBLEM - -
Bleeding risk problem expected to: Improve/Resolve
Target date: 12/15/19
Bleeding risk problem is: Stabilizing/Maintaining
- - INJURY RISK PROBLEM -
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/16/19
Injury risk problem is: Stabilizing/Maintaining
- - MAIN SCREEN SELECTIONS - -
Physiological problem/alteration in: Cardiac
Skin integrity
Musculoskeletal
Functional problem/alteration in: Comfort

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/11/19 Time: 2200 (continued)

220700 Plan of Care+ (continued)
Pain
Toileting
Health behavior problem/risk: Injury risk
Bleeding risk

Activity Date: 12/11/19 Time: 2230

220417 Hygiene Care+ A PS
- Document 12/11/19 2230 RR 12/12/19 0224 RR
- - HYGIENE CARE - -
Hygiene care provided: Extensive, 2+ person asst
Perineal care provided: Extensive, 1 person asst
Oral care provided: Extensive, 1 person asst
220415 Routine Daily Care + A .on going CP
- Document 12/11/19 2230 RR 12/12/19 0222 RR
- - DAILY CARE ROUTINE - -
Activity: Turn
Level of assistance: 2 person assist

Activity Date: 12/11/19 Time: 2300

220411 Clinical Monitor Interface + A MO
- Document 12/11/19 2300 RR 12/12/19 0347 RR
Pulse: 83
Respiratory rate: 28
SPO2 %: 93
Blood pressure: 122/66
Mean arterial pressure: 89

Activity Date: 12/12/19 Time: 0000

220216 Neurovascular Checks + A PS
- Document 12/12/19 0000 RR 12/12/19 0207 RR
- - NEUROVASCULAR CHECKS - -
LOC: Alert
Oriented to: Person
Place
Situation
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Vocalization: Appropriate
Mood, behavior appropriate for situation/developmental age: Yes
Upper extremities equal and strong bilaterally: Yes
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Moves against gravity
Weak
WITH FRACTURE LT HIP S/P ORIF

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0000 (continued)

220216 Neurovascular Checks + (continued)
Leg right motor strength: Moves against gravity
Moves against resistance
Strong
Foot left motor strength: Weak
Foot right motor strength: Strong
Dorsiflexion
Pulses strong and equal bilaterally: Yes
Capillary refill less than or equal to 3 seconds: Yes
Peripheral edema: None
Airway: Patent
Trachea: Midline
Skin alteration/Procedure site: Present/Exists
Skin alteration: - - Procedural site Lateral Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type-worst: Dressing intact/device
Date of last dressing change: 12/10/19
Time of last dressing change: 2000
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 0
Intact value score: 0
<End>
220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0000 RR 12/12/19 0347 RR
Pulse: 83
Respiratory rate: 23
SPO2 %: 96
Blood pressure: 118/62
Mean arterial pressure: 83
220410 Critical Care Flow Record + A CP
- Document 12/12/19 0000 RR 12/12/19 0220 RR
- - CRITICAL CARE FLOWSHEET - -
- - VITAL SIGNS MAIN INPUT - -
Document vitals: Yes
Document vital signs: Yes
- - VITAL SIGNS - -
Temperature F: 99.6
Temperature source: Temporal
BMI calculated: 29.2
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
Oral ml: 50
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 0000 (continued)

220410 Critical Care Flow Record + (continued)
IV fluid 3 volume ml: 17.20
- URINE
Void ml: 200
Other urine type: INCONTINENET PDA WET +++
220210 Admission/Shift Assessment + A CP
- Document 12/12/19 0000 RR 12/12/19 0204 RR
- BODY SYSTEM ASSESSMENT - -
Choose body systems to document: Neurological
NEUROLOGICAL ASSESSMENT - -
- - RASS/LOC
Alert and oriented: Yes
- GLASGOW COMA SCORE - -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
FACIAL SYMMETRY
Facial symmetry: Intact
PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
TONGUE
Tongue: Midline
VOCALIZATION
Vocalization: Appropriate
REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY -
Upper extremities equal and strong bilaterally: Yes
- - LOWER EXTREMITY - -
lower extremities equal and strong bilaterally: No
Leg left motor strength: Moves against gravity
Weak
WITH FRACTURE LT HIP.S/P ORIF
GAIT/BALANCE
Gait, strength, balance: Non ambulatory
General weakness: None
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
SEIZURE ACTIVITY
Current seizure activity: None
Nuchal rigidity: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 0030

220417 Hygiene Care+ A PS
Document 12/12/19 0030 RR 12/12/19 0224 RR
HYGIENE CARE - -
Chlorhexidine gluconate (CHG) used for bath: Yes, CHG bath given
Hygiene care provided: Extensive, 2+ person asst
Perineal care provided: Extensive, 1 person asst
220415 Routine Daily Care + A .on going CP
- Document 12/12/19 0030 RR 12/12/19 0222 RR
- DAILY CARE ROUTINE - -
Activity: Turn
Level of assistance: Stand-by assist
Assistive devices: PEOPLE

Activity Date: 12/12/19 Time: 0100

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0100 RR 12/12/19 0347 RR
Pulse: 76
Respiratory rate: 23
SPO2 %: 95
Blood pressure: 108/58
Mean arterial pressure: 76

Activity Date: 12/12/19 Time: 0200

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0200 RR 12/12/19 0347 RR
Pulse: 81
Respiratory rate: 22
SPO2 %: 92
Blood pressure: 105/56
Mean arterial pressure: 77
220410 Critical Care Flow Record + A CP
Document 12/12/19 0200 RR 12/12/19 0220 RR
CRITICAL CARE FLOWSHEET - -
INTAKE AND OUTPUT -
Document intake and output: Yes
- IV INTAKE -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 3 volume ml: 17.20
- - URINE
Void ml: 100

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0235

Diagnosis/Problem: Bleeding Risk A
Increased chance of loss of blood volume
- Create 12/12/19 0235 RR 12/12/19 0235 RR
Outcome: See Health Plan of Care A 12/20/19
- Create 12/12/19 0235 RR 12/12/19 0235 RR
Diagnosis/Problem: Musculoskeletal Alteration A
Change in or modification of the muscles, bones, or support structures.
Create 12/12/19 0235 RR 12/12/19 0235 RR
Outcome: See Health Plan of Care A 12/20/19
- Create 12/12/19 0235 RR 12/12/19 0235 RR
220708 Musculoskeletal Alteration A CP
- Create 12/12/19 0235 RR 12/12/19 0235 RR

Activity Date: 12/12/19 Time: 0300

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0300 RR 12/12/19 0347 RR
Pulse: 77
Respiratory rate: 21
SPO2 %: 95
Blood pressure: 97/52
Mean arterial pressure: 69

Activity Date: 12/12/19 Time: 0328

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0328 RR 12/12/19 0347 RR
Pulse: 75
Respiratory rate: 22
SPO2 %: 98
Blood pressure: 94/55
Mean arterial pressure: 68

Activity Date: 12/12/19 Time: 0400

220216 Neurovascular Checks + A PS
- Document 12/12/19 0400 RR 12/12/19 0620 RR
- - NEUROVASCULAR CHECKS - -
LOC: Alert
Oriented to: Person
Place
Situation
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Vocalization: Appropriate
Mood, behavior appropriate for situation/developmental age: Yes
Upper extremities equal and strong bilaterally: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0400 (continued)

220216 Neurovascular Checks + (continued)
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
MOVES WITH PAIN
FRACTURE LT HIP
Pulses strong and equal bilaterally: Yes
Capillary refill less than or equal to 3 seconds: Yes
Peripheral edema: None
Airway: Patent
Trachea: Midline
Skin alteration/Procedure site: None
220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0400 RR 12/12/19 0514 RR
Pulse: 78
Respiratory rate: 21
SPO2 %: 93
Blood pressure: 93/52
Mean arterial pressure: 67
220410 Critical Care Flow Record + A CP
- Document 12/12/19 0400 RR 12/12/19 0626 RR
CRITICAL CARE FLOWSHEET -
- - VITAL SIGNS MAIN INPUT - -
Document vitals: Yes
Document vital signs: Yes
- - VITAL SIGNS - -
Temperature F: 96.8
Temperature source: Temporal
BMI calculated: 29.2
- - INTAKE AND OUTPUT -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 3 volume ml: 17.20
- URINE - -
Other urine ml: 100
Other urine type: CONDOM CATH
- - LINES DRAINS AND AIRWAYS - -
Document lines, drains and airways: Yes
- - URINARY CATHETER - -
Urinary catheter type: External/condom
Insertion/applied date: 12/12/19
Insertion/applied time: 0200
Urinary catheter status: Start
Inserted/applied by if other than current documenter: Nurse

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0400

220210 Admission/Shift Assessment + A CP
Document 12/12/19 0400 RR 12/12/19 0619 RR
BODY SYSTEM ASSESSMENT
Choose body systems to document: Neurological
NEUROLOGICAL ASSESSMENT
RASS/LOC
Alert and oriented: Yes
GLASGOW COMA SCORE
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
- - FACIAL SYMMETRY - -
Facial symmetry: Intact
- - PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
- TONGUE
Tongue: Midline
- VOCALIZATION - -
Vocalization: Appropriate
REFLEXES
Reflexes present and appropriate: Yes
- UPPER EXTREMITY -
Upper extremities equal and strong bilaterally: Yes
- LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: MOVES WITH PAIN
FRACTURE LT HIP,S/P ORIF
Leg right motor strength: Moves against gravity
Moves against resistance
- - GAIT/BALANCE - -
Gait, strength, balance: Gait unsteady
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
NUMB/TINGLING/PARALYSIS
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0500

220411 Clinical Monitor Interface + A MO
Document 12/12/19 0500 RR 12/12/19 0553 RR
Pulse: 83
Respiratory rate: 24
SPO2 %: 94
Blood pressure: 89/52
Mean arterial pressure: 64

Activity Date: 12/12/19 Time: 0520

Patient Notes: NURSE NOTES *
Create 12/12/19 0520 RR 12/12/19 0721 RR
Abnormal? N Confidential? N
SBP REMAINS IN HIGH 80'S.HB 7.8.NOTIFIED KELLY TRAUMA-PA.ORDERED 1 UNIT OF PRBC.BLOOD BANK NOTIFIED.
Note Type Description
No Type None

Activity Date: 12/12/19 Time: 0526

220440 IV Drip Titration + A CP
Document 12/12/19 0526 RR 12/12/19 0730 RR
- - IV DRIP 1 TITRATION - -
IV drip 1: HEPARIN 25000 UNIT 1/2NS 250ML
IV drip 1 status: Titrate
IV drip 1: HEPARIN 25000 UNIT 1/2NS 250ML
IV drip 1 concentration: 25000 UNIT/250 ML
IV drip 1 new dosage: 9
IV drip 1 dosage concentration: units/kg/hr
IV drip 1 dosage in ml/hr: 6.5
IV drip 1 titrate parameter: APTT
IV drip 1 actual parameter value:
KEPT HOLD FOR 1 HR

Activity Date: 12/12/19 Time: 0537

220411 Clinical Monitor Interface + A MO
Document 12/12/19 0537 RR 12/12/19 0553 RR
Pulse: 84
Respiratory rate: 24
SPO2 %: 96
Blood pressure: 88/52
Mean arterial pressure: 64

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 0600

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0600 RR 12/12/19 0616 RR
Pulse: 84
Respiratory rate: 24
SPO2 %: 96
Blood pressure: 87/54
Mean arterial pressure: 66

Activity Date: 12/12/19 Time: 0700

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0700 MLS 12/12/19 0954 MLS
Pulse: 87
Respiratory rate: 26
SPO2 %: 96
Blood pressure: 83/53
Mean arterial pressure: 62
220410 Critical Care Flow Record + A CP
- Document 12/12/19 0700 MLS 12/12/19 0744 MLS
- - CRITICAL CARE FLOWSHEET - -
- - VITAL SIGNS MAIN INPUT -
Document vitals: Yes
Document vital signs: Yes
- VITAL SIGNS -
Temperature F: 98.3
Temperature source: Temporal
BMI calculated: 29.2
- - GLASGOW COMA SCALE - -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 3 volume ml: 6.30
- - LINES DRAINS AND AIRWAYS - -
Document lines, drains and airways: Yes
- - IV - -
IV type: - - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 0700 (continued)

220410 Critical Care Flow Record + (continued)
IV site absent of redness, heat or edema: Yes
- Venous Right forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
- - URINARY CATHETER - -
Urinary catheter type: External/condom
Insertion/applied date: 12/12/19
Insertion/applied time: 0200
Urinary catheter status: Monitor
Urinary catheter complications encountered: None
220210 Admission/Shift Assessment + A CP
- Document 12/12/19 0700 RR 12/12/19 0728 RR
- - BODY SYSTEM ASSESSMENT - -
Choose body systems to document: Integumentary
- - INTEGUMENTARY - -
- - SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists
Skin alteration: - - Procedural site Lateral Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type-worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: No
Any open areas: Yes
Altered level/stage: Superficial
Wound edges: Approximated
Staples/sutures: Staples intact
Wound exudate amount/type: Serosanguineous
Date of last dressing change: 12/12/19
Time of last dressing change: 0630
Cleansed/applied: CHLORHEXIDINE
Dressing/reinforcement type: Non adhering, MEPILEX
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0.5
<End>
Document skin test monitor: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0730

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0730 MLS 12/12/19 0954 MLS
Pulse: 85
Respiratory rate: 26
SPO2 %: 93
Blood pressure: 88/51
Mean arterial pressure: 64

Activity Date: 12/12/19 Time: 0743

220410 Critical Care Flow Record + A CP
- Document 12/12/19 0743 MLS 12/12/19 0744 MLS
CRITICAL CARE FLOWSHEET - -
INTAKE AND OUTPUT -
Document intake and output: Yes
IV INTAKE
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
URINE
Void ml: 200

Activity Date: 12/12/19 Time: 0744

220220 Safety/Risk/Regulatory + A CP
Document 12/12/19 0744 MLS 12/12/19 0745 MLS
- SAFETY/RISK/REGULATORY
Isolation status: Standard precautions
SKIN RISK
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Incontinent: No
Existing wound: Yes
Skin integrity impairment risk: Yes
FALL RISK
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
- - SUICIDE - -
Assess suicide: Yes
Suicidal thoughts: None in lifetime
Patient is at risk for suicide: No
- - SEVERE SEPSIS SCREENING - -
Assess sepsis: Yes
Temperature: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0744 (continued)

220220 Safety/Risk/Regulatory + (continued)
Heart rate: No
Respirations: Yes
WBC results: 12/12/19 10.80 0310
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 1
TRAUMA ALCOHOL SCREENING (CAGE) -
Assess trauma alcohol screening (CAGE): Yes
Need to reduce alcohol consumption: No
Annoyed by criticism of your drinking: No
Felt guilty about your drinking: No
Need a morning eye opener to steady nerves or get rid of a hangover: No
CAGE score: 0 Negative

Activity Date: 12/12/19 Time: 0800

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0800 MLS 12/12/19 0954 MLS
Pulse: 89
Respiratory rate: 24
SPO2 %: 93
Blood pressure: 87/61
Mean arterial pressure: 68

Activity Date: 12/12/19 Time: 0829

220470 BCTA Transfusion Documentation + A PS
- Create 12/12/19 0829 MLS 12/12/19 0829 MLS
Document 12/12/19 0829 MLS 12/12/19 0829 MLS
Temperature F: 98.3
Pulse: 92
Blood pressure: 87/61
SPO2 %: 94

Activity Date: 12/12/19 Time: 0830

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0830 MLS 12/12/19 0954 MLS
Pulse: 92
Respiratory rate: 27
SPO2 %: 95
Blood pressure: 89/53
Mean arterial pressure: 65

220210 Admission/Shift Assessment + A CP
Document 12/12/19 0830 MLS 12/12/19 1001 MLS
- - BODY SYSTEM ASSESSMENT - -
- - NEUROLOGICAL ASSESSMENT - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0830 (continued)

220210 Admission/Shift Assessment + (continued)
RASS/LOC
Alert and oriented: Yes
GLASGOW COMA SCORE
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
FACIAL SYMMETRY
Facial symmetry: Intact
- PUPIL VARIANCE -
Pupils equal round reactive to light and accommodation: Yes
- TONGUE
Tongue: Midline
- - VOCALIZATION -
Vocalization: Phonation weak
- - REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY
Upper extremities equal and strong bilaterally Yes
LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally No
Leg left motor strength: Weak
Foot left motor strength: Weak
- GAIT/BALANCE - -
General weakness: Present/Exists
Dizziness None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
NUMB/TINGLING/PARALYSIS
Numbness/tingling, paresis/paralysis, tremors: None
- SEIZURE ACTIVITY
Current seizure activity: None
Nuchal rigidity: No
- - CARDIOVASCULAR ASSESSMENT
- HEART SOUNDS/MURMUR
Heart sounds normal (S1,S2): Yes
JUGULAR DISTENTION
Jugular distension: None
- HEART RHYTHM - -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Sinus tachycardia
PACING/AICD
Cardiac pacer/AICD: None
Ventricular assist device: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0830 (continued)

220210 Admission/Shift Assessment + (continued)
RESPIRATORY
RESPIRATORY EFFORT/PATTERN
Respirations even and unlabored: Yes
BREATH SOUNDS
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
OXYGEN THERAPY
Oxygen therapy: Present/Exists
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 4.000000
- - COUGH/SPUTUM - -
Cough/sputum/secretions: None
EENT
- EYE ABNORMALITIES -
Eye physical abnormalities or drainage: None
EAR ABNORMALITIES
Ear physical abnormalities or drainage: None
NOSE ABNORMALITIES -
Nose physical abnormalities or drainage: None
- MOUTH/THROAT ABNORMALITIES
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
GASTROINTESTINAL -
Nausea: None
- VOMITING -
Vomiting/Dry heaving: None
ABDOMEN
Abdomen is soft, symmetrical, and non-tender: Yes
BOWEL SOUNDS
Bowel sounds normal-active in all 4 quadrants: Yes
Passing flatus: Yes
STOOL
Document stool: Normal for patient
GENITOURINARY - -
URINE CHARACTERISTICS -
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: Yes
Abnormal urinary conditions: None
FISTULA/GRAFT
Fistula/graft present: No
ABNORMAL GENITALIA
Abnormal genitalia: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0830 (continued)

220210 Admission/Shift Assessment + (continued)
URETHRAL DISCHARGE/LESIONS
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: None
- SIGNS/SYMPTOMS INJURY/TRAUMA
Signs or symptoms of recent injury or trauma: None
MUSCULOSKELETAL
Full range of motion appropriate for developmental age: No
GAIT
Developmentally age appropriate gait: No
Gait impairment: Unsteady
Weakness
AMBULATION
Developmentally appropriate independent ambulation: No
Ambulation: 2 person assist
PARESTHESIA
Paresthesia: None
ACUTE CONDITION -
Musculoskeletal acute condition: None
TRACTION
Traction: None
- - POSITIONING AIDS
Positioning aids: Present/Exists
Positioning aids: Pillows
Wedges
Contractures: None
- INTEGUMENTARY - -
Skin condition: Warm and dry
- SKIN COLOR
Color within expectations for ethnicity Yes
Skin turgor tenting less than 1 second: Yes
- SKIN PIERCINGS -
Skin piercings: None
SKIN ALTERATION
Skin alteration/Procedure site: Present/Exists
Skin alteration: Bruise lateral thigh left
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable Yes
Any open areas: No
Altered level/stage: No staging necessary
Wound edges: Approximated
Staples/sutures: Staples intact
Document advanced wound measurements: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0830 (continued)

220210 Admission/Shift Assessment + (continued)
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0
Procedural site lateral thigh left
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Edges approximated
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: Closed
Wound edges: Approximated
Staples/sutures: Staples intact
Date of last dressing change: 12/12/19
Time of last dressing change: 0630
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Intact value score: 0
<Enc>
Document skin test monitor: No
VASCULAR
- CAP REFILL DELAY
Capillary refill less than or equal to 3 seconds Yes
PERIPHERAL PULSE
Pulses strong and equal bilaterally: Yes
CALF INSPECTION
Calves symmetrical and pain is absent with dorsiflexion Yes
PERIPHERAL EDEMA
Peripheral edema: Present/Exists
Peripheral edema location 1: Leg
Peripheral edema location (L/R) 1: Left
Peripheral edema location (A/P) 1: Circumferential
Peripheral edema type 1: Nonpitting
Weeping
MECHANICAL PROPHYLAXIS
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp knee
Device applied to: Right
- PSYCHOSOCIAL
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
MOOD AND BEHAVIOR
Mood, behavior appropriate for situation/developmental age: Yes
- THOUGHT PROCESSES -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0830 (continued)

220210 Admission/Shift Assessment + (continued)
Thought processes appropriate for developmental age: Yes
- SPEECH - -
Speech coherent and conversational: Yes
- VOCALIZATION
Speech/vocalization is appropriate for developmental age: Yes
- MEMORY -
Short term and long term memory appears intact: Yes
Able to comprehend and follow directions: Yes
- - BODY IMAGE DISTURBANCE
Body image disturbance: None
PARANOIA AND DELUSIONS
Paranoid ideation/delusions/hallucinations: None

Activity Date: 12/12/19 Time: 0900

220411 Clinical Monitor Interface + A MO
Document 12/12/19 0900 MLS 12/12/19 0954 MLS
Pulse: 91
Respiratory rate: 27
SPO2 %: 95
Blood pressure: 88/52
Mean arterial pressure: 64
220410 Critical Care Flow Record + A CP
- Document 12/12/19 0900 MLS 12/12/19 1003 MLS
CRITICAL CARE FLOWSHEET - -
INTAKE AND OUTPUT -
Document intake and output: Yes
- - IV INTAKE -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 3 volume ml: 6.30
- - URINE -
Void ml: 50
220415 Routine Daily Care + A .on going CP
- Document 12/12/19 0900 MLS 12/12/19 1549 MLS
- DAILY CARE ROUTINE - -
Activity: Turn

Activity Date: 12/12/19 Time: 0930

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 0930 MLS 12/12/19 0954 MLS
Pulse: 86
Respiratory rate: 28
SPO2 %: 96
Blood pressure: 92/54

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0930 (continued)

220411 Clinical Monitor Interface + (continued)
Mean arterial pressure: 67

Activity Date: 12/12/19 Time: 0945

220586 RT: Oxygen + A . 4LNC SAT 96% PS
- Ed Directs 12/12/19 0945 CJ 12/12/19 0946 CJ
12/11 2024 .2LPM NC 98% ==> 12/11 2024 .2LPM NC 98%
==> 12/12 0945 . 4LNC SAT 96%

Activity Date: 12/12/19 Time: 0950

2060103-B RT Chg: Oxygen Daily A .per standard PS
Document 12/12/19 0950 CJ 12/12/19 0952 CJ
220586 RT: Oxygen + A . 4LNC SAT 96% PS
- Document 12/12/19 0950 CJ 12/12/19 0952 CJ
- - RT: OXYGEN - -
Oxygen treatment: Adult
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 4.000000
SPO2 %: 96
# of oxygen hours: 24
Oxygen comment: PT WEARS O2 WHILE SLEEPING PRN.

Activity Date: 12/12/19 Time: 0952

220220 Safety/Risk/Regulatory + A CP
- Document 12/12/19 0952 MLS 12/12/19 0954 MLS
- SAFETY/RISK/REGULATORY
Isolation status: Standard precautions
- SEVERE SEPSIS SCREENING - -
Assess sepsis: Yes
Temperature: No
Heart rate: Yes
Respirations: Yes
WBC results: 12/12/19 10.80 0310
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 2
Suspected/documented infection: No
Antibiotic therapy (not prophylaxis): No
Screening due to sepsis early warning alert/detection: Yes
If yes to 1 of the above, proceed to next section: 1
Respiratory: No
Cardiovascular: No
Renal: No
Metabolic: No
Hematologic: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 0952 (continued)

220220 Safety/Risk/Regulatory + (continued)
Hepatic: No
Central nervous system: Yes
If yes to 1 of the above, positive for severe sepsis: 1
Severe sepsis comment: TRAUMA ROUNDS COMPLETE. WILL CONTINUE TO ASSESS.

Activity Date: 12/12/19 Time: 0954

220417 Hygiene Care+ A PS
- Document 12/12/19 0954 MLS 12/12/19 0954 MLS
- - HYGIENE CARE - -
Oral care provided: Set up assistance

220235 Pain Assessment + A CP
- Document 12/12/19 0954 MLS 12/12/19 0954 MLS
- PAIN ASSESSMENT - -
Patient goal for pain management: Moderate pain-4
Pain scale utilized: Verbal numeric
Numeric pain scale: Moderate pain-5
Pain intensity: 5
Pain location: Leg left
Relieving factors for pain: Repositioning
Relaxation techniques
Medication non-opioid
Environment dim lights

Activity Date: 12/12/19 Time: 1000

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1000 MLS 12/12/19 1205 MLS
Pulse: 91
Respiratory rate: 29
SPO2 %: 94
Blood pressure: 98/57
Mean arterial pressure: 71

220410 Critical Care Flow Record + A CP
- Document 12/12/19 1000 MLS 12/12/19 1210 MLS
- - CRITICAL CARE FLOWSHEET - -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 3 volume ml: 6.30
- - URINE
Void ml: 100

Activity Date: 12/12/19 Time: 1030

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1030 MLS 12/12/19 1205 MLS
Pulse: 100
Respiratory rate: 27
SPO2 %: 98
Blood pressure: 110/59
Mean arterial pressure: 79

Activity Date: 12/12/19 Time: 1100

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1100 MLS 12/12/19 1205 MLS
Pulse: 101
Respiratory rate: 26
SPO2 %: 97
Blood pressure: 113/60
Mean arterial pressure: 79

220410 Critical Care Flow Record + A CP
- Document 12/12/19 1100 MLS 12/12/19 1214 MLS
- CRITICAL CARE FLOWSHEET -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 3 volume ml: 6.30
IV fluid 4: prbc
IV fluid 4 volume ml: 400.00
- - MEALS CONSUMED INTAKE - -
Meal: Breakfast
Amount taken: 75%

Activity Date: 12/12/19 Time: 1130

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1130 MLS 12/12/19 1205 MLS
Pulse: 97
Respiratory rate: 29
SPO2 %: 95
Blood pressure: 90/57
Mean arterial pressure: 68

Activity Date: 12/12/19 Time: 1156

220475 BCTA Blood Bank Product I&O + A PS
- Create 12/12/19 1156 MLS 12/12/19 1156 MLS

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/12/19 Time: 1156									
220475	BCIA Blood Bank Product I&O +						A		PS
- Document	12/12/19	1156	MLS	12/12/19	1156	MLS			
Packed cells, volume transfused: 250									
Edit Results	12/12/19	1156	MLS	12/12/19	1157	MLS	ADDITIONAL INFO		
Activity Date: 12/12/19 Time: 1158									
220411	Clinical Monitor Interface +						A		MO
- Document	12/12/19	1158	MLS	12/12/19	1205	MLS			
Pulse: 90									
Respiratory rate: 27									
SPO2 %: 96									
Activity Date: 12/12/19 Time: 1200									
220411	Clinical Monitor Interface +						A		MO
Document	12/12/19	1200	MLS	12/12/19	1300	MLS			
Pulse: 92									
Respiratory rate: 27									
SPO2 %: 95									
Blood pressure: 92/56									
Mean arterial pressure: 68									
220410	Critical Care Flow Record +						A		CP
- Document	12/12/19	1200	MLS	12/12/19	1214	MLS			
	CRITICAL CARE FLOWSHEET								
	INTAKE AND OUTPUT								
Document intake and output: Yes									
	IV INTAKE								
IV fluid 1: 0.9% normal saline									
IV fluid 2: magnesium									
IV fluid 3: HEPARIN									
IV fluid 3 volume ml: 6.30									
Activity Date: 12/12/19 Time: 1230									
220411	Clinical Monitor Interface +						A		MO
- Document	12/12/19	1230	MLS	12/12/19	1300	MLS			
Pulse: 95									
Respiratory rate: 26									
SPO2 %: 97									
Blood pressure: 92/58									
Mean arterial pressure: 69									
Activity Date: 12/12/19 Time: 1300									
220410	Critical Care Flow Record +						A		CP
- Document	12/12/19	1300	MLS	12/12/19	1300	MLS			
	CRITICAL CARE FLOWSHEET								

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/12/19 Time: 1300 (continued)									
220410	Critical Care Flow Record + (continued)								
	INTAKE AND OUTPUT								
Document intake and output: Yes									
	IV INTAKE								
IV fluid 1: 0.9% normal saline									
IV fluid 2: magnesium									
IV fluid 3: HEPARIN									
IV fluid 3 volume ml: 6.30									
Activity Date: 12/12/19 Time: 1301									
220411	Clinical Monitor Interface +						A		MO
- Document	12/12/19	1301	MLS	12/12/19	1309	MLS			
Pulse: 103									
Respiratory rate: 28									
SPO2 %: 97									
Blood pressure: 131/63									
Mean arterial pressure: 90									
Activity Date: 12/12/19 Time: 1310									
220210	Admission/Shift Assessment +						A		CP
- Document	12/12/19	1310	MLS	12/12/19	1311	MLS			
	BODY SYSTEM ASSESSMENT								
Choose body systems to document: Neurological									
	NEUROLOGICAL ASSESSMENT								
	RASS/LOC								
Alert and oriented: Yes									
	GLASGOW COMA SCORE								
Document Glasgow coma scale: Yes									
Eye opening: 4									
Verbal response: 5									
Motor response: 6									
Glasgow coma score: 15 Mild									
	FACIAL SYMMETRY								
Facial symmetry: Intact									
	PUPIL VARIANCE								
Pupils equal round reactive to light and accommodation: Yes									
	TONGUE								
Tongue: Midline									
	VOCALIZATION								
Vocalization: Phonation weak									
	REFLEXES								
Reflexes present and appropriate: Yes									
	UPPER EXTREMITY								
Upper extremities equal and strong bilaterally: Yes									
	LOWER EXTREMITY								
Lower extremities equal and strong bilaterally: Yes									

Diagnosis/Problem/Outcome/Intervention/eval. Description
Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 1310 (continued)

220210 Admission/Shift Assessment + (continued)
- - GAIT/BALANCE - -
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- - NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No

Activity Date: 12/12/19 Time: 1311

Patient Notes: NURSE NOTES *
- Create 12/12/19 1311 MLS 12/12/19 1311 MLS
Abnormal? N Confidential? N
PATIENT CONTINUES TO BE SLEEPY. ROBAXIN AND ULTRAM HELD FOR THIS
ADMINISTRATION TIME. TRANSPORT EN ROUTE FOR CT HEAD.
Note Type Description
No Type None

Activity Date: 12/12/19 Time: 1330

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1330 MLS 12/12/19 1549 MLS
Pulse: 103
Respiratory rate: 25
SPO2 %: 98
Blood pressure: 115/62
Mean arterial pressure: 83

Activity Date: 12/12/19 Time: 1400

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1400 MLS 12/12/19 1549 MLS
Pulse: 103
Respiratory rate: 27
SPO2 %: 100
Blood pressure: 122/60
Mean arterial pressure: 83
220410 Critical Care Flow Record + A CP
- Document 12/12/19 1400 MLS 12/12/19 1548 MLS
- - CRITICAL CARE FLOWSHEET - -
- - VITAL SIGNS MAIN INPUT - -
Document vitals: Yes

Activity Date: 12/12/19 Time: 1400 (continued)

220410 Critical Care Flow Record + (continued)
Document vital signs: Yes
- - VITAL SIGNS - -
Temperature F: 98.6
Temperature source: Temporal
BMI calculated: 29.2
- - GLASGOW COMA SCALE - -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 3 volume ml: 6.30

Activity Date: 12/12/19 Time: 1430

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1430 MLS 12/12/19 1549 MLS
Pulse: 104
Respiratory rate: 27
SPO2 %: 99
Blood pressure: 119/69
Mean arterial pressure: 86

Activity Date: 12/12/19 Time: 1500

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1500 MLS 12/12/19 1549 MLS
Pulse: 111
Respiratory rate: 17
SPO2 %: 99
Blood pressure: 123/60
Mean arterial pressure: 86
220410 Critical Care Flow Record + A CP
- Document 12/12/19 1500 MLS 12/12/19 1548 MLS
- - CRITICAL CARE FLOWSHEET - -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 1500 (continued)

220410 Critical Care Flow Record + (continued)
IV fluid 3 volume ml: 6.30
URINE -
Void ml: 100

Activity Date: 12/12/19 Time: 1509

220411 Clinical Monitor Interface + A MO
Document 12/12/19 1509 MLS 12/12/19 1614 MLS
Pulse: 104
Respiratory rate: 26
SPO2 %: 96
Blood pressure: 101/61
Mean arterial pressure: 75

Activity Date: 12/12/19 Time: 1530

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1530 MLS 12/12/19 1549 MLS
Pulse: 109
Respiratory rate: 26
SPO2 %: 100
Blood pressure: 99/58
Mean arterial pressure: 72

Activity Date: 12/12/19 Time: 1549

220235 Pain Assessment + A CP
- Document 12/12/19 1549 MLS 12/12/19 1549 MLS
PAIN ASSESSMENT -
Patient goal for pain management: Moderate pain 4
Pain scale utilized: Verbal numeric
Numeric pain scale: No pain-0
Pain intensity: 0
Relieving factors for pain: Repositioning
Relaxation techniques
Medication non-opioid
Environment dim lights

220415 Routine Daily Care + A .on going CP
- Document 12/12/19 1549 MLS 12/12/19 1549 MLS
- - DAILY CARE ROUTINE -
Activity: Turn

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 1557

Patient Notes: PT ADVOCATE/CHAPLAIN NOTES *
Create 12/12/19 1557 LVH 12/12/19 1557 LVH
Abnormal? N Confidential? N
Attempted visit. Pt was with nurse.
Note Type Description
No Type None

Activity Date: 12/12/19 Time: 1600

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1600 MLS 12/12/19 1614 MLS
Pulse: 103
Respiratory rate: 22
SPO2 %: 99
Blood pressure: 105/65
Mean arterial pressure: 81

Activity Date: 12/12/19 Time: 1610

Diagnosis/Problem: REHAB:Impaired Rehabilitative Functions*A
- Create 12/12/19 1610 END 12/12/19 1610 END
Outcome: REHAB: Maintain/Improve Rehab Functions* A 12/19/19
- Create 12/12/19 1610 END 12/12/19 1610 END
- Ed Target 12/12/19 1610 END 12/12/19 1610 END None => 12/19/19
572000 OT: Assessment+ * A .per standard CP
An occupational therapy evaluation will be performed per policy. The following parameters are considered not appropriate for therapeutic intervention whose results are "within functional limits" (WFL). If a patient falls within defined parameters for an occupational therapy component, the Occupational Therapist may answer "Y" (yes) to the "WFL" query and move on to the next component. A response of "UTA" (unable to assess) and "NA" (not assessed) will allow the Occupational Therapist to move on to the next component. If the therapist answers to "N" (no), he/she must complete the full component assessment before moving on to the next component.

MEMORY
Patient demonstrates the ability to carry over new information such as instructions from session or therapy

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
572000									

OT: Assessment+ * (continued)

schedule. Patient able to relay an accurate history of illness according to information on the chart.

ATTENTION
Patient should be able to attend to tasks throughout treatment session without redirection.

PROBLEM SOLVING
Patient demonstrates ability to recognize problems, choose a strategy for resolution and evaluate the results.

SEQUENCING
Patient demonstrates ability to sequence functional tasks throughout the session.

FOLLOWS COMMANDS
Patient demonstrates ability to follow 1,2,3 step directions

SAFETY AWARENESS
Patient demonstrates awareness of safety issues, insight into present limitation(s) and ability to use cues in the environment to guide actions.

VISUAL/PERCEPTUAL
Patient demonstrates the ability to use primary visual system throughout the evaluations process. The patient is able to attend to environmental stimuli in both right and left fields and is able to visually track through all four quadrants.

HEARING
Patient demonstrates ability to respond appropriately to normal conversation.

UE AROM
Patient demonstrates both the muscle strength and the available joint range to touch the top of the head, back of the neck, small of the back, the shoulders, extend arms in front of

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
572000									

OT: Assessment+ * (continued)

body, turn palms up & down, extend & flex wrists, make a fist and spread fingers.

UE PROM
Patient demonstrates above functions with passive assistance.

LE AROM
Patient has the power and endurance to perform those tasks identified with the life role of the patient.

LE PROM
Patient has the ability to perform those tasks identified with the life role of the patient.

TONE
Patient demonstrates muscle tone, tension or resistance in a muscle at rest and in response to stretch.

UE STRENGTH
Patient has the power and endurance to perform those tasks identified with the life role of the patient.

LE STRENGTH
Patient has the power and endurance to perform those tasks identified with the life role of the patient.

GROSS GRASP
Patient demonstrates appropriate grip strength to grasp pick up and hold objects during functional tasks.

COORDINATION
Patient demonstrates appropriate gross and fine motor performance during functional tasks.

ENDURANCE
Patient tolerates normal activity using maximal resistance and position changes with no signs of fatigue, dyspnea or pain for continuous activity period greater than 30 min.

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

572000 OT: Assessment+ * (continued)
BALANCE
STATIC maintains static position against Maximal Resistance.
DYNAMIC independent in basic dynamic balance
- Create 12/12/19 1610 END 12/12/19 1610 END
- Document 12/12/19 1610 END 12/12/19 1637 END
<< OCCUPATIONAL THERAPY EVALUATION >>
Date of admit: 12/10/19
Date of Onset: 12/11/19
Date of surgery: 12/10/19
Procedure: L FEMUR ORIF
Rehab diagnosis: L HIP FX S/P FALL
DECLINE IN FUNCTION
Ordering/Referring Physician: MEZTH Mezzanotte.Thomas MD
Order: OT EVAL & tX
Precautions: STANDARD
FALL
COGNITION
TTWB LLE
KNEE IMMOBILIZER
Prosthetic/Orthotics: KNEE IMMOBILIZER
Comments: PT C/O ACHING PAIN ON LLE AROUND 5/10 VIA FACIAL GRIMACES.PT WAS PREMEDICATED. NURSE INFORMED ABOUT IT.
- MEDICAL HISTORY -
Neuro/Psych Hx: CVA WITH L SIDED WEAKNESS
Endocrine Hx: DM
EENT Hx: NO HISTORY
GI Hx: NO HISTORY
Cardiovascular Hx: HYPERTENSION
HLD
Respiratory Hx: NO HISTORY
Musculoskeletal Hx: L SIDED WEAKNESS FROM CVA
Integumentary Hx: NO HISTORY
Hematological Hx: NO HISTORY
Genitourinary Hx: NO HISTORY
Reproductive Hx: NO HISTORY
Height ft: 5
Height in: 2
Weight kg: 72.500
Weight lb: 159
SOCIAL HISTORY/PRIOR LEVEL OF FUNCTION
Lives in: HOUSE
Lives with: WIFE
Self Care status
Independent? Y
Home Responsibilities/IADLs
Independent? N

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 1610 (continued)

572000 OT: Assessment+ * (continued)
Meal Prep: SHARED WITH OTHERS
Comments: ACCORDING TO DAUGHTER, PT WAS INDEPENDENT WITH ADLS & TRAASFERS WITH NO USE OF A.D. PT IS FROM OHIO. CAME TO FLORIDA TO VISIT DAUGHTER.PT FELL AT HOME.PT PREFERS DAUGHTER TRANSLATE IN ARABIC ALTHOUGH PT WAS ABLE TO FOLLOW COMMANDS IN ENGLISH
CURRENT LEVEL OF FUNCTION
Cognition WFL? N
Level of Consciousness: LETHARGIC
Behavioral Status: COOPERATIVE
Orientation: ORIENTED X 3
Memory WFL? NO
Attention Span WFL? NO
Problem Solving WFL? NO
Sequencing WFL? NO
Follows commands WFL? 1 STEP COMMAND
Safety Awareness WFL? UNABLE TO ASSESS
Hearing WFL? YES
Visual/Perceptual WFL? NO
Type of Impairment: CORRECTIVE LENSES
Comments: PT REQUIRES MAX V/C'S TO FOCUS ON TASK.
Skin condition normal? Y
Comments: INCISION INTACT
UE function WFL? N
UE ROM WFL? Y
UE strength WFL? N
RUE: BELOW FUNCTIONAL LIMITS
LUE: BELOW FUNCTIONAL LIMITS
Comments: RUE:3+/5 LUE:3/5
Muscle tone normal? Y
Edema Present? N
Sensation Grossly Intact? Y
Hand function WFL? N
Right
Gross Grasp: WITHIN FUNCTIONAL LIMITS
Coordination: FAIR
Left
Gross Grasp: BELOW FUNCTIONAL LIMITS
Coordination: FAIR
Comments: WEAKNESS
Hand dominance: RIGHT HANDED
LE Function WFL? N
LE ROM WFL? N
Comments: LLE WITH KNEE IMMOBILIZER
LE strength WFL? N
Comments: LLE
Muscle tone normal? Y

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 1610 (continued)

572000 OT: Assessment+ * (continued)
Edema Present? Y
Location: LLE
Severity: MIN
Sensation grossly intact? Y
Endurance/Activity Tolerance for ADLs: POOR
Comments: PT REQUIRES EXTENSIVE ASSIST WITH ADL TASK AT
THIS TIME
Postural Stability
Head/Trunk: HEAD:WFL:TRUNK LEANS TOWARDS THE LEFT
Static Sitting: POOR
Dynamic Sitting: UNABLE TO PARTICIPATE
Static Standing: UNABLE TO PARTICIPATE
Dynamic Standing: UNABLE TO PARTICIPATE
Comments: LONG SITTING ONLY: UNABLE TO TOLERATE UPRIGHT
SITTING.
Functional Mobility WFL? N
Bed Mobility: 1-TOTAL ASST/PERFORM <25%
Transfers to Chair: ACTIVITY DOES NOT OCCUR
Transfers to Toilet: ACTIVITY DOES NOT OCCUR
Functional Mobility: ACTIVITY DOES NOT OCCUR
Tub/Shower Transfers: ACTIVITY DOES NOT OCCUR
Comments: PT UNABLE TO PERFORM HIGH LEVEL TASK
ADL WFL? N
Feeding: 1-TOTAL ASST/PERFORM <25%
Grooming: 1-TOTAL ASST/PERFORM <25%
Dressing UE: 1-TOTAL ASST/PERFORM <25%
Dressing LE: 1-TOTAL ASST/PERFORM <25%
Toileting: 1-TOTAL ASST/PERFORM <25%
Comments: PT HAS CONDOM CATH. REQUIRES TOTAL DEPENDENCE WITH
ADL TASK
PLAN OF CARE
Problem list: ACTIVITY TOLERANCE
ADL STATUS
BALANCE
COORDINATION
COGNITION
FUNCTIONAL MOBILITY
UPPER EXTREMITY WEAKNESS
Patient's Personal Goal: NONE
Patient/Family/Sig. Other involved in establishing treatment plan & goals? Y
Document Interdisciplinary Education? Y
Treatment Goals
Short Term Goals to be Achieved in: 2 WEEKS
Pt will COMPLETE SELF-FEEDING
. WI SBA & VCs AS NEEDED
. SUPPORTED SITTING
Pt will COMPLETE GROOMING

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 1610 (continued)

572000 OT: Assessment+ * (continued)
. WI SBA & VCs AS NEEDED
. SUPPORTED SITTING
Pt will COMPLETE TOILETING
. W/MINIMAL ASSISTANCE
. UTILIZING ASSIST DEVICE
TREATMENT PLAN
Frequency Pt to be Seen ONCE A DAY
. 5X/WK X 2 WKS
Treatment Modalities Used to Achieve Goals: ADL RETRAINING
COGNITIVE PERCEPT RE-ED
FUNCTIONAL MOBILITY
THERAPEUTIC ACTIVITY
THERAPEUTIC UE EXERCISE
Rehabilitation Potential: GOOD
Recommended Disposition: REHAB
Equipment Recommended: 3 IN 1 COMMODE
W/C
ROLLING WALKER
G Code: N
Severity Modifier determined by Objective Clinical Findings.
Comments: OT EVAL & TX(TE)COMPLETED TODAY.PT PROVIDED WITH
AAROM ON ALL JOINTS OF BUE 2X10 REPS TO ENHANCE
ADL TASK. DAUGHTER WAS PRESENT DURING TX SESSION
AND EDUCATED ON PROPER BED POSITIONING AND SAFETY
TECH WHEN PROVIDING CARE FOR PT.PT IS UNABLE TO
GET OUT OF BED DUE TO LEVEL OF CONSCIOUSNESS.PT
REQUIRED MAX V/C'S TO FOCUS ON TASK.PT WILL
BENEFIT FROM OT SERVICES TO ACHIEVE ADL
INDEPENDENCE FOLOWING SAFETY TECH.PT REQUIRES HIGH
COMPLEXITY DUE TO CO-MORBIDITIES AND RECENT SX.
DAUGHTER STAYED WITH PT IN THE ROOM.NURSE IN THE
ROOM AS WELL.
Average Treatment Time: 1535-1543TE
Treating Therapist: NPTO.END DY,ELAINE N
Start Time: 1520
Stop Time: 1535
Total Evaluation Time: 0 Hr 15 Mins
Units: 1 EVAL
<< TEACHING & EDUCATION >>
Department: REHABILITATION SERVICES
Setting: BEDSIDE
Learner: PATIENT
DAUGHTER
Readiness to Learn: NEEDS ENCOURAGEMENT
Preferred Method: DEMONSTRATION
EXPLANATION
Barriers: MEDICAL CONDITION

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 1610 (continued)

572000 OI: Assessment+ * (continued)
Education Content:
Dx/Condition: L FEMUR FX S/P FALL
Procedure/Test: Occupational Therapy
Hospital Care: Occupational Therapy
Strategies: DEMONSTRATION
EXPLANATION
Evaluation: NEEDS REINFORCEMENT
Community Resources/Referral: REHAB FACILITY

Activity Date: 12/12/19 Time: 1611

Patient Notes: NURSE NOTES *
Create 12/12/19 1611 MLS 12/12/19 1612 MLS
Abnormal? N Confidential? N
DR BLOCK MADE AWARE OF PATIENTS DECREASED HGB DESPITE 1 UNIT PRBC. HEPARIN STOPPED. CARDIOLOGY TO BE NOTIFIED AND 2 UNITS PRBC TO BE ORDERED. FAMILY AND PATIENT MADE AWARE OF CURRENT PLAN OF CARE.
Note Type Description
No Type None

Activity Date: 12/12/19 Time: 1630

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1630 MLS 12/12/19 1728 MLS
Pulse: 103
Respiratory rate: 30
SPO2 %: 98
Blood pressure: 106/58
Mean arterial pressure: 76

Activity Date: 12/12/19 Time: 1700

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1700 MLS 12/12/19 1728 MLS
Pulse: 107
Respiratory rate: 27
SPO2 %: 100
Blood pressure: 104/61
Mean arterial pressure: 77

Activity Date: 12/12/19 Time: 1728

220417 Hygiene Care+ A PS
- Document 12/12/19 1728 MLS 12/12/19 1728 MLS
- - HYGIENE CARE - -
Chlorhexidine gluconate (CHG) used for bath: Yes, CHG bath given
Hygiene care provided: Total dependence

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 1728 (continued)

220417 Hygiene Care+ (continued)
Perineal care provided: Total dependence
220415 Routine Daily Care + A .on going CP
- Document 12/12/19 1728 MLS 12/12/19 1728 MLS
- - DAILY CARE ROUTINE - -
Activity: Turn

Activity Date: 12/12/19 Time: 1730

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1730 MLS 12/12/19 1809 MLS
Pulse: 108
Respiratory rate: 24
SPO2 %: 100
Blood pressure: 90/63
Mean arterial pressure: 72

Activity Date: 12/12/19 Time: 1800

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1800 MLS 12/12/19 1809 MLS
Pulse: 101
Respiratory rate: 27
SPO2 %: 98
Blood pressure: 95/58
Mean arterial pressure: 72

Activity Date: 12/12/19 Time: 1808

220415 Routine Daily Care + A .on going CP
- Document 12/12/19 1808 MLS 12/12/19 1808 MLS
- - DAILY CARE ROUTINE - -
Activity: Turn
Head of bed elevation: HOB 30 degrees

Activity Date: 12/12/19 Time: 1816

Patient Notes: NURSE NOTES *
- Create 12/12/19 1816 MLS 12/12/19 1816 MLS
Abnormal? N Confidential? N
SECOND CALL TO BLOOD BANK FOR SECOND UNIT OF PRBC. GENTLEMAN STATES THEY ARE IN A TRAUMA AND CANT HELP ME AT THIS TIME. WILL FOLLOW UP.
Note Type Description
No Type None

Diagnosis/Problem/Outcome/Intervention/eval. Description
Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 1832

Patient Notes: PHYSICAL THERAPY NOTES
- Create 12/12/19 1832 RV 12/12/19 1833 RV
Abnormal? N Confidential? N
PT TX HOLD ,PATIENT IS RECEIVNG BLOOD TRANSFUSION.LOW BP AND HB
Note Type Description
No Type None

Activity Date: 12/12/19 Time: 1900

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1900 JCC 12/13/19 0140 JCC
Pulse: 104
Respiratory rate: 28
SPO2 %: 97
Blood pressure: 98/60
Mean arterial pressure: 73

220410 Critical Care Flow Record + A CP
- Document 12/12/19 1900 JCC 12/13/19 0137 JCC
- - CRITICAL CARE FLOWSHEET - -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- - IV INTAKE -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 4: prbc
IV fluid 4 volume ml: 150.00

Activity Date: 12/12/19 Time: 1930

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1930 JCC 12/13/19 0140 JCC
Pulse: 101
Respiratory rate: 27
SPO2 %: 98
Blood pressure: 98/60
Mean arterial pressure: 74

Activity Date: 12/12/19 Time: 1932

220475 BCTA Blood Bank Product I&O + A PS
- Document 12/12/19 1932 MLS 12/12/19 1932 MLS
Normal saline volume (ml): 50

Activity Date: 12/12/19 Time: 1955

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 1955 JCC 12/13/19 0140 JCC
Pulse: 98
Respiratory rate: 26
SPO2 %: 99
Blood pressure: 100/61
Mean arterial pressure: 75

Activity Date: 12/12/19 Time: 1957

220470 BCTA Transfusion Documentation + A PS
- Document 12/12/19 1957 JCC 12/12/19 1957 JCC
Temperature F: 98.2
Pulse: 101
Respiratory rate: 24
Blood pressure: 100/61
SPO2 %: 99
Signs and symptoms of possible transfusion reaction: No

Activity Date: 12/12/19 Time: 2000

220216 Neurovascular Checks + A PS
- Document 12/12/19 2000 JCC 12/12/19 2044 JCC
- - NEUROVASCULAR CHECKS - -
LOC: Reacts to voice
Oriented to: Person
Place
Time
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Vocalization: Phonation weak
Mood, behavior appropriate for situation/developmental age: Yes
Upper extremities equal and strong bilaterally: Yes
Lower extremities equal and strong bilaterally: Yes/document detail
Leg left motor strength: Weak
Leg right motor strength: Strong
Foot left motor strength: Weak
Foot right motor strength: Strong
Pulses strong and equal bilaterally: Yes
Capillary refill less than or equal to 3 seconds: Yes
Peripheral edema: None
Airway: Patent
Trachea: Midline
Skin alteration/Procedure site: None
Neurovascular assessment comment:
feet warm and pink with good cap refill

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: N00101730890
Location: N.PCU
Room/Bed: N.A419 1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
CLINICAL DOCUMENTATION RECORD HPF

Printed 12/18/19 at 0417

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 2000

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2000 JCC 12/13/19 0140 JCC
Pulse: 99
Respiratory rate: 25
SPO2 %: 100
Blood pressure: 100/57
Mean arterial pressure: 73
220417 Hygiene Care+ A PS
- Document 12/12/19 2000 JCC 12/13/19 0051 JCC
- - HYGIENE CARE - -
Hygiene care provided: Extensive, 1 person asst
Perineal care provided: Extensive, 1 person asst
Oral care provided: Limited assistance
220410 Critical Care Flow Record + A CP
- Document 12/12/19 2000 JCC 12/12/19 2048 JCC
- - CRITICAL CARE FLOWSHEET - -
- VITAL SIGNS MAIN INPUT - -
Document vitals: Yes
Document vital signs: Yes
- VITAL SIGNS - -
Temperature F: 98.2
Temperature source: Tympanic
SPO2 %: 99
BMI calculated: 29.2
- - OXYGEN THERAPY - -
Oxygen detail: Humidified
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 4.000000
- - GLASCOW COMA SCALE - -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
- - INTAKE AND OUTPUT -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 4: prbc
IV fluid 4 volume ml: 150.00
- - LINES DRAINS AND AIRWAYS -
Document lines, drains and airways: Yes
- - IV - -
IV type: - - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status Monitor

Activity Date: 12/12/19 Time: 2000 (continued)

220410 Critical Care Flow Record + (continued) A CP
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
- - - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Hand right motor strength: Strong
LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Leg right motor strength: Strong
Foot left motor strength: Weak
Foot right motor strength: Strong
- - GAIT/BALANCE - -
Gait, strength, balance: Non-ambulatory
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- - NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- - CARDIOVASCULAR ASSESSMENT - -
- - HEART SOUNDS/MURMUR - -
Heart sounds normal (S1,S2): Yes
- - JUGULAR DISTENTION - -
Jugular distension: None
- - HEART RHYTHM -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Sinus tachycardia
- - PACING/AICD - -
Cardiac pacer/AICD: None
Ventricular assist device: None
- - RESPIRATORY - -
- - RESPIRATORY EFFORT/PATTERN - -
Respirations even and unlabored: Yes
- BREATH SOUNDS - -
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
- - OXYGEN THERAPY - -
Oxygen therapy: Present/Exists
Oxygen detail: Humidified
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 4.000000
- COUGH/SPUTUM
Cough/sputum/secretions: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
- - EENT - -
- - EYE ABNORMALITIES - -
Eye physical abnormalities or drainage: None
- - EAR ABNORMALITIES
Ear physical abnormalities or drainage: None
- - NOSE ABNORMALITIES - -
Nose physical abnormalities or drainage: None
- - MOUTH/THROAT ABNORMALITIES
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
- GASTROINTESTINAL - -
Nausea: None
- - VOMITING - -
Vomiting/Dry heaving: None
- - ABDOMEN - -
Abdomen is soft, symmetrical, and non-tender: Yes
- BOWEL SOUNDS - -
Bowel sounds normal-active in all 4 quadrants: Yes
Passing flatus: Yes
STOOL - -
Document stool: Normal for patient
- - GENITOURINARY - -
URINE CHARACTERISTICS - -
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: Yes
Abnormal urinary conditions: None
- - FISTULA/GRAFT - -
Fistula/graft present: No
- - ABNORMAL GENITALIA - -
Abnormal genitalia: None
- - URETHRAL DISCHARGE/LESIONS - -
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: None
- SIGNS/SYMPTOMS - INJURY/TRAUMA - -
Signs or symptoms of recent injury or trauma: None
- - MUSCULOSKELETAL - -
Full range of motion appropriate for developmental age: No
- - GAIT - -
Developmentally age appropriate gait: No
Gait impairment: Weakness
- - AMBULATION - -
Developmentally appropriate independent ambulation: No
Ambulation: Non-ambulatory
- - PARESTHESIA - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Paresthesia: None
- - ACUTE CONDITION - -
Musculoskeletal acute condition: None
- - TRACTION - -
Traction: None
- - POSITIONING AIDS - -
Positioning aids: None
Contractures: None
- - INTEGUMENTARY - -
Skin condition: Warm and dry
- - SKIN COLOR - -
Color within expectations for ethnicity: Yes
Skin turgor-tenting less than 1 second: Yes
- SKIN PIERCINGS - -
Skin piercings: None
- - SKIN ALTERATION - -
Skin alteration/Procedure site: None
Document skin test monitor: No
- - VASCULAR - -
- - CAP REFILL DELAY - -
Capillary refill less than or equal to 3 seconds: Yes
- - PERIPHERAL PULSE - -
Pulses strong and equal bilaterally: Yes
- - CALF INSPECTION - -
Calves symmetrical and pain is absent with dorsiflexion: Yes
- - PERIPHERAL EDEMA - -
Peripheral edema: None
- - MECHANICAL PROPHYLAXIS - -
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee
Device applied to: Right
- - PSYCHOSOCIAL - -
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
- - MOOD AND BEHAVIOR - -
Mood, behavior appropriate for situation/developmental age: Yes
- - THOUGHT PROCESSES - -
Thought processes appropriate for developmental age: Yes
- - SPEECH - -
Speech coherent and conversational: Yes
- - VOCALIZATION - -
Speech/vocalization is appropriate for developmental age: Yes
- - MEMORY - -
Short term and long term memory appears intact: Yes
Able to comprehend and follow directions: Yes
- - BODY IMAGE DISTURBANCE - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Body image disturbance: None
- - PARANOIA AND DELUSIONS - -
Paranoid ideation/delusions/hallucinations: None
220220 Safety/Risk/Regulatory + A CP
- Document 12/12/19 2000 JCC 12/12/19 2045 JCC
- - SAFETY/RISK/REGULATORY - -
Isolation status: Standard precautions
- - SKIN RISK - -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: Yes
Existing wound: Yes
Skin integrity impairment risk: Yes
- - FALL RISK - -
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
- - SEVERE SEPSIS SCREENING - -
Assess sepsis: Yes
Temperature: No
Heart rate: Yes
Respirations: Yes
WBC results: 12/12/19 11.59 1545
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 2
Suspected/documented infection: No
Antibiotic therapy (not prophylaxis): No
Screening due to sepsis early warning alert/detection: No
If yes to 1 of the above, proceed to next section: 0
220235 Pain Assessment + A CP
- Document 12/12/19 2000 JCC 12/12/19 2046 JCC
- - PAIN ASSESSMENT - -
Patient goal for pain management: Mild pain-1
Pain scale utilized: Verbal numeric
Numeric pain scale: No pain-0
Pain intensity: 0
Relieving factors for pain: Repositioning
Relaxation techniques
Medication non-opioid
Environment dim lights

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 2000

220415 Routine Daily Care + A .on going CP
Document 12/12/19 2000 JCC 12/12/19 2050 JCC
DAILY CARE ROUTINE
Activity: Bedrest
Level of assistance: 2 person assist
Specialty bed: Low air loss w alt press
Head of bed elevation: HOB 30 degrees
Transport method: Stretcher
Appetite: Poor
Document 12/12/19 2000 JCC 12/12/19 2051 JCC
DAILY CARE ROUTINE - -
Activity: Turn
Patient Notes: NURSE NOTES *
Create 12/12/19 2000 JCC 12/12/19 2050 JCC
Abnormal? N Confidential? N
pt truned and reposition on lt lat side from rt lat side toleraated well hob elevated 30 degrees taking sips of fluid still drowsy, hs lt leg immoblizer in place dsg c/d/i
Note Type Description
No Type None

Activity Date: 12/12/19 Time: 2005

220411 Clinical Monitor Interface + A MO
Document 12/12/19 2005 JCC 12/13/19 0140 JCC
Pulse: 101
Respiratory rate: 28
SPO2 %: 100
Blood pressure: 89/52
Mean arterial pressure: 66

Activity Date: 12/12/19 Time: 2009

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2009 JCC 12/13/19 0140 JCC
Pulse: 94
Respiratory rate: 27
SPO2 %: 100
Blood pressure: 101/56
Mean arterial pressure: 72

Activity Date: 12/12/19 Time: 2010

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2010 JCC 12/13/19 0140 JCC
Pulse: 93
Respiratory rate: 26
SPO2 %: 100

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 2010 (continued)

220411 Clinical Monitor Interface + (continued)
Blood pressure: 105/58
Mean arterial pressure: 77
220470 BCTA Transfusion Documentation + A PS
- Document 12/12/19 2010 JCC 12/12/19 2012 JCC
Temperature F: 98.5
Pulse: 92
Respiratory rate: 22
Blood pressure: 105/68
SPO2 %: 100
Signs and symptoms of possible transfusion reaction: No

Activity Date: 12/12/19 Time: 2016

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2016 JCC 12/13/19 0140 JCC
Pulse: 97
Respiratory rate: 26
SPO2 %: 100
Blood pressure: 109/62
Mean arterial pressure: 80

Activity Date: 12/12/19 Time: 2020

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2020 JCC 12/13/19 0140 JCC
Pulse: 95
Respiratory rate: 27
SPO2 %: 99
Blood pressure: 113/63
Mean arterial pressure: 80

Activity Date: 12/12/19 Time: 2025

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2025 JCC 12/13/19 0140 JCC
Pulse: 94
Respiratory rate: 25
SPO2 %: 99
Blood pressure: 116/65
Mean arterial pressure: 85
220470 BCTA Transfusion Documentation + A PS
- Document 12/12/19 2025 JCC 12/12/19 2026 JCC
Temperature F: 98.9
Pulse: 96
Respiratory rate: 24
Blood pressure: 116/65
SPO2 %: 99

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 2025 (continued)

220470 BCTA Transfusion Documentation + (continued)
Signs and symptoms of possible transfusion reaction: No

Activity Date: 12/12/19 Time: 2030

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2030 JCC 12/13/19 0140 JCC
Pulse: 106
Respiratory rate: 36
SPO2 %: 100
Blood pressure: 108/64
Mean arterial pressure: 80

Activity Date: 12/12/19 Time: 2035

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2035 JCC 12/13/19 0140 JCC
Pulse: 100
Respiratory rate: 26
SPO2 %: 100
Blood pressure: 111/65
Mean arterial pressure: 82

Activity Date: 12/12/19 Time: 2040

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2040 JCC 12/13/19 0140 JCC
Pulse: 98
Respiratory rate: 24
SPO2 %: 99
Blood pressure: 110/64
Mean arterial pressure: 82

Activity Date: 12/12/19 Time: 2042

220470 BCTA Transfusion Documentation + A PS
- Document 12/12/19 2042 JCC 12/12/19 2042 JCC
Temperature F: 98.9
Pulse: 98
Respiratory rate: 25
Blood pressure: 110/64
SPO2 %: 99
Signs and symptoms of possible transfusion reaction: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 2045

220411 Clinical Monitor Interface + A MO
Document 12/12/19 2045 JCC 12/13/19 0140 JCC
Pulse: 96
Respiratory rate: 25
SPO2 %: 99
Blood pressure: 112/65
Mean arterial pressure: 83

Activity Date: 12/12/19 Time: 2050

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2050 JCC 12/13/19 0140 JCC
Pulse: 93
Respiratory rate: 27
SPO2 %: 99
Blood pressure: 115/64
Mean arterial pressure: 84

Activity Date: 12/12/19 Time: 2051

220470 BCTA Transfusion Documentation + A PS
Document 12/12/19 2051 JCC 12/12/19 2053 JCC
Temperature F: 98.6
Pulse: 95
Respiratory rate: 24
Blood pressure: 115/64
SPO2 %: 99
Signs and symptoms of possible transfusion reaction: No

Activity Date: 12/12/19 Time: 2100

220411 Clinical Monitor Interface + A MO
Document 12/12/19 2100 JCC 12/13/19 0140 JCC
Pulse: 94
Respiratory rate: 25
SPO2 %: 99
Blood pressure: 113/65
Mean arterial pressure: 84

220410 Critical Care Flow Record + A CP
- Document 12/12/19 2100 JCC 12/13/19 0137 JCC
CRITICAL CARE FLOWSHEET - -
INTAKE AND OUTPUT - -
Document intake and output: Yes
- IV INTAKE
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 4: prbc

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 2100 (continued)

220410 Critical Care Flow Record + (continued)
IV fluid 4 volume ml: 150.00

Activity Date: 12/12/19 Time: 2115

220411 Clinical Monitor Interface + A MO
Document 12/12/19 2115 JCC 12/13/19 0140 JCC
Pulse: 93
Respiratory rate: 26
SPO2 %: 100
Blood pressure: 120/61
Mean arterial pressure: 88

Activity Date: 12/12/19 Time: 2125

220470 BCIA Transfusion Documentation + A PS
Document 12/12/19 2125 JCC 12/12/19 2125 JCC
Temperature F: 98.5
Pulse: 92
Respiratory rate: 22
Blood pressure: 120/61
SPO2 %: 100
Signs and symptoms of possible transfusion reaction: No

Activity Date: 12/12/19 Time: 2130

220411 Clinical Monitor Interface + A MO
Document 12/12/19 2130 JCC 12/13/19 0140 JCC
Pulse: 95
Respiratory rate: 25
SPO2 %: 99
Blood pressure: 114/57
Mean arterial pressure: 82

Activity Date: 12/12/19 Time: 2144

220470 BCIA Transfusion Documentation + A PS
Document 12/12/19 2144 JCC 12/12/19 2145 JCC
Temperature F: 98.9
Pulse: 102
Respiratory rate: 22
Blood pressure: 114/57
SPO2 %: 99
Signs and symptoms of possible transfusion reaction: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/12/19 Time: 2145

220411 Clinical Monitor Interface + A MO
Document 12/12/19 2145 JCC 12/13/19 0140 JCC
Pulse: 101
Respiratory rate: 27
SPO2 %: 99
Blood pressure: 116/64
Mean arterial pressure: 82

Activity Date: 12/12/19 Time: 2200

220216 Neurovascular Checks + A PS
Document 12/12/19 2200 JCC 12/13/19 0031 JCC
NEUROVASCULAR CHECKS
LOC: Reacts to voice
Oriented to: Person
Place
Time
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Vocalization: Phonation weak
Mood, behavior appropriate for situation/developmental age: Yes
Upper extremities equal and strong bilaterally: Yes
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Leg right motor strength: Moves against gravity
Strong
Foot left motor strength: Weak
Foot right motor strength: Moves against gravity
Strong
Pulses strong and equal bilaterally: Yes
Capillary refill less than or equal to 3 seconds: Yes
Peripheral edema: Present/Exists
Peripheral edema location 1: Leg
Peripheral edema location (L/R) 1: Left
Peripheral edema location (A/P) 1: Circumferential
Peripheral edema turgor description 1: Tenting
Peripheral edema type 1: Pitting edema 1+
Airway: Patent
Trachea: Midline
Skin alteration/Procedure site: None
Neurovascular assessment comment:
lt lat side of hip with sm amt ss drg on dsg

220411 Clinical Monitor Interface + A MO
Document 12/12/19 2200 JCC 12/13/19 0140 JCC
Pulse: 97
Respiratory rate: 25
SPO2 %: 99
Blood pressure: 112/61

Diagnosis/Problem/Outcome/Intervention/eval. Description
Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 2200 (continued)

220411 Clinical Monitor Interface + (continued)
Mean arterial pressure: 81
220417 Hygiene Care+ A PS
- Document 12/12/19 2200 JCC 12/13/19 0051 JCC
- - HYGIENE CARE - -
Hygiene care provided: Extensive, 1 person asst
Perineal care provided: Extensive, 1 person asst
Oral care provided: Limited assistance
220410 Critical Care Flow Record + A CP
- Document 12/12/19 2200 JCC 12/13/19 0137 JCC
- - CRITICAL CARE FLOWSHEET - -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- IV INTAKE -
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 150.00
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 4: prbc
220220 Safety/Risk/Regulatory + A CP
- Document 12/12/19 2200 JCC 12/13/19 0032 JCC
- - SAFETY/RISK/REGULATORY - -
Isolation status: Standard precautions
- - SKIN RISK - -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: No
Existing wound: No
Skin integrity impairment risk: Yes
- - FALL RISK - -
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
220235 Pain Assessment + A CP
- Document 12/12/19 2200 JCC 12/13/19 0035 JCC
- - PAIN ASSESSMENT - -
Patient goal for pain management: Mild pain-1
Pain scale utilized: Verbal numeric
Numeric pain scale: Mild pain-1
Pain intensity: 1
Pain location: Iliac left
Pain description: Gnawing
Relieving factors for pain: Repositioning
Relaxation techniques

Diagnosis/Problem/Outcome/Intervention/eval. Description
Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 2200 (continued)

220235 Pain Assessment + (continued)
Environment dim lights
Exacerbating factors for pain: Mobility
Position
220415 Routine Daily Care + A .on going CP
- Document 12/12/19 2200 JCC 12/13/19 0050 JCC
- - DAILY CARE ROUTINE - -
Activity: Bedrest
Turn
Level of assistance: 2 person assist
Assistive devices: pillows
braces
Specialty bed: Low air loss w alt press
Head of bed elevation: HOB 30 degrees
Transport method: Stretcher
Appetite: Poor

Activity Date: 12/12/19 Time: 2215

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2215 JCC 12/13/19 0140 JCC
Pulse: 97
Respiratory rate: 26
SPO2 %: 99
Blood pressure: 123/71
Mean arterial pressure: 91

Activity Date: 12/12/19 Time: 2230

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2230 JCC 12/13/19 0140 JCC
Pulse: 100
Respiratory rate: 22
SPO2 %: 100
Blood pressure: 124/73
Mean arterial pressure: 91

Activity Date: 12/12/19 Time: 2245

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2245 JCC 12/13/19 0140 JCC
Pulse: 97
Respiratory rate: 15
SPO2 %: 100
Blood pressure: 121/67
Mean arterial pressure: 88

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 2250

220475 BCTA Blood Bank Product I&O + A PS
Document 12/12/19 2250 JCC 12/12/19 2250 JCC
Packed cells, volume transfused: 250
Normal saline volume (ml): 125

Activity Date: 12/12/19 Time: 2300

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2300 JCC 12/13/19 0140 JCC
Pulse: 100
Respiratory rate: 26
SPO2 %: 98
Blood pressure: 121/68
Mean arterial pressure: 88

220470 BCTA Transfusion Documentation + A PS
- Document 12/12/19 2300 JCC 12/12/19 2301 JCC
Temperature F: 98.5
Pulse: 98
Respiratory rate: 22
Blood pressure: 121/68
SPO2 %: 98
Signs and symptoms of possible transfusion reaction: No

220410 Critical Care Flow Record + A CP
- Document 12/12/19 2300 JCC 12/13/19 0137 JCC
- - CRITICAL CARE FLOWSHEET -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 4: prbc
IV fluid 4 volume ml: 150.00

Activity Date: 12/12/19 Time: 2310

220470 BCTA Transfusion Documentation + A PS
- Document 12/12/19 2310 JCC 12/12/19 2311 JCC
Temperature F: 98.8
Pulse: 97
Respiratory rate: 24
Blood pressure: 121/68
SPO2 %: 98

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/12/19 Time: 2315

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2315 JCC 12/13/19 0140 JCC
Pulse: 98
Respiratory rate: 25
SPO2 %: 98
Blood pressure: 112/66
Mean arterial pressure: 85

Activity Date: 12/12/19 Time: 2323

220470 BCTA Transfusion Documentation + A PS
- Document 12/12/19 2323 JCC 12/12/19 2323 JCC
Temperature F: 98.8
Pulse: 98
Respiratory rate: 27
Blood pressure: 112/66
SPO2 %: 97
Signs and symptoms of possible transfusion reaction: No

Activity Date: 12/12/19 Time: 2330

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2330 JCC 12/13/19 0140 JCC
Pulse: 99
Respiratory rate: 25
SPO2 %: 98
Blood pressure: 121/66
Mean arterial pressure: 87

Activity Date: 12/12/19 Time: 2345

220411 Clinical Monitor Interface + A MO
- Document 12/12/19 2345 JCC 12/13/19 0140 JCC
Pulse: 99
Respiratory rate: 25
SPO2 %: 97
Blood pressure: 120/67
Mean arterial pressure: 85

Activity Date: 12/12/19 Time: 2348

220470 BCTA Transfusion Documentation + A PS
- Document 12/12/19 2348 JCC 12/12/19 2349 JCC
Temperature F: 98.5
Pulse: 98
Respiratory rate: 26
Blood pressure: 120/67
SPO2 %: 97

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	from Change

Activity Date: 12/12/19 Time: 2348 (continued)

220470 BCTA Transfusion Documentation + (continued)
Signs and symptoms of possible transfusion reaction: No

Activity Date: 12/12/19 Time: 2359

220470 BCTA Transfusion Documentation + A PS
Document 12/12/19 2359 JCC 12/12/19 2359 JCC
Temperature F: 98.3
Pulse: 100
Respiratory rate: 26
Blood pressure: 120/67
SPO2 %: 98
Signs and symptoms of possible transfusion reaction: No

Activity Date: 12/13/19 Time: 0000

220216 Neurovascular Checks + A PS
Document 12/13/19 0000 JCC 12/13/19 0031 JCC
NEUROVASCULAR CHECKS
OC: Reacts to voice
Oriented to: Person
Place
Time
Situation
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Vocalization: Phonation weak
Mood, behavior appropriate for situation/developmental age: Yes
Upper extremities equal and strong bilaterally: Yes
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Leg right motor strength: Moves against gravity
Strong
Foot left motor strength: Weak
Foot right motor strength: Moves against gravity
Strong
Pulses strong and equal bilaterally: Yes
Capillary refill less than or equal to 3 seconds: Yes
Peripheral edema: None
Airway: Patent
Trachea: Midline
Skin alteration/Procedure site: None
Neurovascular assessment comment:
no change in drg on lt lat hip
220411 Clinical Monitor Interface + A MO
Document 12/13/19 0000 JCC 12/13/19 0140 JCC
Pulse: 98
Respiratory rate: 24

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	from Change

Activity Date: 12/13/19 Time: 0000 (continued)

220411 Clinical Monitor Interface + (continued)
SPO2 %: 98
Blood pressure: 123/67
Mean arterial pressure: 89
220417 Hygiene Care+ A PS
Document 12/13/19 0000 JCC 12/13/19 0051 JCC
- HYGIENE CARE -
Hygiene care provided: Extensive, 1 person asst
Perineal care provided: Extensive, 1 person asst
Oral care provided: Extensive, 1 person asst
220410 Critical Care Flow Record + A CP
Document 12/13/19 0000 JCC 12/13/19 0044 JCC
CRITICAL CARE FLOWSHEET
VITAL SIGNS MAIN INPUT
Document vitals: Yes
Document vital signs: Yes
VITAL SIGNS
Temperature F: 98.9
Temperature source: Tympanic
BMI calculated: 29.2
OXYGEN THERAPY
Oxygen detail: Humidified
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 4.000000
- - GLASGOW COMA SCALE -
Document Glasgow coma scale: Yes
Eye opening: 3
Verbal response: 5
Motor response: 6
Glasgow coma score: 14 Mild
- - INTAKE AND OUTPUT
Document intake and output: Yes
Oral ml: 100
IV INTAKE -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 4: prbc
IV fluid 4 volume ml: 150.00
URINE -
Void ml: 100
- LINES DRAINS AND AIRWAYS -
Document lines, drains and airways: Yes
IV - -
IV type: Venous left Forearm anterior 18 g Inserted 12/10/19 0430 -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0000 (continued)

220410 Critical Care Flow Record + (continued)
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
- - URINARY CATHETER - -
Urinary catheter type: External/condom
Insertion/applied date: 12/12/19
Insertion/applied time: 0200
Indication for urinary catheter: Accurate I/O and crit ill
Urinary catheter status: Monitor
220220 Safety/Risk/Regulatory + A CP
- Document 12/13/19 0000 JCC 12/13/19 0032 JCC
- SAFETY/RISK/REGULATORY - -
Isolation status: Standard precautions
- - SKIN RISK
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: No
Existing wound: No
Skin integrity impairment risk: Yes
FALL RISK -
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
220235 Pain Assessment + A CP
- Document 12/13/19 0000 JCC 12/13/19 0035 JCC
- PAIN ASSESSMENT
Patient goal for pain management: Mild pain-1
Pain scale utilized: Verbal numeric
Numeric pain scale: Mild pain 1
Pain intensity: 1
Pain location: Iliac left
Pain description: Gnawing
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
Exacerbating factors for pain: Mobility

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0000 (continued)

220235 Pain Assessment + (continued)
Position
220415 Routine Daily Care + A .on going CP
- Document 12/13/19 0000 JCC 12/13/19 0050 JCC
- DAILY CARE ROUTINE -
Activity: Bedrest
Turn
Level of assistance: 2 person assist
Assistive devices: pillows braces
Specialty bed: Low air loss w alt press
Head of bed elevation: HOB 30 degrees
Transport method: Stretcher
Appetite: Poor
220430 Teach/Educate + A CP
- Document 12/13/19 0000 JCC 12/13/19 0058 JCC
- - PATIENT/FAMILY TEACHING - -
Primary learner: Patient
Other learner: Family
Barriers to communication/learning: Language barrier
Pain level
drowsiness
Primary learners preferred spoken language: ARA ARABIC
Primary learners preferred written language: ARA ARABIC
Physiological topics: Oxygen therapy
Breathing exercises
Cardiac care
Infection risk
Functional topics: Ambulation therapy
Immobilizer care
Special diet
ADLs
Discharge/Health behavior topics: Compliance with instructions
Medication actions
Medication side effects
Medication treatment
Environmental safety
Equipment safety
Safety precautions
Person(s) educated: Patient
Family
Readiness to learn: Asks questions
Eager to learn
Cooperative
Method of education: Verbal discussion
Printed material
Responsiveness to learning: Verbalized understanding
Functional topics needing follow up: Ambulation therapy
Special diet

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0000 (continued)

220430 Teach/Educate + (continued)
ADLs
Psychological topics needing follow-up: Home situation analysis
Communication care
Discharge/Health behavior topics needing follow up: Equipment safety
Safety precautions
Cardiac Topics: Cardiac care
Physical regulation topics: Infection control
Respiratory Topics: Oxygen therapy
Breathing exercises
Activity topics: Ambulation therapy
Immobilizer care
Nutritional topics: Special diet
Self-care topics: ADLs
Discharge topics: Compliance with instructi
Medication topics: Medication actions
Medication side effects
Medication treatment
Safety Topics: Environmental safety
Equipment safety
Safety precautions

Activity Date: 12/13/19 Time: 0015

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0015 JCC 12/13/19 0140 JCC
Pulse: 91
Respiratory rate: 27
SPO2 %: 97
Blood pressure: 127/72
Mean arterial pressure: 94

Activity Date: 12/13/19 Time: 0020

220235 Pain Assessment + A CP
- Document 12/13/19 0020 JCC 12/13/19 0355 JCC
- - PAIN ASSESSMENT -
Patient goal for pain management: Mild pain 1
Pain scale utilized: Verbal numeric
Numeric pain scale: Mild pain 1
Pain intensity: 1
Pain location: Iliac left
Pain description: Gnawing
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
Exacerbating factors for pain: Mobility
Position

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0024

220470 BCTA Transfusion Documentation + A PS
Document 12/13/19 0024 JCC 12/13/19 0026 JCC
Temperature F: 98.9
Pulse: 98
Respiratory rate: 27
Blood pressure: 127/72
SPO2 %: 98
Signs and symptoms of possible transfusion reaction: No

Activity Date: 12/13/19 Time: 0030

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0030 JCC 12/13/19 0140 JCC
Pulse: 90
Respiratory rate: 25
SPO2 %: 99
Blood pressure: 131/62
Mean arterial pressure: 89

Activity Date: 12/13/19 Time: 0045

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0045 JCC 12/13/19 0140 JCC
Pulse: 92
Respiratory rate: 24
SPO2 %: 99
Blood pressure: 134/73
Mean arterial pressure: 98

Activity Date: 12/13/19 Time: 0100

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0100 JCC 12/13/19 0140 JCC
Pulse: 92
Respiratory rate: 26
SPO2 %: 98
Blood pressure: 135/73
Mean arterial pressure: 96
220410 Critical Care Flow Record + A CP
- Document 12/13/19 0100 JCC 12/13/19 0137 JCC
CRITICAL CARE FLOWSHEET - -
INTAKE AND OUTPUT -
Document intake and output: Yes
IV INTAKE -
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 4: prbc

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/13/19 Time: 0100 (continued)

220410 Critical Care Flow Record + (continued)
IV fluid 4 volume ml: 150.00

Activity Date: 12/13/19 Time: 0115

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0115 JCC 12/13/19 0140 JCC
Pulse: 97
Respiratory rate: 27
SPO2 %: 97
Blood pressure: 122/65
Mean arterial pressure: 88

Activity Date: 12/13/19 Time: 0116

220470 BCTA Transfusion Documentation + A PS
- Document 12/13/19 0116 JCC 12/13/19 0117 JCC
Temperature F: 98.9
Pulse: 94
Respiratory rate: 24
Blood pressure: 122/65
SPO2 %: 96
Signs and symptoms of possible transfusion reaction: No

Activity Date: 12/13/19 Time: 0130

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0130 JCC 12/13/19 0140 JCC
Pulse: 90
Respiratory rate: 25
SPO2 %: 98
Blood pressure: 132/69
Mean arterial pressure: 95

Activity Date: 12/13/19 Time: 0145

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0145 JCC 12/13/19 0350 JCC
Pulse: 96
Respiratory rate: 27
SPO2 %: 94
Blood pressure: 121/69
Mean arterial pressure: 88

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/13/19 Time: 0200

220216 Neurovascular Checks + A PS
- Document 12/13/19 0200 JCC 12/13/19 0353 JCC
- - NEUROVASCULAR CHECKS - -
LOC: Reacts to voice
Oriented to: Person
Place
Time
Situation
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Vocalization: Phonation weak
Mood, behavior appropriate for situation/developmental age: Yes
Upper extremities equal and strong bilaterally: Yes
Lower extremities equal and strong bilaterally: Yes/document detail
Leg left motor strength: Weak
Leg right motor strength: Moves against gravity
Strong
Foot left motor strength: Weak
Foot right motor strength: Moves against gravity
Strong
Pulses strong and equal bilaterally: Yes
Capillary refill less than or equal to 3 seconds: Yes
Peripheral edema: None
Airway: Patent
Trachea: Midline
Skin alteration/Procedure site: None

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0200 JCC 12/13/19 0350 JCC
Pulse: 97
Respiratory rate: 26
SPO2 %: 94
Blood pressure: 115/65
Mean arterial pressure: 84

220417 Hygiene Care+ A PS
- Document 12/13/19 0200 JCC 12/13/19 0359 JCC
- HYGIENE CARE - -
Chlorhexidine gluconate (CHG) used for bath: No, already bathed today
Hygiene care provided: Extensive, 1 person asst
Perineal care provided: Extensive, 1 person asst

220410 Critical Care Flow Record + A CP
- Document 12/13/19 0200 JCC 12/13/19 0356 JCC
- CRITICAL CARE FLOWSHEET - -
INTAKE AND OUTPUT - -
Document intake and output: Yes
Oral ml: 60
- - IV INTAKE - -
IV fluid 1: 0.9% normal saline
IV fluid 1 volume ml: 100.00

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0200 (continued)

220410 Critical Care Flow Record + (continued)
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 4: prbc
- - URINE -
Void ml: 100

220220 Safety/Risk/Regulatory + A CP
- Document 12/13/19 0200 JCC 12/13/19 0354 JCC
- SAFETY/RISK/REGULATORY - -
Isolation status: Standard precautions
- - SKIN RISK - -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: No
Existing wound: Yes
Skin integrity impairment risk: Yes
- - FALL RISK - -
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes

220415 Routine Daily Care + A .on going CP
Document 12/13/19 0200 JCC 12/13/19 0358 JCC
- DAILY CARE ROUTINE - -
Activity: Bedrest
Turn
Level of assistance: 2 person assist
Assistive devices: pillows an props
Specialty bed: low air loss w alt press
Head of bed elevation: HOB 30 degrees
Transport method: Stretcher
Appetite: Poor

Activity Date: 12/13/19 Time: 0203

220470 BCIA Transfusion Documentation + A PS
- Document 12/13/19 0203 JCC 12/13/19 0204 JCC
Temperature F: 98.5
Pulse: 93
Respiratory rate: 24
Blood pressure: 115/65
SPO2 %: 96
Signs and symptoms of possible transfusion reaction: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0203

220475 BCIA Blood Bank Product I&O + A PS
Document 12/13/19 0203 JCC 12/13/19 0203 JCC
Packed cells, volume transfused: 250
Normal saline volume (ml): 150

Activity Date: 12/13/19 Time: 0215

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0215 JCC 12/13/19 0350 JCC
Pulse: 93
Respiratory rate: 25
SPO2 %: 94
Blood pressure: 126/71
Mean arterial pressure: 93

Activity Date: 12/13/19 Time: 0230

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0230 JCC 12/13/19 0350 JCC
Pulse: 100
Respiratory rate: 25
SPO2 %: 94
Blood pressure: 112/62
Mean arterial pressure: 81

Activity Date: 12/13/19 Time: 0245

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0245 JCC 12/13/19 0350 JCC
Pulse: 97
Respiratory rate: 25
SPO2 %: 95
Blood pressure: 117/68
Mean arterial pressure: 87

Activity Date: 12/13/19 Time: 0300

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0300 JCC 12/13/19 0350 JCC
Pulse: 97
Respiratory rate: 24
SPO2 %: 95
Blood pressure: 118/68
Mean arterial pressure: 87

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0315

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0315 JCC 12/13/19 0350 JCC
Pulse: 97
Respiratory rate: 27
SPO2 %: 94
Blood pressure: 115/69
Mean arterial pressure: 86

Activity Date: 12/13/19 Time: 0330

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0330 JCC 12/13/19 0350 JCC
Pulse: 97
Respiratory rate: 25
SPO2 %: 94
Blood pressure: 117/62
Mean arterial pressure: 83

Activity Date: 12/13/19 Time: 0345

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0345 JCC 12/13/19 0350 JCC
Pulse: 98
Respiratory rate: 27
SPO2 %: 94
Blood pressure: 117/66
Mean arterial pressure: 87

Activity Date: 12/13/19 Time: 0351

220216 Neurovascular Checks + A PS
Document 12/13/19 0351 JCC 12/13/19 0353 JCC
NEUROVASCULAR CHECKS
LOC: Reacts to voice
Oriented to: Person
Place
Time
Situation
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Vocalization: Phonation weak
Mood, behavior appropriate for situation/cevelopmental age: Yes
Upper extremities equal and strong bilaterally Yes
Lower extremities equal and strong bilaterally Yes/document detail
Leg left motor strength: Weak
Leg right motor strength: Strong
Moves against gravity
Foot left motor strength: Weak

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0351 (continued)

220216 Neurovascular Checks + (continued)
Foot right motor strength: Moves against gravity
Strong
Pulses strong and equal bilaterally: Yes
Capillary refill less than or equal to 3 seconds. Yes
Peripheral edema: None
Airway: Patent
Trachea: Midline
Skin alteration/Procedure site: None
Neurovascular assessment comment:
vilat toes warm and dry good capillarly refill toes pink

Activity Date: 12/13/19 Time: 0353

220220 Safety/Risk/Regulatory + A CP
Document 12/13/19 0353 JCC 12/13/19 0354 JCC
SAFETY/RISK/REGULATORY
Isolation status: Standard precautions
SKIN RISK
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: No
Existing wound: Yes
Skin integrity impairment risk: Yes
FALL RISK
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes

Activity Date: 12/13/19 Time: 0354

220235 Pain Assessment + A CP
- Document 12/13/19 0354 JCC 12/13/19 0355 JCC
PAIN ASSESSMENT
Patient goal for pain management: Mild pain-1
Pain scale utilized: Verbal numeric
Numeric pain scale. Mild pain-1
Pain intensity: 1
Pain location: Iliac left
Pain description: Gnawing
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
Exacerbating factors for pain: Mobility

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0354 (continued)

220235 Pain Assessment + (continued)
Position

Activity Date: 12/13/19 Time: 0356

220415 Routine Daily Care + A .on going CP
- Document 12/13/19 0356 JCC 12/13/19 0358 JCC
- - DAILY CARE ROUTINE -
Activity: Bedrest
Turn
Level of assistance: 2 person assist
Assistive devices: pillows and props
Specialty bed: low air loss w alt press
Head of bed elevation: HOB 30 degrees
Transport method: Stretcher
Appetite: Poor

Activity Date: 12/13/19 Time: 0358

220417 Hygiene Care+ A PS
- Document 12/13/19 0358 JCC 12/13/19 0359 JCC
- HYGIENE CARE
Hygiene care provided: Extensive, 1 person asst
Perineal care provided: Extensive, 1 person asst

Activity Date: 12/13/19 Time: 0400

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0400 JCC 12/13/19 0737 JCC
Pulse: 97
Respiratory rate: 24
SPO2 %: 95
Blood pressure: 121/68
Mean arterial pressure: 89
220410 Critical Care Flow Record + A CP
- Document 12/13/19 0400 JCC 12/13/19 0613 JCC
- - CRITICAL CARE FLOWSHEET - -
- - VITAL SIGNS MAIN INPUT - -
Document vitals: Yes
Document vital signs: Yes
VITAL SIGNS
Temperature F: 98.3
Temperature source: Tympanic
BMI calculated: 29.2
- OXYGEN THERAPY - -
Oxygen detail: Humidified
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 4.000000

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0400 (continued)

220410 Critical Care Flow Record + (continued)
- - GLASGOW COMA SCALE -
Document Glasgow coma scale: Yes
Eye opening: 3
Verbal response: 5
Motor response: 6
Glasgow coma score: 14 Mild
- - INTAKE AND OUTPUT
Document intake and output: Yes
Oral ml: 60
- - URINE -
Urinary catheter ml: 40
- LINES DRAINS AND AIRWAYS
Document lines, drains and airways: Yes
- - IV
IV type: Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
- - Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
- - URINARY CATHETER - -
Urinary catheter type: External/condom
Insertion/applied date: 12/12/19
Insertion/applied time: 0200
Indication for urinary catheter: Accurate I/O and crit ill
Urinary catheter status: Monitor

Activity Date: 12/13/19 Time: 0415

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0415 JCC 12/13/19 0737 JCC
Pulse: 96
Respiratory rate: 24
SPO2 %: 96
Blood pressure: 120/67
Mean arterial pressure: 87

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0430

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0430 JCC 12/13/19 0737 JCC
Pulse: 95
Respiratory rate: 24
SPO2 %: 96
Blood pressure: 125/66
Mean arterial pressure: 88

Activity Date: 12/13/19 Time: 0445

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0445 JCC 12/13/19 0737 JCC
Pulse: 95
Respiratory rate: 26
SPO2 %: 96
Blood pressure: 117/60
Mean arterial pressure: 83

Activity Date: 12/13/19 Time: 0500

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0500 JCC 12/13/19 0737 JCC
Pulse: 95
Respiratory rate: 25
SPO2 %: 96
Blood pressure: 122/65
Mean arterial pressure: 87

Activity Date: 12/13/19 Time: 0515

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0515 JCC 12/13/19 0737 JCC
Pulse: 97
Respiratory rate: 26
SPO2 %: 97
Blood pressure: 128/71
Mean arterial pressure: 93

Activity Date: 12/13/19 Time: 0530

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0530 JCC 12/13/19 0737 JCC
Pulse: 97
Respiratory rate: 21
SPO2 %: 98
Blood pressure: 129/75
Mean arterial pressure: 97

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0545

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0545 JCC 12/13/19 0737 JCC
Pulse: 96
Respiratory rate: 25
SPO2 %: 98
Blood pressure: 130/75
Mean arterial pressure: 97

Activity Date: 12/13/19 Time: 0600

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0600 JCC 12/13/19 0737 JCC
Pulse: 97
Respiratory rate: 23
SPO2 %: 96
Blood pressure: 126/71
Mean arterial pressure: 93

220410 Critical Care Flow Record + A CP
Document 12/13/19 0600 JCC 12/13/19 0613 JCC
- CRITICAL CARE FLOWSHEET - -
- GLASGOW COMA SCALE - -
Document Glasgow coma scale: Yes
Eye opening: 3
Verbal response: 5
Motor response: 6
Glasgow coma score. 14 Mild
- INTAKE AND OUTPUT
Document intake and output: Yes
Oral ml: 60

220220 Safety/Risk/Regulatory + A CP
Document 12/13/19 0600 JCC 12/13/19 0608 JCC
- SAFETY/RISK/REGULATORY - -
Isolation status: Standard precautions
SKIN RISK
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: No
Existing wound: Yes
Skin integrity impairment risk: Yes
- FALL RISK
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0600

220415 Routine Daily Care + A .on going CP
Document 12/13/19 0600 JCC 12/13/19 0615 JCC
DAILY CARE ROUTINE -
Activity: Bedrest
Turn
Level of assistance: 2 person assist
Assistive devices: pillows and black foam
positioners
Specialty bed: Low air loss w alt press
Head of bed elevation: HOB 30 degrees
Transport method: Stretcher
Appetite: Poor

Activity Date: 12/13/19 Time: 0606

220216 Neurovascular Checks + A PS
Document 12/13/19 0606 JCC 12/13/19 0608 JCC
- NEUROVASCULAR CHECKS -
LOC: Reacts to voice
Oriented to: Person
Place
Time
Situation
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Vocalization: Phonation weak
Mood, behavior appropriate for situation/developmental age: Yes
Upper extremities equal and strong bilaterally: Yes
lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Leg right motor strength: Moves against gravity
Strong
foot left motor strength: Weak
foot right motor strength: Moves against gravity
Strong
Pulses strong and equal bilaterally: Yes
Capillary refill less than or equal to 3 seconds: Yes
Peripheral edema: None
Airway: Patent
Trachea: Midline
Skin alteration/Procedure site: None

Activity Date: 12/13/19 Time: 0609

220235 Pain Assessment + A CP
- Document 12/13/19 0609 JCC 12/13/19 0609 JCC
- - PAIN ASSESSMENT - -
Patient goal for pain management: Mild pain-1

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0609 (continued)

220235 Pain Assessment + (continued)
Pain scale utilized: Verbal numeric
Numeric pain scale: Mild pain-1
Pain intensity: 1
Pain location: Iliac left
Pain description: Gnawing
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
Exacerbating factors for pain: Mobility
Position

Activity Date: 12/13/19 Time: 0615

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0615 JCC 12/13/19 0737 JCC
Pulse: 99
Respiratory rate: 21
SPO2 %: 97
Blood pressure: 122/70
Mean arterial pressure: 90

Activity Date: 12/13/19 Time: 0630

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0630 JCC 12/13/19 0737 JCC
Pulse: 99
Respiratory rate: 24
SPO2 %: 97
Blood pressure: 121/69
Mean arterial pressure: 90

Activity Date: 12/13/19 Time: 0635

Patient Notes: NURSE NOTES *
- Create 12/13/19 0635 JCC 12/13/19 0736 JCC
Abnormal? N Confidential? N
trauma resident made aware of na at 134 .hh up plt up bp holding. pt had mod
amt ss drg to lt lat hip cleaned site with normal saline pat dry then
placed dsg. repositon pt on rt lat side
Note Type Description
No Type None

Activity Date: 12/13/19 Time: 0645

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0645 JCC 12/13/19 0737 JCC
Pulse: 99

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0645 (continued)

220411 Clinical Monitor Interface + (continued)
Respiratory rate: 23
SPO2 %: 96
Blood pressure: 119/72
Mean arterial pressure: 91

Activity Date: 12/13/19 Time: 0700

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0700 JCC 12/13/19 0737 JCC
Pulse: 91
Respiratory rate: 25
SPO2 %: 97
Blood pressure: 126/72
Mean arterial pressure: 93

Activity Date: 12/13/19 Time: 0715

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0715 AKC 12/13/19 1008 AKC
Pulse: 80
Respiratory rate: 23
SPO2 %: 99
Blood pressure: 137/59
Mean arterial pressure: 91

Activity Date: 12/13/19 Time: 0721

2060103 B RT Chg: Oxygen Daily A .per standard PS
Document 12/13/19 0721 FM 12/13/19 0721 FM
220586 RT: Oxygen + A . 4LNC SAT 96% PS
Document 12/13/19 0721 FM 12/13/19 0721 FM
RT: OXYGEN
Oxygen treatment: Adult
Oxygen detail: Humidified
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 4.000000
SPO2 %: 98
FiO2%: 36
# of oxygen hours: 24

Activity Date: 12/13/19 Time: 0730

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0730 AKC 12/13/19 1008 AKC
Pulse: 77
Respiratory rate: 23
SPO2 %: 97

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0730 (continued)

220411 Clinical Monitor Interface + (continued)
Blood pressure: 122/66
Mean arterial pressure: 87

Activity Date: 12/13/19 Time: 0745

220411 Clinical Monitor Interface + A MO
Document 12/13/19 0745 AKC 12/13/19 1008 AKC
Pulse: 75
Respiratory rate: 23
SPO2 %: 98
Blood pressure: 112/59
Mean arterial pressure: 79

Activity Date: 12/13/19 Time: 0800

220216 Neurovascular Checks + A PS
Document 12/13/19 0800 AKC 12/13/19 1034 AKC
NEUROVASCULAR CHECKS
LOC: Alert
Oriented to: Person
Place
Facial symmetry: Intact
Pupils equal round reactive to light and accommodation: Yes
Vocalization: Appropriate
Mood, behavior appropriate for situation/developmental age: Yes
Upper extremities equal and strong bilaterally: Yes
Lower extremities equal and strong bilaterally: Yes/document detail
Leg left motor strength: Moves not against gravity
Weak
Leg right motor strength: Moves against gravity
Weak
Foot left motor strength: Moves not against gravity
Weak
Foot right motor strength: Moves against gravity
Weak
Pulses strong and equal bilaterally: Yes
Capillary refill less than or equal to 3 seconds: Yes
Peripheral edema: None
Airway: Patent
Trachea: Midline
Skin alteration/Procedure site: None
220411 Clinical Monitor Interface + A MO
Document 12/13/19 0800 AKC 12/13/19 1008 AKC
Pulse: 79
Respiratory rate: 24
SPO2 %: 99
Blood pressure: 120/65

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0800 (continued)

220411 Clinical Monitor Interface + (continued)
Mean arterial pressure: 85
220417 Hygiene Care+ A PS
- Document 12/13/19 0800 AKC 12/13/19 1006 AKC
HYGIENE CARE -
Hygiene care provided: Extensive, 1 person asst
Oral care provided: Extensive, 1 person asst
220410 Critical Care Flow Record + A CP
- Document 12/13/19 0800 AKC 12/13/19 1006 AKC
CRITICAL CARE FLOWSHEET
VITAL SIGNS MAIN INPUT -
Document vitals: Yes
Document vital signs: Yes
VITAL SIGNS - -
Temperature F: 98.8
Temperature source: Tympanic
BMI calculated: 29.2
- - GLASGOW COMA SCALE
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 4
Motor response: 6
Glasgow coma score: 14 Mild
- - INTAKE AND OUTPUT
Document intake and output: Yes
Oral ml: 200
- - MEALS CONSUMED INTAKE -
Meal: Breakfast
Amount taken: 25%
Oral nutritional supplement ml: 100
- - LINES DRAINS AND AIRWAYS
Document lines, drains and airways: Yes
IV -
IV type: - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
- Venous Right Forearm anterior 20 g Inserted 12/10/19 0430
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
- - URINARY CATHETER -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0800 (continued)

220410 Critical Care Flow Record + (continued)
Urinary catheter type: External/condom
Insertion/applied date: 12/12/19
Insertion/applied time: 0200
Indication for urinary catheter: Accurate I/O and crit ill
Urinary catheter status: Monitor
220210 Admission/Shift Assessment + A CP
- Document 12/13/19 0800 AKC 12/13/19 1003 AKC
- BODY SYSTEM ASSESSMENT -
- - NEUROLOGICAL ASSESSMENT -
- - RASS/LOC - -
Alert and oriented: No
Oriented to: Person
Place
Response to stimulation: Alert
Cry/speech: None
- - GLASGOW COMA SCORE - -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 4
Motor response: 6
Glasgow coma score: 14 Mild
- - FACIAL SYMMETRY -
Facial symmetry: Intact
- - PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
- - TONGUE - -
Tongue: Midline
- - VOCALIZATION - -
Vocalization: Appropriate
- REFLEXES - -
Reflexes present and appropriate: Yes
- UPPER EXTREMITY - -
Upper extremities equal and strong bilaterally: Yes
- - LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: Yes/document detail
Leg left motor strength: Moves not against gravity
Weak
Leg right motor strength: Moves against gravity
Weak
Foot left motor strength: Moves not against gravity
Weak
Foot right motor strength: Moves against gravity
Weak
- GAIT/BALANCE - -
Gait, strength, balance: Extremity weakness
Generalized weakness
General weakness: Present/Exists

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY -
Current seizure activity: None
Nuchal rigidity: No
TRAIN OF FOUR
Document train of four: No
PUPILLOMETER
Document Pupillometry: No
- CARDIOVASCULAR ASSESSMENT - -
HEART SOUNDS/MURMUR -
Heart sounds normal (S1,S2): Yes
JUGULAR DISTENTION
Jugular distension: None
- HEART RHYTHM
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm
- PACING/AICD
Cardiac pacer/AICD: None
Ventricular assist device: None
- RESPIRATORY
- RESPIRATORY EFFORT/PATTERN - -
Respirations even and unlabored: Yes
- - BREATH SOUNDS - -
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
- - OXYGEN THERAPY - -
Oxygen therapy: Present/Exists
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 2.000000
COUGH/SPUTUM -
Cough/sputum/secretions: None
EENT
EYE ABNORMALITIES -
Eye physical abnormalities or drainage: None
- EAR ABNORMALITIES
Ear physical abnormalities or drainage: None
NOSE ABNORMALITIES -
Nose physical abnormalities or drainage None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
MOUTH/THROAT ABNORMALITIES - -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
- - GASTROINTESTINAL -
Nausea: None
- VOMITING -
Vomiting/Dry heaving: None
- - ABDOMEN - -
Abdomen is soft, symmetrical, and non-tender: Yes
- BOWEL SOUNDS -
Bowel sounds normal active in all 4 quadrants: Yes
Passing flatus: Yes
- - STOOL -
Document stool: Normal for patient
GENITOURINARY -
- - URINE CHARACTERISTICS - -
Urine clear, yellow to amber in color: No
Characteristics obtained by: Visualization
Urine characteristics: Pink
Sediment
Continent of urine for developmental age without catheter: Yes
Abnormal urinary conditions: None
- - FISTULA/GRAFT - -
Fistula/graft present: No
- - ABNORMAL GENITALIA - -
Abnormal genitalia: None
- - URETHRAL DISCHARGE/LESIONS - -
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: None
- - SIGNS/SYMPTOMS - INJURY/TRAUMA - -
Signs or symptoms of recent injury or trauma: None
- - MUSCULOSKELETAL - -
Full range of motion appropriate for developmental age: No
- - GAIT -
Developmentally age appropriate gait: No
- AMBULATION -
Developmentally appropriate independent ambulation: No
PARESTHESIA
Paresthesia: None
ACUTE CONDITION
Musculoskeletal acute condition: None
TRACTION
Traction: None
- POSITIONING AIDS -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Positioning aids: Present/Exists
Positioning aids: Wedges
Speciality bed
Pillows
Contractures: None
- - INTEGUMENTARY - -
Skin condition: Warm and dry
- - SKIN COLOR - -
Color within expectations for ethnicity Yes
Skin turgor tenting less than 1 second: Yes
- - SKIN PIERCINGS - -
Skin piercings: None
- SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists
Skin alteration: - - Bruise Lateral Thigh left - -
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Red/moist/smooth/shallow
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: No staging necessary
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 2
Intact value score: 0

- - Bruise Posterior Arm right upper -
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Red/moist/smooth/shallow
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: No staging necessary
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 2
Intact value score: 0

- Procedural site Lateral Thigh left
Instance list status: Active
Related clinical factors: Procedure related
Tissue type-worst: Dressing intact/device
Document advanced wound measurements: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 0
Intact value score: 0
<Enc>
Document skin test monitor: No
- - VASCULAR - -
- - CAP REFILL DELAY - -
Capillary refill less than or equal to 3 seconds: Yes
- - PERIPHERAL PULSE - -
Pulses strong and equal bilaterally: Yes
- - CALF INSPECTION - -
Calves symmetrical and pain is absent with dorsiflexion: Yes
- - PERIPHERAL EDEMA - -
Peripheral edema: Present/Exists
Peripheral edema location 1: Leg
Peripheral edema location (L/R) 1: Left
Peripheral edema location (A/P) 1: Circumferential
Peripheral edema turgor description 1: Tight
Peripheral edema type 1: Pitting edema 3+
- - MECHANICAL PROPHYLAXIS - -
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee
Device applied to: Bilateral
- - PSYCHOSOCIAL -
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
- - MOOD AND BEHAVIOR - -
Mood, behavior appropriate for situation/developmental age: Yes
- - THOUGHT PROCESSES - -
Thought processes appropriate for developmental age: Yes
- - SPEECH - -
Speech coherent and conversational: Yes
- - VOCALIZATION - -
Speech/vocalization is appropriate for developmental age: Yes
- - MEMORY - -
Short term and long term memory appears intact: Yes
Able to comprehend and follow directions: Yes
- - BODY IMAGE DISTURBANCE - -
Body image disturbance: None
- - PARANOIA AND DELUSIONS - -
Paranoid ideation/delusions/hallucinations: None
220220 Safety/Risk/Regulatory + A CP
- Document 12/13/19 0800 AKC 12/13/19 1004 AKC
- - SAFETY/RISK/REGULATORY -
Isolation status: Standard precautions
- - SKIN RISK - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0800 (continued)

220220 Safety/Risk/Regulatory + (continued)
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: Yes
Existing wound: Yes
Skin integrity impairment risk: Yes
FALL RISK
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
SUICIDE
Assess suicide: Yes
Suicidal thoughts: None currently
Recent self harm/suicide attempt: No
Recent stressful event: No
Warning signs of acute risk: None
Additional warning signs: None
Factors that would prevent you from hurting yourself: None
Patient is at risk for suicide: No
SEVERE SEPSIS SCREENING
Assess sepsis: Yes
Temperature: No
Heart rate: Yes
Respirations: Yes
WBC results: 12/13/19 11.39 0420
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 2
Suspected/documented infection: Yes
Antibiotic therapy (not prophylaxis): Yes
Screening due to sepsis early warning alert/detection: Yes
If yes to 1 of the above, proceed to next section: 3
Respiratory: No
Cardiovascular: No
Renal: No
Metabolic: No
Hematologic: No
Hepatic: No
Central nervous system: No
If yes to 1 of the above, positive for severe sepsis: 0
Severe sepsis comment: PT IS ON ABX RX.MD AWARE.
220235 Pain Assessment + A CP
Document 12/13/19 0800 AKC 12/13/19 1004 AKC
PAIN ASSESSMENT
Patient goal for pain management: Mild pain 1

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 0800 (continued)

220235 Pain Assessment + (continued)
Pain scale utilized: Verbal numeric
Numeric pain scale Mild pain 2
Pain intensity: 2
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
220415 Routine Daily Care + A .on going CP
Document 12/13/19 0800 AKC 12/13/19 1006 AKC
DAILY CARE ROUTINE
Activity: Turn
Level of assistance: 2 person assist
Head of bed elevation: HOB 30 degrees
220420 Intake and Output + A CP
Document 12/13/19 0800 AKC 12/13/19 1536 AKC
INTAKE AND OUTPUT
ORAL INTAKE
Oral ml: 100
MEALS CONSUMED INTAKE
Meal: Breakfast
Amount taken: 25%
Oral nutritional supplement ml: 100
URINE
Urinary catheter ml: 80
220430 Teach/Educate + A CP
Document 12/13/19 0800 AKC 12/13/19 1006 AKC
PATIENT/FAMILY TEACHING
Primary learner: Patient
Other learner: Family
Barriers to communication/learning: Language barrier
Pain level
drowsiness
220700 Plan of Care+ A CP
Document 12/13/19 0800 AKC 12/13/19 1007 AKC
CARDIAC ALTERATION
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Cardiac alteration problem is: Stabilizing/Maintaining
MUSCULOSKELETAL ALTERATION
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Musculoskeletal alteration problem is: Stabilizing/Maintaining
SKIN INTEGRITY ALTERATION
Skin integrity alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Skin integrity alteration problem is: Stabilizing/Maintaining
ENDOCRINE ALTERATION
Endocrine alteration problem expected to: Improve/Resolve

Diagnosis/Problem/Outcome/Intervention/eval. Description
Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/13/19 Time: 0800 (continued)

220/00 Plan of Care+ (continued)
Target date: 12/16/19
Endocrine alteration problem is: Stabilizing/Maintaining
INFECTION ALTERATION
Infection alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Infection alteration problem is: Stabilizing/Maintaining
COMFORT ALTERATION
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Comfort alteration problem is: Stabilizing/Maintaining
PAIN PROBLEM
Pain problem expected to: Improve/Resolve
Target date: 12/16/19
Pain problem is: Stabilizing/Maintaining
TOILETING DEFICIT PROBLEM -
Toileting deficit problem expected to: Improve/Resolve
Target date: 12/16/19
Toileting deficit problem is: Stabilizing/Maintaining
- ANXIETY ALTERATION
Anxiety alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Anxiety alteration problem is: Stabilizing/Maintaining
FAMILY COPING IMPAIRMENT
Family coping impairment problem expected to: Improve/Resolve
Target date: 12/15/19
Family coping impairment problem is: Stabilizing/Maintaining
FAMILY PROCESSES ALTERATION
Family processes alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Family processes alteration problem is: Stabilizing/Maintaining
- BLEEDING RISK PROBLEM
Bleeding risk problem expected to: Improve/Resolve
Target date: 12/15/19
Bleeding risk problem is: Stabilizing/Maintaining
INJURY RISK PROBLEM -
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/16/19
Injury risk problem is: Stabilizing/Maintaining
HOME MAINTENANCE ALTERATION -
Home maintenance alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Home maintenance alteration problem is: Stabilizing/Maintaining
MAIN SCREEN SELECTIONS -
Physiological problem/alteration in: Cardiac
Musculoskeletal
Skin integrity
Endocrine

Diagnosis/Problem/Outcome/Intervention/eval. Description
Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/13/19 Time: 0800 (continued)

220/00 Plan of Care+ (continued)
Infection
Functional problem/alteration in: Comfort
Pain
Toileting
Psychological problem/alteration in: Anxiety
Family coping
Family processes
Health behavior problem/risk: Bleeding risk
Injury risk
Home maintenance

Activity Date: 12/13/19 Time: 0900

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 0900 AKC 12/13/19 1008 AKC
Pulse: 77
Respiratory rate: 21
SPO2 %: 97
Blood pressure: 103/58
Mean arterial pressure: 73

Activity Date: 12/13/19 Time: 1000

220411 Clinical Monitor Interface + A MO
Document 12/13/19 1000 AKC 12/13/19 1532 AKC
Pulse: 72
Respiratory rate: 19
SPO2 %: 97
Blood pressure: 87/51
Mean arterial pressure: 62
220417 Hygiene Care+ A PS
Document 12/13/19 1000 AKC 12/13/19 1534 AKC
HYGIENE CARE
Hygiene care provided: Limited assistance
Oral care provided. Limited assistance
220415 Routine Daily Care + A .on going CP
Document 12/13/19 1000 AKC 12/13/19 1534 AKC
DAILY CARE ROUTINE
Activity: Turn
Level of assistance: 2 person assist
Specialty bed: Low air loss
Head of bed elevation: HOB 30 degrees
220420 Intake and Output + A CP
- Document 12/13/19 1000 AKC 12/13/19 1536 AKC
- INTAKE AND OUTPUT
ORAL INTAKE
Oral ml: 100

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 1000 (continued)

220420 Intake and Output + (continued)
- - IV INTAKE
IV fluid 1: 0.9% normal saline
IV fluid 2: magnesium
IV fluid 3: HEPARIN
IV fluid 4: prbc
- - URINE - -
Urinary catheter ml: 70

Activity Date: 12/13/19 Time: 1007

Diagnosis/Problem: Family Coping Impairment A
Inadequate family response to problems or difficulties.
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Outcome: See Health Plan of Care A 12/20/19
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
220730 Family Coping Impairment A CP
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Diagnosis/Problem: Home Maintenance Alteration A
Inability to sustain a safe, healthy environment.
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Outcome: See Health Plan of Care A 12/20/19
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
220744 Home Maintenance Alteration A CP
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Diagnosis/Problem: Endocrine Alteration A
Change in or modification of internal secretions or hormones.
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Outcome: See Health Plan of Care A 12/20/19
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
220704 Endocrine Alteration A CP
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Diagnosis/Problem: Infection A
Contamination with disease producing germs
Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Outcome: See Health Plan of Care A 12/20/19
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
220753 Infection A CP
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Diagnosis/Problem: Family Process Alteration A
Change in or modification of usual functioning of a related group.
Create 12/13/19 1007 AKC 12/13/19 1007 AKC

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 1007

Outcome: See Health Plan of Care A 12/20/19
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
220731 Family Process Alteration A CP
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Diagnosis/Problem: Anxiety A
Feeling of distress or apprehension whose source is unknown.
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC
Outcome: See Health Plan of Care A 12/20/19
- Create 12/13/19 1007 AKC 12/13/19 1007 AKC

Activity Date: 12/13/19 Time: 1052

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 1052 AKC 12/13/19 1532 AKC
Pulse: 75
Respiratory rate: 21
SPO2 %: 98
Blood pressure: 99/55
Mean arterial pressure: 74

Activity Date: 12/13/19 Time: 1057

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 1057 AKC 12/13/19 1532 AKC
Pulse: 69
Respiratory rate: 21
SPO2 %: 98
Blood pressure: 101/60
Mean arterial pressure: 77

Activity Date: 12/13/19 Time: 1100

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 1100 AKC 12/13/19 1532 AKC
Pulse: 77
Respiratory rate: 30
SPO2 %: 98
Blood pressure: 108/61
Mean arterial pressure: 79

Activity Date: 12/13/19 Time: 1200

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 1200 AKC 12/13/19 1532 AKC
Pulse: 76
Respiratory rate: 28
SPO2 %: 98

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: N00101730890
Location: N.PCU
Room/Bed: N.A419-1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
CLINICAL DOCUMENTATION RECORD HPF

Printed 12/18/19 at 0417

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/13/19 Time: 1200 (continued)

220411 Clinical Monitor Interface + (continued)
Blood pressure: 111/59
Mean arterial pressure: 82
220417 Hygiene Care+ A PS
- Document 12/13/19 1200 AKC 12/13/19 1534 AKC
- - HYGIENE CARE - -
Hygiene care provided: Limited assistance
Oral care provided: Limited assistance
220410 Critical Care Flow Record + A CP
- Document 12/13/19 1200 AKC 12/13/19 1533 AKC
- - CRITICAL CARE FLOWSHEET - -
- VITAL SIGNS MAIN INPUT - -
Document vitals: Yes
Document vital signs: Yes
- - VITAL SIGNS - -
Temperature F: 98.5
Temperature source: Tympanic
BMI calculated: 29.2
- - GLASGOW COMA SCALE - -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 4
Motor response: 6
Glasgow coma score: 14 Mild
220415 Routine Daily Care + A .on going CP
- Document 12/13/19 1200 AKC 12/13/19 1534 AKC
- - DAILY CARE ROUTINE - -
Activity: Stand at bedside
Turn
Dangle
Level of assistance: 2 person assist
Head of bed elevation: HOB 45 degrees
220420 Intake and Output + A CP
- Document 12/13/19 1200 AKC 12/13/19 1536 AKC
- - INTAKE AND OUTPUT - -
- - ORAL INTAKE - -
Oral ml: 200
- - MEALS CONSUMED INTAKE - -
Meal: Lunch
Amount taken: 50%
Oral nutritional supplement ml: 200
- - URINE - -
Urinary catheter ml: 100

Activity Date: 12/13/19 Time: 1201

571030 PT: Physical Therapy Management+ A .per standard AS
- Create 12/13/19 1201 RV 12/13/19 1205 RV
- Document 12/13/19 1201 RV 12/13/19 1205 RV
<< PHYSICAL THERAPY PROGRESS NOTE >>
Date: 12/13/19
START STOP TOTAL
1ST TREATMENT SESSION: 1040
: 1120
: 0 Hr 40 Mins
Daily Treatment Total: 0 Hr 40 Mins
Charges Entered: THERAPEUTIC EXERCISE
TAX2
Patient Remarks: OK
Comments: PATIENT SUPINE IN BED.AGREED FOR PT.PAIN ON LEFT
LE 2/10.POST SESSION PAIN 3/10.NO MOVEMETNSNOTED
IN LEFT LE .NO ANKLE MOVEMENTS EITHER.TRIED SIT TO
STAND WITH TWO PERSON ASSIST .PATIENT WERE UNABLE
TO COMPLETE THE FUNCTION.ASSISTED BACK TO BED.
PREVIOUS TX LEVEL CURRENT TX LEVEL
Bed Mobility Training: Y
Scooting: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%
Rolling from side to side: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%
Bridging: 2-MAX ASST/PERFRM 25-50%
: 0-ACTIVITY DOES NOT OCCUR
Supine to sit: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%
Sit to supine: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%
Comments: USED TWO PERSON ASSIT FOR SAFETY
Wt Bearing Restrictions: Y
LLE: TOE TOUCH WEIGHT BEARING
PREVIOUS TX LEVEL CURRENT TX LEVEL
Transfers Training: Y
Sit<->Stand: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%
Bed<->Chair: 1-TOT ASST/PERFRM <25%
: 0-ACTIVITY DOES NOT OCCUR
Comments: ASSISTED BACK TO BED.PATIENT WERE UANBLE TO STAND
AND PIVOT TODAY.KNEE IMMOBILIZER IN PLACE.
PREVIOUS TX LEVEL CURRENT TX LEVEL
Gait Training/Locomotion? N
Assistance needed: 2-MAX ASST/PERFRM 25-50%
Assistive device: ROLLING WALKER
TTWB LLE DIFFICULTY
Distance: 2 PIVOT SIDESTEPS
Comments: UNABLE TO TAKE STEP TODAY.SEVER SWELLING ON LEFT

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 1201 (continued)

571030 PT: Physical Therapy Management+ (continued)
LE .NURSE AND TRAUMA TEAM AWARE.
PREVIOUS TX LEVEL CURRENT TX LEVEL
Stairs Management: N
# of Steps: 17
PREVIOUS TX LEVEL CURRENT TX LEVEL
Balance Training: Y
Sitting balance Static: FAIR
: Fair
Dynamic: FAIR
: Poor
Standing balance - Static: POOR
: Poor
Comments: TWO PERSON ASSIST .UNABLE TO MAINTAIN TTWB
RANGE OF MOTION:
All major extremity joints within functional limits? N
UE Deficit: WFL
LE Deficit: LLE W/ KNEE IMMOBILIZER
RLE WFL
Independent SLR: N
Therapeutic Exercises/Modalities: AAROM EXRS
TA
Document Interdisciplinary Education? Y
PT Assessment: PATIENT IS STILL EXTENSIVE ASSIST FOR ALL MOBILITY.NO LEFT LE MOVMENTS NOTED.KNEE IMMOBILIZE IN PLACE.TRIES SIT TO STAND.NEEDS FURTHER PT TREATMENT.
SHORT TERM GOALS:
The patient will:
1. MOD ASSIST W/ BED MOB<>EOB SITTING
Status: ONGOING
Time Frame: 12/18/19
2. IMPROVE TRANSFERS W/ MOD ASSIST 1 PERSON ASSIST W/ RW
Status: ONGOING
Time Frame: 12/18/19
3. IMPROVE AMBULATION MOD A W/ RW TTWB ON LLE > 5 FEET
Status: ONGOING
Time Frame: 12/18/19
4. IMPROVE STANDING BALANCE TO FAIR W/ RW
Status: ONGOING
Time Frame: 12/18/19
LONG TERM GOALS
The patient will:
1. N/A
Discharge Planning Recommendations: REHAB
G Code: N
Severity Modifier determined by Objective Clinical Findings
Plan: CONTINUE PLAN OF CARE

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 1201 (continued)

571030 PT: Physical Therapy Management+ (continued)
<< TEACHING & EDUCATION >>
Department: REHABILITATION SERVICES
Setting: BEDSIDE
Learner: PATIENT
DAUGHTER
Readiness to Learn: NEEDS ENCOURAGEMENT
Preferred Method: DEMONSTRATION
EXPLANATION
Barriers: MEDICAL CONDITION
Education Content:
Dx/Condition: L FEMUR FX S/P FALL
Procedure/Test: Occupational Therapy
Equipment: Walker
Hospital Care: Occupational Therapy
Home Care: Patient Safety
Fall Precautions
Strategies: DEMONSTRATION
EXPLANATION
Evaluation: NEEDS REINFORCEMENT
Community Resources/Referral: REHAB FACILITY

Activity Date: 12/13/19 Time: 1300

220411 Clinical Monitor Interface + A MO
Document 12/13/19 1300 AKC 12/13/19 1532 AKC
Pulse: 75
Respiratory rate: 23
SPO2 %: 95
Blood pressure: 92/53
Mean arterial pressure: 67

Activity Date: 12/13/19 Time: 1400

220411 Clinical Monitor Interface + A MO
Document 12/13/19 1400 AKC 12/13/19 1532 AKC
Pulse: 72
Respiratory rate: 22
SPO2 %: 94
Blood pressure: 89/54
Mean arterial pressure: 66
220417 Hygiene Care+ A PS
Document 12/13/19 1400 AKC 12/13/19 1534 AKC
HYGIENE CARE
Hygiene care provided: Limited assistance
Oral care provided Limited assistance

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/13/19 Time: 1400

220415 Routine Daily Care + A .on going CP
Document 12/13/19 1400 AKC 12/13/19 1534 AKC
- - DAILY CARE ROUTINE -
Activity: Bedrest
Level of assistance: 2 person assist
Head of bed elevation: HOB 45 degrees
220420 Intake and Output + A CP
- Document 12/13/19 1400 AKC 12/13/19 1536 AKC
- INTAKE AND OUTPUT -
ORAL INTAKE
Oral ml: 100
URINE
Urinary catheter ml: 80

Activity Date: 12/13/19 Time: 1500

220411 Clinical Monitor Interface + A MO
Document 12/13/19 1500 AKC 12/13/19 1532 AKC
Pulse: 74
Respiratory rate: 24
SPO2 %: 98
Blood pressure: 105/57
Mean arterial pressure: 77

Activity Date: 12/13/19 Time: 1532

Patient Notes: NURSE NOTES *
- Create 12/13/19 1532 AKC 12/13/19 1532 AKC
Abnormal? N Confidential? N
PT'S MENTAL STATUS CHANGED.INFORMED DR.GRAY.MD NEW ORDER GIVEN.
Note Type Description
No Type None

Activity Date: 12/13/19 Time: 1537

220220 Safety/Risk/Regulatory + A CP
- Document 12/13/19 1537 AKC 12/13/19 1538 AKC
- - SAFETY/RISK/REGULATORY
Isolation status: Standard precautions
- SEVERE SEPSIS SCREENING - -
Assess sepsis: Yes
Temperature: No
Heart rate: No
Respirations: Yes
WBC results: 12/13/19 11.39 0420
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 1

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/13/19 Time: 1537 (continued)

220220 Safety/Risk/Regulatory + (continued)
Severe sepsis comment: PT IS ON ABX RX.RX FINISHED.MD AWARE.

Activity Date: 12/13/19 Time: 1600

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 1600 AKC 12/13/19 1758 AKC
Pulse: 74
Respiratory rate: 23
SPO2 %: 97
Blood pressure: 101/55
Mean arterial pressure: 75
220417 Hygiene Care+ A PS
- Document 12/13/19 1600 AKC 12/13/19 1759 AKC
- HYGIENE CARE - -
Chlorhexidine gluconate (CHG) used for bath: Yes, CHG bath given
Hygiene care provided: Extensive, 2+ person asst
Perineal care provided: Extensive, 1 person asst
Oral care provided: Extensive, 1 person asst
Chlorhexidine gluconate (CHG) used for oral care: Yes, CHG oral swabs used
220410 Critical Care Flow Record + A CP
- Document 12/13/19 1600 AKC 12/13/19 1759 AKC
- - CRITICAL CARE FLOWSHEET - -
- - VITAL SIGNS MAIN INPUT - -
Document vitals: Yes
Document vital signs: Yes
- - VITAL SIGNS - -
Temperature F: 98.0
Temperature source: Tympanic
BMI calculated: 29.2
- - GLASGOW COMA SCALE -
Document Glasgow coma scale: Yes
Eye opening 4
Verbal response: 4
Motor response: 6
Glasgow coma score: 14 Mild
220415 Routine Daily Care + A .on going CP
- Document 12/13/19 1600 AKC 12/13/19 1759 AKC
- - DAILY CARE ROUTINE
Activity: Turn
Level of assistance: 2 person assist
Head of bed elevation: HOB 30 degrees
220420 Intake and Output + A CP
- Document 12/13/19 1600 AKC 12/13/19 1800 AKC
- - INTAKE AND OUTPUT - -
- ORAL INTAKE
Oral ml: 100
- - URINE -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 1600 (continued)

220420 Intake and Output + (continued)
Urinary catheter ml: 60

Activity Date: 12/13/19 Time: 1632

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 1632 AKC 12/13/19 1758 AKC
Pulse: 78
Respiratory rate: 25
SPO2 %: 95
Blood pressure: 115/58
Mean arterial pressure: 79

Activity Date: 12/13/19 Time: 1700

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 1700 AKC 12/13/19 1758 AKC
Pulse: 79
Respiratory rate: 27
SPO2 %: 97
Blood pressure: 115/60
Mean arterial pressure: 82

Activity Date: 12/13/19 Time: 1758

Patient Notes: NURSE NOTES *
- Create 12/13/19 1758 AKC 12/13/19 1758 AKC
Abnormal? N Confidential? N
SX DRSG CHANGED.
Note Type Description
No Type None

Activity Date: 12/13/19 Time: 1759

220420 Intake and Output + A CP
- Document 12/13/19 1759 AKC 12/13/19 1800 AKC
- - INTAKE AND OUTPUT - -
- ORAL INTAKE
Oral ml: 100
- MEALS CONSUMED INTAKE
Meal: Dinner
Amount taken: 50%
Oral nutritional supplement ml: 100
- - URINE
Urinary catheter ml: 50

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 1800

220210 Admission/Shift Assessment + A CP
Document 12/13/19 1800 AKC 12/13/19 1802 AKC
- - BODY SYSTEM ASSESSMENT - -
Choose body systems to document: Integumentary
INTEGUMENTARY - -
Skin condition: Warm and dry
- SKIN COLOR
Color within expectations for ethnicity: Yes
Skin turgor tenting less than 1 second: Yes
SKIN PIERCINGS - -
Skin piercings: None
SKIN ALTERATION -
Skin alteration/Procedure site: Present/Exists
Skin alteration: - - Blister Posterior Thigh left -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type-worst: Red/moist/smooth/shallow
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: Partial Thickness
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 2
Intact value score: 0
- Procedural site lateral Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type-worst: Dressing intact/device
Skin alteration details: Hard
Wound edges: Approximated
Staples/sutures: Sutures intact
Wound exudate amount/type: Large amount, Serosanguineous
Date of last dressing change: 12/13/19
Time of last dressing change: 1700
Dressing/reinforcement type: Abd pad/dressing
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 0
Intact value score: 0
<End>
Document skin test monitor: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 1900

220411 Clinical Monitor Interface + A MO
Document 12/13/19 1900 GV 12/13/19 2006 GV
Pulse: 89
Respiratory rate: 25
SPO2 %: 97
Blood pressure: 114/65
Mean arterial pressure: 84

Activity Date: 12/13/19 Time: 1958

220411 Clinical Monitor Interface + A MO
Document 12/13/19 1958 GV 12/13/19 2006 GV
Pulse: 83
Respiratory rate: 27
SPO2 %: 94

Activity Date: 12/13/19 Time: 2000

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 2000 GV 12/13/19 2303 GV
Pulse: 84
Respiratory rate: 27
SPO2 %: 94
Blood pressure: 114/58
Mean arterial pressure: 80
220410 Critical Care Flow Record + A CP
- Document 12/13/19 2000 GV 12/13/19 2006 GV
CRITICAL CARE FLOWSHEET
VITAL SIGNS MAIN INPUT
Document vitals: Yes
Document vital signs: Yes
VITAL SIGNS -
Temperature F: 98.8
Temperature source: Temporal
BMI calculated: 29.2
LINES DRAINS AND AIRWAYS
Document lines, drains and airways: Yes
- IV - -
IV type: Venous Left Forearm anterior 18 g Inserted 12/10/19 0430
Instance list status: Active
IV/IO/Subcutaneous line status Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
- -
Venous Right Forearm anterior 20 g Inserted 12/10/19 0430
Instance list status: Active
IV/IO/Subcutaneous line status Monitor

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 2000 (continued)

220410 Critical Care Flow Record + (continued)
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
220210 Admission/Shift Assessment + A CP
- Document 12/13/19 2000 GV 12/13/19 2004 GV
- - BODY SYSTEM ASSESSMENT
- - NEUROLOGICAL ASSESSMENT
- RASS/LOC
Alert and oriented: Yes
GLASGOW COMA SCORE
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
FACIAL SYMMETRY
Facial symmetry: Intact
PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
TONGUE
Tongue: Midline
VOCALIZATION
Vocalization: Appropriate
REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Moves against resistance
Weak
Leg right motor strength: Moves against gravity
Moves against resistance
GAIT/BALANCE - -
Gait, strength, balance: Generalized weakness
Non ambulatory
General weakness: None
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
SEIZURE ACTIVITY
Current seizure activity: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Nuchal rigidity: No
- - CARDIOVASCULAR ASSESSMENT - -
- - HEART SOUNDS/MURMUR - -
Heart sounds normal (S1,S2): Yes
- - JUGULAR DISTENTION - -
Jugular distension: None
- - HEART RHYTHM - -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm
- - PACING/AICD - -
Cardiac pacer/AICD: None
Ventricular assist device: None
- - RESPIRATORY - -
- - RESPIRATORY EFFORT/PATTERN - -
Respirations even and unlabored: Yes
- - BREATH SOUNDS - -
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
- - OXYGEN THERAPY - -
Oxygen therapy: Present/Exists
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 2.000000
- - COUGH/SPUTUM - -
Cough/sputum/secretions: None
- - EENT - -
- - EYE ABNORMALITIES - -
Eye physical abnormalities or drainage: None
- - EAR ABNORMALITIES - -
Ear physical abnormalities or drainage: None
- - NOSE ABNORMALITIES - -
Nose physical abnormalities or drainage: None
- - MOUTH/THROAT ABNORMALITIES - -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
- - GASTROINTESTINAL - -
Nausea: None
- - VOMITING - -
Vomiting/Dry heaving: None
- - ABDOMEN - -
Abdomen is soft, symmetrical, and non-tender: Yes
- - BOWEL SOUNDS - -
Bowel sounds normal-active in all 4 quadrants: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Passing flatus: Yes
- - STOOL - -
Document stool: Normal for patient
- - GENITOURINARY - -
- - URINE CHARACTERISTICS - -
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: Yes
Abnormal urinary conditions: None
- - FISTULA/GRAFT - -
Fistula/graft present: No
ABNORMAL GENITALIA - -
Abnormal genitalia: None
- - URETHRAL DISCHARGE/LESIONS - -
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: None
- - SIGNS/SYMPTOMS - INJURY/TRAUMA - -
Signs or symptoms of recent injury or trauma: None
- - MUSCULOSKELETAL - -
Full range of motion appropriate for developmental age: No
- - GAIT -
Developmentally age appropriate gait: No
Gait impairment: Bed bound
Weakness
- - AMBULATION - -
Developmentally appropriate independent ambulation: No
Ambulation: Non-ambulatory
- - PARESTHESIA - -
Paresthesia: None
- - ACUTE CONDITION - -
Musculoskeletal acute condition: None
- - TRACTION - -
Traction: None
- - POSITIONING AIDS - -
Positioning aids: Present/Exists
Positioning aids: Pillows
Wedges
Contractures: None
- - INTEGUMENTARY - -
Skin condition: Warm and dry
- - SKIN COLOR - -
Color within expectations for ethnicity: Yes
Skin turgor-tenting less than 1 second: Yes
- - SKIN PIERCINGS - -
Skin piercings: None
- - SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Skin alteration: Blister Posterior Thigh left
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable Yes
Any open areas: No
Altered level/stage: Superficial
Wound edges: Approximated
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0

Bruise Lateral Thigh left
Instance list status: Active
Related clinical factors: Trauma related
Tissue type worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable Yes
Any open areas: No
Altered level/stage: No staging necessary
Wound edges: Approximated
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0

Bruise Posterior Arm right upper
Instance list status: Active
Related clinical factors: Trauma related
Tissue type worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable Yes
Any open areas: No
Altered level/stage: No staging necessary
Wound edges: Approximated
Wound exudate amount/type: None
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0

Procedural site Lateral Thigh left

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: Superficial
Wound edges: Approximated
Staples/sutures: Staples intact
Wound exudate amount/type: Serosanguineous
Date of last dressing change: 12/13/19
Time of last dressing change: 1700
Cleansed/applied: Normal saline
Dressing/reinforcement type: Adhesive wound dressing, Gauze
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0
<End>
Document skin test monitor: No
VASCULAR
CAP REFILL DELAY
Capillary refill less than or equal to 3 seconds: Yes
PERIPHERAL PULSE
Pulses strong and equal bilaterally: Yes
CALF INSPECTION
Calves symmetrical and pain is absent with dorsiflexion. Yes
PERIPHERAL EDEMA
Peripheral edema: None
MECHANICAL PROPHYLAXIS
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp knee
Device applied to: Bilateral
PSYCHOSOCIAL
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
MOOD AND BEHAVIOR
Mood, behavior appropriate for situation/developmental age: Yes
THOUGHT PROCESSES
Thought processes appropriate for developmental age: Yes
SPEECH
Speech coherent and conversational: Yes
VOCALIZATION
Speech/vocalization is appropriate for developmental age: Yes
MEMORY

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Short term and long term memory appears intact: Yes
Able to comprehend and follow directions: Yes
- - BODY IMAGE DISTURBANCE
Body image disturbance: None
PARANOIA AND DELUSIONS -
Paranoid ideation/delusions/hallucinations: None
Document 12/13/19 2000 GV 12/14/19 0708 GV
BODY SYSTEM ASSESSMENT
Choose body systems to document: Integumentary
- - INTEGUMENTARY - -
SKIN ALTERATION -
Skin alteration/Procedure site: Present/Exists
Skin alteration: Other hematoma Anterior Scrotum bilateral
Instance list status: Active
Related clinical factors: Trauma related
Tissue type worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable Yes
Any open areas: No
Altered level/stage: Superficial
Wound edges: Approximated
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0
--- ------ - ------ --- -
Other redness Posterior Coccyx
Instance list status: Active
Related clinical factors: Moisture related, Trauma related
Tissue type worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable Yes
Any open areas: No
Altered level/stage: Superficial
Dressing/reinforcement type: Adhesive wound dressing
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0
<End>

220220 Safety/Risk/Regulatory + A CP
- Document 12/13/19 2000 GV 12/13/19 2005 GV
- SAFETY/RISK/REGULATORY
Isolation status: Standard precautions
SKIN RISK

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/13/19 Time: 2000 (continued)

220220 Safety/Risk/Regulatory + (continued)
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: Yes
Existing wound: Yes
Skin integrity impairment risk: Yes
FALL RISK
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
SEVERE SEPSIS SCREENING
Assess sepsis: Yes
Temperature: No
Heart rate: No
Respirations: Yes
WBC results: 12/13/19 11.39 0420
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 1

220235 Pain Assessment + A CP
- Document 12/13/19 2000 GV 12/13/19 2005 GV
- PAIN ASSESSMENT - -
Patient goal for pain management: Mild pain 1
Pain scale utilized: Verbal numeric
Numeric pain scale: No pain-0
Pain intensity: 0
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
Exacerbating factors for pain: Mobility
Position

220415 Routine Daily Care + A .on going CP
- Document 12/13/19 2000 GV 12/13/19 2007 GV
- DAILY CARE ROUTINE - -
Activity: Turn
Bedrest
Level of assistance: 1 person assist
Specialty bed: Low air loss
Head of bed elevation: HOB 30 degrees
Transport method: Bed

220430 Teach/Educate + A CP
- Document 12/13/19 2000 GV 12/13/19 2008 GV
- PATIENT/FAMILY TEACHING
Primary learner: Patient
Other learner: Family

Diagnosis/Problem/Outcome/Intervention/eval. Description — Sts Directions — From
Activity Type | Occurred Date Time by | Recorded Date Time by | Comment | Documented Units | Change

Activity Date: 12/13/19 Time: 2000 (continued)

220430 Teach/Educate + (continued)
Barriers to communication/learning: Language barrier
Pain level
drowsiness
Primary learners preferred spoken language: ENG ENGLISH
Physiological topics: Cardiac care
Infection education
Oxygen therapy
Vital signs
Functional topics: ADLs
Bedbound care
Person(s) educated: Patient
Family
Readiness to learn: Asks questions
Cooperative
Method of education: Verbal discussion
Responsiveness to learning: Verbalized understanding
Demonstrate understanding
Cardiac Topics: Cardiac care
Physical regulation topics: Infection control
Vital signs
Respiratory Topics: Oxygen therapy
Activity topics: Bedbound care
Self care topics: ADLs
220700 Plan of Care+ A CP
Document 12/13/19 2000 GV 12/13/19 2008 GV
CARDIAC ALTERATION
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Cardiac alteration problem is: Improving/Resolving
MUSCULOSKELETAL ALTERATION
Musculoskeletal alteration problem expected to Improve/Resolve
Target date: 12/15/19
Musculoskeletal alteration problem is: Improving/Resolving
SKIN INTEGRITY ALTERATION
Skin integrity alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Skin integrity alteration problem is: Improving/Resolving
ENDOCRINE ALTERATION
Endocrine alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Endocrine alteration problem is: Improving/Resolving
INFECTION ALTERATION
Infection alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Infection alteration problem is: Improving/Resolving
COMFORT ALTERATION
Comfort alteration problem expected to: Improve/Resolve

Diagnosis/Problem/Outcome/Intervention/eval. Description — Sts Directions — From
Activity Type | Occurred Date Time by | Recorded Date Time by | Comment | Documented Units | Change

Activity Date: 12/13/19 Time: 2000 (continued)

220700 Plan of Care+ (continued)
Target date 12/16/19
Comfort alteration problem is: Improving/Resolving
PAIN PROBLEM
Pain problem expected to: Improve/Resolve
Target date 12/16/19
Pain problem is: Improving/Resolving
TOILETING DEFICIT PROBLEM
Toileting deficit problem expected to: Improve/Resolve
Target date 12/16/19
Toileting deficit problem is: Improving/Resolving
ANXIETY ALTERATION
Anxiety alteration problem expected to: Improve/Resolve
Target date 12/16/19
Anxiety alteration problem is: Improving/Resolving
FAMILY COPING IMPAIRMENT
Family coping impairment problem expected to: Improve/Resolve
Target date 12/15/19
Family coping impairment problem is: Improving/Resolving
FAMILY PROCESSES ALTERATION
Family processes alteration problem expected to: Improve/Resolve
Target date 12/15/19
Family processes alteration problem is: Improving/Resolving
BLEEDING RISK PROBLEM
Bleeding risk problem expected to: Improve/Resolve
Target date 12/15/19
Bleeding risk problem is: Improving/Resolving
INJURY RISK PROBLEM
Injury risk problem expected to: Stabilize/Maintain
Target date 12/16/19
Injury risk problem is: Improving/Resolving
HOME MAINTENANCE ALTERATION
Home maintenance alteration problem expected to: Improve/Resolve
Target date 12/16/19
Home maintenance alteration problem is: Improving/Resolving
MAIN SCREEN SELECTIONS
Physiological problem/alteration in: Cardiac
Endocrine
Infection
Musculoskeletal
Skin integrity
Functional problem/alteration in: Comfort
Pain
Toileting
Psychological problem/alteration in: Anxiety
Family coping
Family processes
Health behavior problem/risk: Bleeding risk

Diagnosis/Problem/Outcome/Intervention/eval. Description
Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/13/19 Time: 2000 (continued)

220700 Plan of Care+ (continued)
Home maintenance
Injury risk

Activity Date: 12/13/19 Time: 2007

Patient Notes: PT ADVOCATE/CHAPLAIN NOTES *
- Create 12/13/19 2007 RD 12/13/19 2007 RD
Abnormal? N Confidential? N
Chaplain visited Patient. prayed at bedside.
Note Type Description
No Type None

Activity Date: 12/13/19 Time: 2100

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 2100 GV 12/13/19 2303 GV
Pulse: 89
Respiratory rate: 28
SPO2 %: 93
Blood pressure: 115/60
Mean arterial pressure: 81

Activity Date: 12/13/19 Time: 2200

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 2200 GV 12/13/19 2303 GV
Pulse: 92
Respiratory rate: 29
SPO2 %: 93
Blood pressure: 114/62
Mean arterial pressure: 83
220400 Vitals/Ht/ Wt/ Measurements + A CP
- Document 12/13/19 2200 GV 12/13/19 2302 GV
- - VITAL SIGNS - -
Document vital signs: Yes
Temperature F: 100.2
Temperature source: Temporal
- - HEIGHT/WEIGHT - -
BMI calculated: 29.2

Activity Date: 12/13/19 Time: 2230

220210 Admission/Shift Assessment + A CP
- Document 12/13/19 2230 GV 12/13/19 2305 GV
- - BODY SYSTEM ASSESSMENT -
Choose body systems to document: Integumentary
- INTEGUMENTARY - -

Activity Date: 12/13/19 Time: 2230 (continued)

220210 Admission/Shift Assessment + (continued)
- - SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists
Skin alteration: - - Procedural site Lateral Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type-worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: Superficial
Wound edges: Approximated
Staples/sutures: Staples intact
Wound exudate amount/type: Serosanguineous
Date of last dressing change: 12/13/19
Time of last dressing change: 2230
Dressing/reinforcement type: Gauze, Adhesive wound dressing
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0
<End>

Activity Date: 12/13/19 Time: 2258

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 2258 GV 12/13/19 2303 GV
Pulse: 87
Respiratory rate: 28
SPO2 %: 95

Activity Date: 12/13/19 Time: 2300

220411 Clinical Monitor Interface + A MO
- Document 12/13/19 2300 GV 12/14/19 0432 GV
Pulse: 87
Respiratory rate: 29
SPO2 %: 95
Blood pressure: 124/66
Mean arterial pressure: 89
220420 Intake and Output + A CP
- Document 12/13/19 2300 GV 12/13/19 2303 GV
- - INTAKE AND OUTPUT - -
- - ORAL INTAKE - -
Oral ml: 50
- URINE -
Number of times incontinent urine: 1

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/13/19 Time: 2313									
Outcome: Standard for Critical Care							A	12/20/19	
- Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
Outcome: See Health Plan of Care							A	12/20/19	
- Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
- Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
- Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
- Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
- Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
Outcome: Standard for Facility							A	12/20/19	
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
Outcome: See Health Plan of Care							A	12/20/19	
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
- Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
- Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
- Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
- Ed Target	12/13/19	2313	MLH	12/13/19	2313	MLH		None => 12/20/19	
Activity Date: 12/14/19 Time: 0000									
220411 Clinical Monitor Interface +							A		MO
- Document	12/14/19	0000	GV	12/14/19	0432	GV			
Pulse: 87									
Respiratory rate: 25									
SPO2 %: 93									
Blood pressure: 94/53									
Mean arterial pressure: 67									
220400 Vitals/Ht/ Wt/ Measurements +							A		CP
- Document	12/14/19	0000	GV	12/14/19	0432	GV			
VITAL SIGNS -									
Document vital signs: Yes									
Temperature F: 99.2									
Temperature source: Temporal									
HEIGHT/WEIGHT -									
BMI calculated: 29.2									
220415 Routine Daily Care +							A	.on going	CP
- Document	12/14/19	0000	GV	12/14/19	0433	GV			
- DAILY CARE ROUTINE - -									
Activity: Turn									
Bedrest									
Level of assistance: 2 person assist									
Specialty bed: Low air loss									
Head of bed elevation: HOB 30 degrees									
Transport method: Bed									
Activity Date: 12/14/19 Time: 0000									
220420 Intake and Output +							A		CP
Document	12/14/19	0000	GV	12/14/19	0434	GV			
- INTAKE AND OUTPUT									
ORAL INTAKE - -									
Oral ml: 50									
Activity Date: 12/14/19 Time: 0100									
220411 Clinical Monitor Interface +							A		MO
Document	12/14/19	0100	GV	12/14/19	0432	GV			
Pulse: 83									
Respiratory rate: 24									
SPO2 %: 92									
Blood pressure: 100/56									
Mean arterial pressure: 72									
Activity Date: 12/14/19 Time: 0200									
220411 Clinical Monitor Interface +							A		MO
- Document	12/14/19	0200	GV	12/14/19	0432	GV			
Pulse: 81									
Respiratory rate: 23									
SPO2 %: 94									
Blood pressure: 102/59									
Mean arterial pressure: 75									
220420 Intake and Output +							A		CP
- Document	12/14/19	0200	GV	12/14/19	0434	GV			
INTAKE AND OUTPUT -									
- URINE									
Void ml: 300									
Activity Date: 12/14/19 Time: 0300									
220411 Clinical Monitor Interface +							A		MO
- Document	12/14/19	0300	GV	12/14/19	0432	GV			
Pulse: 83									
Respiratory rate: 22									
SPO2 %: 92									
Blood pressure: 101/59									
Mean arterial pressure: 76									
Activity Date: 12/14/19 Time: 0400									
220411 Clinical Monitor Interface +							A		MO
- Document	12/14/19	0400	GV	12/14/19	0432	GV			
Pulse: 81									
Respiratory rate: 22									
SPO2 %: 93									

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/14/19 Time: 0400 (continued)

220411 Clinical Monitor Interface + (continued)
Blood pressure: 106/57
Mean arterial pressure: 76
220400 Vitals/Ht/ Wt/ Measurements + A CP
- Document 12/14/19 0400 GV 12/14/19 0649 GV
- VITAL SIGNS -
Document vital signs: Yes
Temperature F: 99.0
Temperature source: Temporal
- HEIGHT/WEIGHT
BMI calculated: 29.2

Activity Date: 12/14/19 Time: 0431

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 0431 GV 12/14/19 0432 GV
Pulse: 81
Respiratory rate: 23
SPO2 %: 94

Activity Date: 12/14/19 Time: 0500

220411 Clinical Monitor Interface + A MO
Document 12/14/19 0500 GV 12/14/19 0649 GV
Pulse: 81
Respiratory rate: 22
SPO2 %: 94
Blood pressure: 107/59
Mean arterial pressure: 76

Activity Date: 12/14/19 Time: 0600

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 0600 GV 12/14/19 0649 GV
Pulse: 83
Respiratory rate: 20
SPO2 %: 97
Blood pressure: 120/74
Mean arterial pressure: 92
220417 Hygiene Care+ A PS
- Document 12/14/19 0600 GV 12/14/19 0650 GV
- HYGIENE CARE -
Chlorhexidine gluconate (CHG) used for bath: Yes, CHG bath given
Hygiene care provided: Total dependence
Perineal care provided: Total dependence
Oral care provided: Total dependence
Chlorhexidine gluconate (CHG) used for oral care: Yes, CHG oral swabs used

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/14/19 Time: 0600

220210 Admission/Shift Assessment + A CP
- Document 12/14/19 0600 GV 12/14/19 0649 GV
- BODY SYSTEM ASSESSMENT
Choose body systems to document: Neurological
- NEUROLOGICAL ASSESSMENT - -
- RASS/LOC - -
Alert and oriented: Yes
- GLASGOW COMA SCORE - -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
- FACIAL SYMMETRY -
Facial symmetry: Intact
PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
- TONGUE - -
Tongue: Midline
VOCALIZATION - -
Vocalization: Appropriate
- REFLEXES -
Reflexes present and appropriate: Yes
- UPPER EXTREMITY -
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Moves against resistance
Leg right motor strength: Moves against gravity
Moves against resistance
GAIT/BALANCE - -
Gait, strength, balance: Non-ambulatory
Generalized weakness
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
Document 12/14/19 0600 GV 12/14/19 0708 GV
- BODY SYSTEM ASSESSMENT - -
Choose body systems to document: Integumentary
- INTEGUMENTARY - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 0600 (continued)

220210 Admission/Shift Assessment + (continued)
- - SKIN ALTERATION -
Skin alteration/Procedure site: Present/Exists
Skin alteration: - - Procedural site Lateral Thigh left
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: Superficial
Wound edges: Approximated
Staples/sutures: Staples intact
Wound exudate amount/type: Serosanguineous
Date of last dressing change: 12/14/19
Time of last dressing change: 0600
Dressing/reinforcement type: Adhesive wound dressing, Gauze
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0
<End>

220415 Routine Daily Care + A .on going CP
- Document 12/14/19 0600 GV 12/14/19 0650 GV
- - DAILY CARE ROUTINE - -
Activity: Turn
Bedrest
Level of assistance: 2 person assist
Specialty bed: low air loss
Head of bed elevation: HOB 30 degrees
Transport method: Bed

220420 Intake and Output + A CP
- Document 12/14/19 0600 GV 12/14/19 0650 GV
- - INTAKE AND OUTPUT - -
- - ORAL INTAKE - -
Oral ml: 100
- - URINE - -
Void ml: 350

Activity Date: 12/14/19 Time: 0648

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 0648 GV 12/14/19 0649 GV
Pulse: 90
Respiratory rate: 24
SPO2 %: 95

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 0700

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 0700 SKL 12/14/19 0833 SKL
Pulse: 91
Respiratory rate: 23
SPO2 %: 96
Blood pressure: 121/61
Mean arterial pressure: 85
Patient Notes: NURSE NOTES *
- Create 12/14/19 0700 SKL 12/14/19 0836 SKL
Abnormal? N Confidential? N
RECEIVED REPORT FROM NIGHT RN. GCS 14. LLE IS SWOLLEN, AND IMMOBILISER INSITU.
FAMILY AT THE BEDSIDE.
Note Type Description
No Type None

Activity Date: 12/14/19 Time: 0800

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 0800 SKL 12/14/19 0833 SKL
Pulse: 100
Respiratory rate: 25
SPO2 %: 95
Blood pressure: 107/56
Mean arterial pressure: 75

220417 Hygiene Care+ A PS
- Document 12/14/19 0800 SKL 12/14/19 0858 SKL
- - HYGIENE CARE - -
Oral care provided: Total dependence

220410 Critical Care Flow Record + A CP
- Document 12/14/19 0800 SKL 12/14/19 0857 SKL
- - CRITICAL CARE FLOWSHEET - -
- - VITAL SIGNS MAIN INPUT -
Document vitals: Yes
Document vital signs: Yes
- - VITAL SIGNS - -
Temperature F: 99.1
Temperature source: Temporal
BMI calculated: 29.2
- - GLASGOW COMA SCALE - -
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 4
Motor response: 6
Glasgow coma score: 14 Mild
- - RASS - -
Document Rass/Cam ICU: Yes
Upon observation, select best response describing patient: Alert and calm
RASS/LOC score: 0 0 Alert and calm

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 0800 (continued)

220410 Critical Care Flow Record + (continued)
- - CAM ICU - -
Acute change/flux mental status: Unable to determine
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
Oral ml: 360
- - MEALS CONSUMED INTAKE - -
Meal: Breakfast
Amount taken: 50%
- - LINES DRAINS AND AIRWAYS - -
Document lines, drains and airways: Yes
- - IV - -
IV type: - - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Occlusive
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes

- - Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Occlusive
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
- - URINARY CATHETER - -
Urinary catheter type: External/condom
Insertion/applied date: 12/12/19
Insertion/applied time: 0200
Urinary catheter status: Monitor
Urinary catheter complications encountered: None
220210 Admission/Shift Assessment + A CP
- Document 12/14/19 0800 SKL 12/14/19 0852 SKL
- - BODY SYSTEM ASSESSMENT - -
- - NEUROLOGICAL ASSESSMENT - -
- - RASS/LOC - -
Alert and oriented: No
Oriented to: Person
Place
Enter/Edit RASS/Cam: Yes
Upon observation, select best response describing patient: Alert and calm
RASS/LOC score: 0 0 Alert and calm
Acute change/flux mental status: Unable to determine
Response to stimulation: Responds to noise
Responds to pain
Lethargic
- - GLASGOW COMA SCORE - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 4
Motor response: 6
Glasgow coma score: 14 Mild
- - FACIAL SYMMETRY - -
Facial symmetry: Intact
- - PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
- - TONGUE - -
Tongue: Midline
- - VOCALIZATION - -
Vocalization: Appropriate
- - REFLEXES - -
Reflexes present and appropriate: Yes
- - UPPER EXTREMITY - -
Upper extremities equal and strong bilaterally: No
Arm left motor strength: Weak
Moves against resistance
Arm right motor strength: Weak
Moves against resistance
Hand left motor strength: Weak
Moves against resistance
Hand right motor strength: Weak
Moves not against gravity
- - LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Moves not against gravity
Leg right motor strength: Weak
Moves against resistance
Foot left motor strength: Weak
Foot right motor strength: Weak
- - GAIT/BALANCE - -
Gait, strength, balance: Non-ambulatory
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- - NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- - PUPILLOMETER - -
Document Pupillometry: Yes
Left pupil NPI: 4.10

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Left pupillary size in mm: 4.01
Right pupil NPI: 4.50
Right pupillary size in mm: 3.99
NPI difference: 0.40
Pupil size difference: 0.02
- CARDIOVASCULAR ASSESSMENT - -
- - HEART SOUNDS/MURMUR - -
Heart sounds normal (S1,S2): Yes
- JUGULAR DISTENTION - -
Jugular distension: None
HEART RHYTHM - -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm
- - PACING/AICD - -
Cardiac pacer/AICD: None
Ventricular assist device: None
- - RESPIRATORY - -
- - RESPIRATORY EFFORT/PATTERN -
Respirations even and unlabored: Yes
- - BREATH SOUNDS - -
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
- OXYGEN THERAPY - -
Oxygen therapy: None
- COUGH/SPUTUM
Cough/sputum/secretions: None
- - EENT - -
- - EYE ABNORMALITIES -
Eye physical abnormalities or drainage: None
- - EAR ABNORMALITIES - -
Ear physical abnormalities or drainage: None
- - NOSE ABNORMALITIES - -
Nose physical abnormalities or drainage None
- - MOUTH/THROAT ABNORMALITIES -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
- - GASTROINTESTINAL - -
Nausea: None
- VOMITING - -
Vomiting/Dry heaving: None
- ABDOMEN - -
Abdomen is soft, symmetrical, and non-tender: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
- - BOWEL SOUNDS -
Bowel sounds normal-active in all 4 quadrants: Yes
Passing flatus: Yes
- - STOOL -
Document stool: Abnormal for patient
Number of liquid stools: 0
Constipation: Perceived
WBC results: 12/14/19 8.55 0545
Risk factors for C.diff: None
Criteria met for C.diff: No
- - GENITOURINARY
- URINE CHARACTERISTICS - -
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: No
Abnormal urinary conditions: Incontinence
- - FISTULA/GRAFT - -
Fistula/graft present: No
- ABNORMAL GENITALIA - -
Abnormal genitalia: None
- - URETHRAL DISCHARGE/LESIONS - -
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: Present/Exists
- - SIGNS/SYMPTOMS INJURY/TRAUMA - -
Signs or symptoms of recent injury or trauma: None
- - MUSCULOSKELETAL - -
Full range of motion appropriate for developmental age: No
- - GAIT - -
Developmentally age appropriate gait: No
Gait impairment: Bed bound
- - AMBULATION - -
Developmentally appropriate independent ambulation: No
Ambulation: Non-ambulatory
- - ACUTE CONDITION - -
Musculoskeletal acute condition: Present/Exists
- - TRACTION - -
Traction: None
- - POSITIONING AIDS - -
Positioning aids: Present/Exists
Positioning aids: Wedges
Speciality bed
Pillows
Limb immobilizer
Contractures: None
- - INTEGUMENTARY - -
Skin condition: Warm and dry
- - SKIN COLOR - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Color within expectations for ethnicity: Yes
Skin turgor-tenting less than 1 second: Yes
- - SKIN PIERCINGS - -
Skin piercings: None
- - SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists
Document skin test monitor: No
- - VASCULAR - -
- - CAP REFILL DELAY - -
Capillary refill less than or equal to 3 seconds: Yes
- PERIPHERAL PULSE -
Pulses strong and equal bilaterally: Yes
- CALF INSPECTION -
Calves symmetrical and pain is absent with dorsiflexion: Yes
- - PERIPHERAL EDEMA -
Peripheral edema: None
- - MECHANICAL PROPHYLAXIS - -
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee
Device applied to: Bilateral
- - PSYCHOSOCIAL - -
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: No
- - MOOD AND BEHAVIOR - -
Mood, behavior appropriate for situation/developmental age: No
Mood and behavior: Guarded
- - THOUGHT PROCESSES - -
Thought processes appropriate for developmental age: No
Thought processes: Fragmented
- - SPEECH - -
Speech coherent and conversational: No
Speech: Pressured
- - VOCALIZATION - -
Speech/vocalization is appropriate for developmental age: No
Vocalization: Phonation weak
- - MEMORY - -
Short term and long term memory appears intact: No
Memory impairment: Short term memory
Long term memory
Able to comprehend and follow directions: Yes
- - BODY IMAGE DISTURBANCE - -
Body image disturbance: None
- - PARANOIA AND DELUSIONS -
Paranoid ideation/delusions/hallucinations: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 0800

220220 Safety/Risk/Regulatory + A CP
- Document 12/14/19 0800 SKL 12/14/19 0853 SKL
- - SAFETY/RISK/REGULATORY - -
Isolation status: Standard precautions
- SKIN RISK - -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: Yes
Existing wound: Yes
Skin integrity impairment risk: Yes
- - FALL RISK - -
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
- SEVERE SEPSIS SCREENING - -
Assess sepsis: Yes
Temperature: No
Heart rate: Yes
Respirations: Yes
WBC results: 12/14/19 8.55 0545
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 2
Suspected/documented infection: No
Antibiotic therapy (not prophylaxis): No
Screening due to sepsis early warning alert/detection: No
If yes to 1 of the above, proceed to next section: 0
220415 Routine Daily Care + A .on going CP
- Document 12/14/19 0800 SKL 12/14/19 0857 SKL
- - DAILY CARE ROUTINE - -
Activity: Bedrest
Turn LEFT
Level of assistance: 2 person assist
Specialty bed: Low air loss
Head of bed elevation: HOB 30 degrees
Appetite: Poor
- Document 12/14/19 0800 SKL 12/14/19 1917 SKL
- - DAILY CARE ROUTINE -
Activity: Bedrest
Turn left
Level of assistance: 2 person assist
Specialty bed: Low air loss
Head of bed elevation: HOB 30 degrees
Appetite: Poor

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 0858

220700 Plan of Care+ A CP
Document 12/14/19 0858 SKL 12/14/19 0859 SKL
CARDIAC ALTERATION
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Cardiac alteration problem is: Stabilizing/Maintaining
- - MUSCULOSKELETAL ALTERATION - -
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Musculoskeletal alteration problem is: Stabilizing/Maintaining
- SKIN INTEGRITY ALTERATION
Skin integrity alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Skin integrity alteration problem is: Stabilizing/Maintaining
ENDOCRINE ALTERATION -
Endocrine alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Endocrine alteration problem is: Stabilizing/Maintaining
- - INFECTION ALTERATION - -
Infection alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Infection alteration problem is: Stabilizing/Maintaining
COMFORT ALTERATION
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Comfort alteration problem is: Stabilizing/Maintaining
- - PAIN PROBLEM -
Pain problem expected to: Improve/Resolve
Target date: 12/16/19
Pain problem is: Stabilizing/Maintaining
- - TOILETING DEFICIT PROBLEM - -
Toileting deficit problem expected to: Improve/Resolve
Target date: 12/16/19
Toileting deficit problem is: Stabilizing/Maintaining
- ANXIETY ALTERATION
Anxiety alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Anxiety alteration problem is: Stabilizing/Maintaining
- - FAMILY COPING IMPAIRMENT - -
Family coping impairment problem expected to: Improve/Resolve
Target date: 12/15/19
Family coping impairment problem is: Stabilizing/Maintaining
- - FAMILY PROCESSES ALTERATION - -
Family processes alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Family processes alteration problem is: Stabilizing/Maintaining
- - BLEEDING RISK PROBLEM - -
Bleeding risk problem expected to: Improve/Resolve

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 0858 (continued)

220700 Plan of Care+ (continued)
Target date: 12/15/19
Bleeding risk problem is: Stabilizing/Maintaining
- INJURY RISK PROBLEM
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/16/19
Injury risk problem is: Stabilizing/Maintaining
- - HOME MAINTENANCE ALTERATION - -
Home maintenance alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Home maintenance alteration problem is: Stabilizing/Maintaining
MAIN SCREEN SELECTIONS
Physiological problem/alteration in: Cardiac
Endocrine
Infection
Musculoskeletal
Skin integrity
Functional problem/alteration in: Comfort
Pain
Toileting
Psychological problem/alteration in: Anxiety
Family coping
Family processes
Health behavior problem/risk: Bleeding risk
Home maintenance
Injury risk

Activity Date: 12/14/19 Time: 0900

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 0900 SKL 12/14/19 1828 SKL
Pulse: 82
Respiratory rate: 26
SPO2 %: 94
Blood pressure: 102/58
Mean arterial pressure: /3

Activity Date: 12/14/19 Time: 1000

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 1000 SKL 12/14/19 1828 SKL
Pulse: 79
Respiratory rate: 24
SPO2 %: 94
Blood pressure: 102/57
Mean arterial pressure: /3

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 1000

220417 Hygiene Care+ A PS
Document 12/14/19 1000 SKL 12/14/19 1918 SKL
- HYGIENE CARE
Oral care provided: Total dependence
Chlorhexidine gluconate (CHG) used for oral care: Yes, CHG oral swabs used
220410 Critical Care Flow Record + A CP
Document 12/14/19 1000 SKL 12/14/19 1323 SKL
- CRITICAL CARE FLOWSHEET
INTAKE AND OUTPUT
Document intake and output: Yes
- - URINE -
Number of times incontinent urine: 1
- LINES DRAINS AND AIRWAYS
Document lines, drains and airways: Yes
URINARY CATHETER
Urinary catheter type: External/condom
Insertion/applied date: 12/12/19
Insertion/applied time: 0200
Urinary catheter status: Monitor
External/condom change date: 12/14/19
External/condom change time: 1030
Urinary catheter complications encountered: Leakage
220415 Routine Daily Care + A .on going CP
- Document 12/14/19 1000 SKL 12/14/19 1917 SKL
DAILY CARE ROUTINE
Activity: Bedrest
Turn right
Level of assistance: 2 person assist
Specialty bed: Low air loss
Head of bed elevation: HOB 30 degrees

Activity Date: 12/14/19 Time: 1100

220411 Clinical Monitor Interface + A MO
Document 12/14/19 1100 SKL 12/14/19 1828 SKL
Pulse: 82
Respiratory rate: 25
SPO2 %: 95
Blood pressure: 118/59
Mean arterial pressure: 83

Activity Date: 12/14/19 Time: 1200

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 1200 SKL 12/14/19 1828 SKL
Pulse: 81
Respiratory rate: 28
SPO2 %: 97

Activity Date: 12/14/19 Time: 1200 (continued)

220411 Clinical Monitor Interface + (continued)
Blood pressure: 105/64
Mean arterial pressure: 81
220417 Hygiene Care+ A PS
- Document 12/14/19 1200 SKL 12/14/19 1918 SKL
HYGIENE CARE -
Chlorhexidine gluconate (CHG) used for bath: Yes, CHG bath given
Hygiene care provided: Total dependence
Perineal care provided: Total dependence
Oral care provided: Total dependence
220410 Critical Care Flow Record + A CP
- Document 12/14/19 1200 SKL 12/14/19 1323 SKL
CRITICAL CARE FLOWSHEET - -
VITAL SIGNS MAIN INPUT -
Document vitals: Yes
Document vital signs: Yes
VITAL SIGNS
Temperature F: 98.5
Temperature source: Temporal
BMI calculated: 29.2
GLASGOW COMA SCALE
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 4
Motor response: 6
Glasgow coma score 14 Mild
INTAKE AND OUTPUT -
Document intake and output: Yes
Oral ml: 240
MEALS CONSUMED INTAKE
Meal: Lunch
Amount taken: 25%
URINE -
Other urine ml: 250
Other urine type: CONDOM CATH.
- - STOOL -
WBC results, 12/14/19 8.55 0545
Criteria met for C.diff: No
Number of times incontinent stool: 1
220415 Routine Daily Care + A .on going CP
- Document 12/14/19 1200 SKL 12/14/19 1917 SKL
DAILY CARE ROUTINE -
Activity: Bedrest
Turn left
Level of assistance: 2 person assist
Specialty bed: Low air loss
Head of bed elevation: HOB 30 degrees

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: N00101730890
Location: N.PCU
Room/Bed: N.A419-1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
CLINICAL DOCUMENTATION RECORD HPF

Printed 12/18/19 at 0417

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 1300

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 1300 SKL 12/14/19 1828 SKL
Pulse: 79
Respiratory rate: 26
SPO2 %: 95
Blood pressure: 108/60
Mean arterial pressure: 78

Activity Date: 12/14/19 Time: 1400

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 1400 SKL 12/14/19 1828 SKL
Pulse: 81
Respiratory rate: 26
SPO2 %: 97
Blood pressure: 113/60
Mean arterial pressure: 81
220410 Critical Care Flow Record + A CP
- Document 12/14/19 1400 SKL 12/14/19 1915 SKL
- - CRITICAL CARE FLOWSHEET - -
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
Oral ml: 120
URINE - -
Number of times incontinent urine: 1
- - STOOL
Number of liquid stools: 0
Stool characteristics: Soft distinct blobs
WBC results: 12/14/19 8.55 0545
Risk factors for C.diff: None
Criteria met for C.diff: No
220415 Routine Daily Care + A .on going CP
- Document 12/14/19 1400 SKL 12/14/19 1917 SKL
- - DAILY CARE ROUTINE - -
Activity: Chair
Level of assistance: 1 person assist

Activity Date: 12/14/19 Time: 1500

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 1500 SKL 12/14/19 1828 SKL
Pulse: 80
Respiratory rate: 26
SPO2 %: 97
Blood pressure: 113/56
Mean arterial pressure: 78

Activity Date: 12/14/19 Time: 1559

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 1559 SKL 12/14/19 1828 SKL
Pulse: 78
Respiratory rate: 25
SPO2 %: 97

Activity Date: 12/14/19 Time: 1600

220417 Hygiene Care+ A PS
- Document 12/14/19 1600 SKL 12/14/19 1918 SKL
- - HYGIENE CARE - -
Perineal care provided: Total dependence
Oral care provided: Total dependence
220410 Critical Care Flow Record + A CP
- Document 12/14/19 1600 SKL 12/14/19 1915 SKL
- - CRITICAL CARE FLOWSHEET - -
- - VITAL SIGNS MAIN INPUT - -
Document vitals: Yes
Document vital signs: Yes
- - VITAL SIGNS - -
Temperature F: 98.8
Temperature source: Temporal
BMI calculated: 29.2
- - INTAKE AND OUTPUT - -
Document intake and output: Yes
- - URINE - -
Other urine ml: 120
Other urine type: condom cath
220415 Routine Daily Care + A .on going CP
- Document 12/14/19 1600 SKL 12/14/19 1917 SKL
- - DAILY CARE ROUTINE - -
Activity: Chair
Bedrest
Level of assistance: 2 person assist
Specialty bed: Low air loss
Head of bed elevation: HOB 30 degrees

Activity Date: 12/14/19 Time: 1605

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 1605 SKL 12/14/19 1828 SKL
Pulse: 81
Respiratory rate: 25
SPO2 %: 99
Blood pressure: 124/60
Mean arterial pressure: 86

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 1659

571030 PT: Physical Therapy Management+ A .per standard AS
- Document 12/14/19 1659 KML 12/14/19 1705 KML
<< PHYSICAL THERAPY PROGRESS NOTE >>
Date: 12/14/19
START STOP TOTAL
1ST TREATMENT SESSION: 1310
: 1351
: 0 Hr 41 Mins
2ND TREATMENT SESSION: 1610
: 1625
: 0 Hr 15 Mins
: 0 Hr 00 Mins
: 0 Hr 00 Mins
Daily Treatment Total: 0 Hr 56 Mins
Charges Entered: THERAPEUTIC EXERCISE
TAX2
2ND TREATMENT: TA
Patient Remarks: Pt NON ENGLISH SPEAKING FLUENTLY. FAMILY TRANSLATING. Pt REPORTS PAIN IN L LEG. BUT CANNOT QUANTIFY. STATES HE WANTS TO GET OUT OF BED.
Comments: Pt SUPINE WITH L KNEE IMMOBILIZER DONNED
PREVIOUS TX LEVEL CURRENT TX LEVEL
Bed Mobility Training: Y
Scooting: 2 MAX ASST/PERFRM 25 50%
: 2-MAX ASST/PERFRM 25 50%
Rolling from side to side: 2 MAX ASST/PERFRM 25 50%
: 2-MAX ASST/PERFRM 25 50%
Bridging: 2 MAX ASST/PERFRM 25-50%
: 3 MOD ASST/PERFRM 50 75%
Supine to sit: 2-MAX ASST/PERFRM 25-50%
: 2 MAX ASST/PERFRM 25-50%
Sit to supine: 2-MAX ASST/PERFRM 25 50%
: 2 MAX ASST/PERFRM 25-50%
Comments: Pt ABLE TO SL BRIDGE WITH TACTILE AND VERBAL CUEING. SIGNIFICANT ASSIST FOR BED MOBILITY
Wt Bearing Restrictions: Y
LLE: TOE TOUCH WEIGHT BEARING
PREVIOUS TX LEVEL CURRENT TX LEVEL
Transfers Training: Y
Sit< >Stand: 2 MAX ASST/PERFRM 25-50%
: 2 MAX ASST/PERFRM 25-50%
Bed< >Chair: 1 TOT ASST/PERFRM <25%
: 1-TOT ASST/PERFRM <25%
Comments: Pt UNABLE TO MAINTAIN APPROPRIATE WB RESTRICTIONS AS SET FORTH BY MD. 1ST SESSION: Pt TRANSFERED BROM BED TO RECLINER. 2ND SESSION: Pt RETUREND TO BED WITH 2 PERSON ASSIST

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 1659 (continued)

571030 PT: Physical Therapy Management+ (continued)
PREVIOUS TX LEVEL CURRENT TX LEVEL
Gait Training/Locomotion? N
Assistance needed: 2 MAX ASST/PERFRM 25-50%
Assistive device: ROLLING WALKER
TTWB LLE DIFFICULTY
Distance: 2 PIVOT SIDESTEPS
Comments: UNABLE 2/2 WEAKNESS AND POOR CARRYOVER OF WB RESTRICTION UNDERSTANDING
PREVIOUS TX LEVEL CURRENT TX LEVEL
Stairs Management: N
# of Steps: 17
PREVIOUS TX LEVEL CURRENT TX LEVEL
Balance Training: Y
Sitting balance Static: FAIR
: Fair
Dynamic: FAIR
: Poor
Standing balance Static: POOR
: Poor
: Poor
Comments: RETROPULSIVE IN SITTING. MAINTAINS FLEXED AT WAIST POSITIONING IN STANING
RANGE OF MOTION:
All major extremity joints within functional limits? N
UE Deficit: WFL
LE Deficit: LLE W/ KNEE IMMOBILIZER
RLE WFL
Independent SLR: N
Therapeutic Exercises/Modalities: REVIEWED WITH FAMILY AROM TO RLE. Pt REQUIRES CUEING TO PERFORM
Reps: 10
Document Interdisciplinary Education? Y
PT Assessment: Pt REQUIRES SIGNIFICANT VERBAL AND TACTILE CUEING FOR ALL MOBILITY. Pt DMEO'S POOR AWARENESS OF LIMITATIONS AND BECOMES RESISTIVE TO MOBILITY. FAMILY IS ENCOURAGING. Pt IS UNABLE TO MAINTAIN TTWB PRECUATIONS DUE TO POOR CARRYOVER AND UNDERSTANDING OF RESTRICTIONS. EDUCATED FAMILY EXTENSIVELY AS TO WHY Pt CANNOT WALK AT THIS TIME AND IS UNSAFE FOR STANDING TRAINING ACTIVITIES AS BE CANNOT MAINTAIN WB RESTICTION.
SHORT TERM GOALS:
The patient will:
1. MOD ASSIST W/ BED MOB<>EOB SITTING
Status: ONGOING
Time Frame: 12/18/19

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 1659 (continued)

5/1030 PT: Physical Therapy Management+ (continued)
2. IMPROVE TRANSFERS W/ MOD ASSIST 1 PERSON ASSIST W/ RW
Status: ONGOING
Time Frame: 12/18/19
3. IMPROVE AMBULATION MOD A W/ RW TTWB ON LLE > 5 FEET
Status: ONGOING
Time Frame: 12/18/19
4. IMPROVE STANDING BALANCE TO FAIR W/ RW
Status: ONGOING
Time Frame: 12/18/19
LONG TERM GOALS
The patient will:
1. N/A
Barriers to Progress Medical Condition
Physical Impairment
Cognitive Limitations
Language Barrier
Pain
Discharge Planning Recommendations: REHAB
G Code: N
Severity Modifier determined by Objective Clinical Findings.
Plan: CONTINUE PLAN OF CARE
<< TEACHING & EDUCATION >>
Department: REHABILITATION SERVICES
Setting: BEDSIDE
Learner: PATIENT
DAUGHTER
X2
FAMILY
Readiness to Learn: NEEDS ENCOURAGEMENT
Preferred Method: DEMONSTRATION
EXPLANATION
Barriers: MEDICAL CONDITION
LANGUAGE BARRIER
PAIN
COGNITIVE LIMITATION
Education Content:
Dx/Condition: L FEMUR FX S/P FALL
Procedure/Test: Physical Therapy
Equipment: Walker
Hospital Care: Physical Therapy
Safety Issues
Fall Precautions
Home Care: Patient Safety
Fall Precautions
Rehabilitation
Strategies: DEMONSTRATION
EXPLANATION

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 1659 (continued)

5/1030 PT: Physical Therapy Management+ (continued)
Evaluation: NEEDS REINFORCEMENT
Community Resources/Referral: REHAB FACILITY

Activity Date: 12/14/19 Time: 1700

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 1700 SKL 12/14/19 1828 SKL
Pulse: 84
Respiratory rate: 25
SPO2 %: 95
Blood pressure: 111/58
Mean arterial pressure: 81

Activity Date: 12/14/19 Time: 1800

220411 Clinical Monitor Interface + A MO
Document 12/14/19 1800 SKL 12/14/19 1828 SKL
Pulse: 87
Respiratory rate: 25
SPO2 %: 95
Blood pressure: 117/57
Mean arterial pressure: 80
220410 Critical Care Flow Record + A CP
- Document 12/14/19 1800 SKL 12/14/19 1915 SKL
CRITICAL CARE FLOWSHEET -
- INTAKE AND OUTPUT
Document intake and output: Yes
Oral ml: 120
- MEALS CONSUMED INTAKE
Meal: Dinner
Amount taken: 25%
220415 Routine Daily Care + A .on going CP
Document 12/14/19 1800 SKL 12/14/19 1917 SKL
- DAILY CARE ROUTINE
Activity: Bedrest
Turn on back
Level of assistance: 2 person assist
Specialty bed: low air loss
Head of bed elevation: HOB 30 degrees

Activity Date: 12/14/19 Time: 1900

220411 Clinical Monitor Interface + A MO
- Document 12/14/19 1900 PM 12/14/19 2000 PM
Pulse: 95
Respiratory rate: 27
SPO2 %: 96

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 1900 (continued)

220411 Clinical Monitor Interface + (continued)
Blood pressure: 127/63
Mean arterial pressure: 89
Patient Notes: NURSE NOTES *
Create 12/14/19 1900 PM 12/14/19 2002 PM
Abnormal? N Confidential? N
19:00 received verbal report from day shift nurse.
19:25 informed on patient new room availability pcu A419.
Note Type Description
No Type None

Activity Date: 12/14/19 Time: 2000

220410 Critical Care Flow Record + A CP
Document 12/14/19 2000 PM 12/14/19 2010 PM
CRITICAL CARE FLOWSHEET
VITAL SIGNS MAIN INPUT
Document vitals: Yes
Document vital signs: Yes
VITAL SIGNS
Temperature F: 99.1
Temperature source: Temporal
LOC: Alert
BMI calculated: 29.2
OXYGEN THERAPY
Oxygen delivery devices: Room air
GLASGOW COMA SCALE
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
RASS
Document Rass/Cam ICU: Yes
Upon observation, select best response describing patient: Alert and calm
RASS/LOC score: 0 0 Alert and calm
CAM ICU
Acute change/flux mental status: No
CAM score Negative Negative/no delirium
INTAKE AND OUTPUT
Document intake and output: Yes
Oral ml: 150
URINE
Void ml: 350
LINES DRAINS AND AIRWAYS
Document lines, drains and airways: Yes
IV
IV type: Venous Left Forearm anterior 18 g Inserted 12/10/19 0430

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 2000 (continued)

220410 Critical Care Flow Record + (continued)
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
Venous Right Forearm anterior 20 g Inserted 12/10/19 0430
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
URINARY CATHETER
Urinary catheter type: External/condom
Insertion/applied date: 12/12/19
Insertion/applied time: 0700
Urinary catheter status: Monitor
220210 Admission/Shift Assessment + A CP
Document 12/14/19 2000 PM 12/14/19 2008 PM
BODY SYSTEM ASSESSMENT
NEUROLOGICAL ASSESSMENT
RASS/LOC
Alert and oriented: Yes
GLASGOW COMA SCORE
Document Glasgow coma scale: Yes
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: 15 Mild
FACIAL SYMMETRY
Facial symmetry: Intact
PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
TONGUE
Tongue: Midline
VOCALIZATION
Vocalization: Appropriate
REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Foot left motor strength: Weak
SEIZURE ACTIVITY

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Current seizure activity: None
- - CARDIOVASCULAR ASSESSMENT - -
- - HEART SOUNDS/MURMUR - -
Heart sounds normal (S1,S2): Yes
- - JUGULAR DISTENTION -
Jugular distension: None
HEART RHYTHM - -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm
- - RESPIRATORY - -
- - RESPIRATORY EFFORT/PATTERN - -
Respirations even and unlabored: Yes
- - BREATH SOUNDS - -
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
- - OXYGEN THERAPY - -
Oxygen therapy: None
- - COUGH/SPUTUM - -
Cough/sputum/secretions: None
- - EENT - -
- - EYE ABNORMALITIES - -
Eye physical abnormalities or drainage: None
- - EAR ABNORMALITIES - -
Ear physical abnormalities or drainage: None
- - NOSE ABNORMALITIES - -
Nose physical abnormalities or drainage: None
- - MOUTH/THROAT ABNORMALITIES - -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
- - GASTROINTESTINAL - -
Nausea: None
- - VOMITING - -
Vomiting/Dry heaving: None
- - ABDOMEN - -
Abdomen is soft, symmetrical, and non-tender: Yes
- - BOWEL SOUNDS - -
Bowel sounds normal-active in all 4 quadrants: Yes
Passing flatus: Yes
- - GENITOURINARY - -
- - URINE CHARACTERISTICS - -
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Abnormal urinary conditions: None
- - ABNORMAL GENITALIA - -
Abnormal genitalia: None
- - URETHRAL DISCHARGE/LESIONS -
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: None
- - SIGNS/SYMPTOMS - INJURY/TRAUMA - -
Signs or symptoms of recent injury or trauma: None
- - MUSCULOSKELETAL - -
Full range of motion appropriate for developmental age: No
- - INTEGUMENTARY - -
Skin condition: Warm and dry
- - SKIN COLOR - -
Color within expectations for ethnicity: Yes
Skin turgor-tenting less than 1 second: Yes
- - SKIN PIERCINGS - -
Skin piercings: None
- - SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists
- - VASCULAR - -
- - CAP REFILL DELAY - -
Capillary refill less than or equal to 3 seconds: Yes
- - PERIPHERAL PULSE - -
Pulses strong and equal bilaterally: Yes
- - CALF INSPECTION - -
Calves symmetrical and pain is absent with dorsiflexion: Yes
- - PERIPHERAL EDEMA - -
Peripheral edema: None
- - MECHANICAL PROPHYLAXIS - -
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee
Device applied to: Bilateral
- - PSYCHOSOCIAL - -
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
- - MOOD AND BEHAVIOR - -
Mood, behavior appropriate for situation/developmental age: Yes
- - THOUGHT PROCESSES - -
Thought processes appropriate for developmental age: Yes
- - SPEECH - -
Speech coherent and conversational: Yes
- - VOCALIZATION - -
Speech/vocalization is appropriate for developmental age: Yes
- MEMORY - -
Short term and long term memory appears intact: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 2000 (continued)

220210 Admission/Shift Assessment + (continued)
Able to comprehend and follow directions: Yes
BODY IMAGE DISTURBANCE -
Body image disturbance: None
PARANOIA AND DELUSIONS
Paranoid ideation/delusions/hallucinations: None
220415 Routine Daily Care + A .on going CP
Document 12/14/19 2000 PM 12/14/19 2011 PM
- DAILY CARE ROUTINE
Activity: Bedrest
Turn
Level of assistance: 2 person assist
Assistive devices: wedged
Specialty bed: icu bed
Head of bed elevation: HOB 30 degrees
Appetite: Good
220430 Teach/Educate + A CP
Document 12/14/19 2000 PM 12/14/19 2011 PM
PATIENT/FAMILY TEACHING
Primary learner: Patient
Other learner: Family
Barriers to communication/learning: language barrier
Pain level
drowsiness
Primary learners preferred spoken language: ENG ENGLISH
Functional topics: Ambulation therapy
Special diet
Psychological topics: Communication care
Home situation analysis
Discharge/Health behavior topics: Equipment safety
Safety precautions
Activity topics: Ambulation therapy
Nutritional topics: Special diet
Role Relationship topics: Communication care
Home situation analysis
Safety topics: Equipment safety
Safety precautions
220700 Plan of Care+ A CP
- Document 12/14/19 2000 PM 12/14/19 2011 PM
- CARDIAC ALTERATION
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Cardiac alteration problem is: Stabilizing/Maintaining
- MUSCULOSKELETAL ALTERATION
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Musculoskeletal alteration problem is: Stabilizing/Maintaining
- SKIN INTEGRITY ALTERATION

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 2000 (continued)

220700 Plan of Care+ (continued)
Skin integrity alteration problem expected to: Improve/Resolve
Target date 12/16/19
Skin integrity alteration problem is: Stabilizing/Maintaining
ENDOCRINE ALTERATION -
Endocrine alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Endocrine alteration problem is: Stabilizing/Maintaining
- INFECTION ALTERATION
Infection alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Infection alteration problem is: Stabilizing/Maintaining
- COMFORT ALTERATION -
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Comfort alteration problem is: Stabilizing/Maintaining
- PAIN PROBLEM -
Pain problem expected to: Improve/Resolve
Target date: 12/16/19
Pain problem is: Stabilizing/Maintaining
TOILETING DEFICIT PROBLEM - -
Toileting deficit problem expected to: Improve/Resolve
Target date: 12/16/19
Toileting deficit problem is: Stabilizing/Maintaining
ANXIETY ALTERATION
Anxiety alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Anxiety alteration problem is: Stabilizing/Maintaining
- FAMILY COPING IMPAIRMENT
Family coping impairment problem expected to: Improve/Resolve
Target date: 12/15/19
Family coping impairment problem is: Stabilizing/Maintaining
FAMILY PROCESSES ALTERATION -
Family processes alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Family processes alteration problem is: Stabilizing/Maintaining
- BLEEDING RISK PROBLEM -
Bleeding risk problem expected to: Improve/Resolve
Target date: 12/15/19
Bleeding risk problem is: Stabilizing/Maintaining
INJURY RISK PROBLEM - -
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/16/19
Injury risk problem is: Stabilizing/Maintaining
- HOME MAINTENANCE ALTERATION
Home maintenance alteration problem expected to: Improve/Resolve
Target date. 12/16/19
Home maintenance alteration problem is: Stabilizing/Maintaining

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 2000 (continued)

220700 Plan of Care+ (continued)
- - MAIN SCREEN SELECTIONS -
Physiological problem/alteration in: Cardiac
Endocrine
Infection
Musculoskeletal
Skin integrity
Functional problem/alteration in: Comfort
Pain
Toileting
Psychological problem/alteration in: Anxiety
Family coping
Family processes
Health behavior problem/risk: Bleeding risk
Home maintenance
Injury risk

Activity Date: 12/14/19 Time: 2008

220235 Pain Assessment + A CP
- Document 12/14/19 2008 PM 12/14/19 2008 PM
- - PAIN ASSESSMENT -
Patient goal for pain management: Mild pain-1
Pain scale utilized: Verbal numeric
Numeric pain scale: No pain-0
Pain intensity: 0
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights

Activity Date: 12/14/19 Time: 2012

Patient Notes: NURSE NOTES *
- Create 12/14/19 2012 PM 12/14/19 2012 PM
Abnormal? N Confidential? N
08:08 TELEPHONE REPORT GIVEN TO NURSE ANGIE.
Note Type Description
No Type None

Activity Date: 12/14/19 Time: 2030

Patient Notes: NURSE NOTES *
- Create 12/14/19 2030 AEC 12/14/19 2143 AEC
Abnormal? N Confidential? N
PATIENT ARRIVED TO UNIT VIA BED FROM ICU. NO DISTRESS NOTED. FALL PRECAUTIONS IN PLACE. FAMILY ACCOMPANIED PT. ORIENTED TO ROOM AND CALL LIGHT. CALL LIGHT WITHIN REACH. WILL CONTINUE TO MONITOR.

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/14/19 Time: 2030 (continued)

Patient Notes: NURSE NOTES * (continued)
Note Type Description
No Type None

Activity Date: 12/14/19 Time: 2032 (continued)

Patient Notes: NURSE NOTES * (continued)
Create 12/14/19 2032 PM 12/14/19 2034 PM
Abnormal? N Confidential? N
20:18 PATIENT PHYSICALLY TRANSFERRED TO ROOM A419 WITH CO-WORKER'S HELP. PCU NURSE ANGIE IN PATIENT'S ROOM WHEN I LEFT THE UNIT.
Note Type Description
No Type None

Activity Date: 12/14/19 Time: 2037

220402 Vitals Welch Allyn Monitor + A MO
- Create 12/14/19 2037 AA 12/14/19 2037 AA
- Document 12/14/19 2037 AA 12/14/19 2037 AA
Temperature C: 37.6
Blood pressure: 132/75
Pulse: 92
Respiratory rate: 18
SPO2 %: 92
LOC: Alert
MEWS score: 1

Activity Date: 12/14/19 Time: 2341

220402 Vitals Welch Allyn Monitor + A MO
- Document 12/14/19 2341 ZB 12/14/19 2341 ZB
Temperature C: 37.5
Temperature source: Oral
Blood pressure: 127/67
Blood pressure location: Arm upper left
Vital signs position: Lying
Pulse: 97
Pulse location: Radial
Pulse source: Monitor
Respiratory rate: 18
Respiratory source: Observed
SPO2 %: 98
Oxygen delivery devices: Room air
LOC: Alert
MEWS score: 1

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 0000

220210 Admission/Shift Assessment + A CP
Document 12/15/19 0000 AEC 12/15/19 0433 AEC
BODY SYSTEM ASSESSMENT
Choose body systems to document: Neurological
NEUROLOGICAL ASSESSMENT
RASS/LOC
Alert and oriented: No
Response to stimulation: Drowsy
FACIAL SYMMETRY
Facial symmetry: Intact
PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
TONGUE
Tongue: Midline
VOCALIZATION
Vocalization: Appropriate
REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Foot left motor strength: Weak
GAIT/BALANCE
Gait, strength, balance: Non-ambulatory
General weakness: None
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
NUMB/TINGLING/PARALYSIS
Numbness/tingling, paresis/paralysis, tremors: None
SEIZURE ACTIVITY
Current seizure activity: None
Nuchal rigidity: No

Activity Date: 12/15/19 Time: 0400

220210 Admission/Shift Assessment + A CP
Document 12/15/19 0400 AEC 12/15/19 0434 AEC
BODY SYSTEM ASSESSMENT
Choose body systems to document: Neurological
NEUROLOGICAL ASSESSMENT
RASS/LOC
Alert and oriented: No
Response to stimulation: Drowsy

Activity Date: 12/15/19 Time: 0400 (continued)

220210 Admission/Shift Assessment + (continued)
FACIAL SYMMETRY
Facial symmetry: Intact
PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
TONGUE
Tongue: Midline
VOCALIZATION
Vocalization: Appropriate
REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Foot left motor strength: Weak
GAIT/BALANCE
Gait, strength, balance: Non ambulatory
General weakness: None
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
NUMB/TINGLING/PARALYSIS
Numbness/tingling, paresis/paralysis, tremors: None
SEIZURE ACTIVITY
Current seizure activity: None
Nuchal rigidity: No

Activity Date: 12/15/19 Time: 0429

220420 Intake and Output + A CP
Document 12/15/19 0429 AEC 12/15/19 0430 AEC
INTAKE AND OUTPUT
ORAL INTAKE
Oral ml: 200

Activity Date: 12/15/19 Time: 0553

220402 Vitals Welch Allyn Monitor + A MO
Document 12/15/19 0553 ZB 12/15/19 0554 ZB
Temperature C: 37.3
Temperature source: Axillary
Blood pressure: 131/71
Blood pressure location: Arm upper left
Vital signs position: Lying

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 0553 (continued)

220402 Vitals Welch Allyn Monitor + (continued)
Pulse: 92
Pulse location: Radial
Pulse source: Monitor
Respiratory rate: 18
Respiratory source: Observed
SPO2 %: 93
Oxygen delivery devices: Room air
LOC: Alert
MEWS score: 1
Urinary catheter ml: 100

Activity Date: 12/15/19 Time: 0554

220402 Vitals Welch Allyn Monitor + A MO
- Document 12/15/19 0554 ZB 12/15/19 0554 ZB
SPO2 %: 94

Activity Date: 12/15/19 Time: 0711

Patient Notes: NURSE NOTES *
- Create 12/15/19 0711 BM 12/15/19 0748 BM
Abnormal? N Confidential? N
REPORT RECEIVED ON THIS MALE PATIENT WHO IS AWAKE AND RECLINING IN BED. BED LOW AND LOCKED WITH SIDE RAILS UP X2. CALL LIGHT WITHIN EASY REACH. NO DISTRESS NOTED ON ROOM AIR. INTACT DRESSING TO LEFT HIP. CONDOM CATH IN PLACE WITH SMALL AMOUNT AMBER URINE. SCDS AND LEFT LEG IMMOBILIZER IN PLACE. BED ALARM SET. FAMILY AT BEDSIDE. CARE IS TRANSFERRED AND MONITORING IS IN PROGRESS.
Note Type Description
No Type None

Activity Date: 12/15/19 Time: 0845

220210 Admission/Shift Assessment + A CP
- Document 12/15/19 0845 BM 12/15/19 1658 BM
- - BODY SYSTEM ASSESSMENT - -
- - NEUROLOGICAL ASSESSMENT -
- - RASS/LOC
Alert and oriented: No
Oriented to: Person
Response to stimulation: Drowsy
Document Glasgow coma scale: No
- - FACIAL SYMMETRY - -
Facial symmetry: Intact
- - PUPIL VARIANCE -
Pupils equal round reactive to light and accommodation: Yes
- TONGUE

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 0845 (continued)

220210 Admission/Shift Assessment + (continued)
Tongue: Midline
- - VOCALIZATION - -
Vocalization: Appropriate
- - REFLEXES -
Reflexes present and appropriate: Yes
- - UPPER EXTREMITY - -
Upper extremities equal and strong bilaterally: Yes
- - LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: No contraction/no move
Leg right motor strength: Strong
Foot left motor strength: Moves against resistance
Foot right motor strength: Strong
- GAIT/BALANCE
Gait, strength, balance: Non-ambulatory
General weakness: None
Dizziness: Present/Exists
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
TRAIN OF FOUR
Document train of four: No
- - PUPILLOMETER
Document Pupillometry: No
- - CARDIOVASCULAR ASSESSMENT - -
HEART SOUNDS/MURMUR
Heart sounds normal (S1,S2): Yes
- - JUGULAR DISTENTION -
Jugular distension: None
- HEART RHYTHM -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm
- - PACING/AICD - -
Cardiac pacer/AICD: None
Ventricular assist device: None
- - RESPIRATORY - -
- - RESPIRATORY EFFORT/PATTERN - -
Respirations even and unlabored: Yes
BREATH SOUNDS
Bilateral lungs sounds clear, equal and undiminished: No
Left upper lobe: Decreased diminished

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 0845 (continued)

220210 Admission/Shift Assessment + (continued)
Left lower lobe: Decreased diminished
Right upper lobe: Decreased diminished
Right middle lobe: Decreased diminished
Right lower lobe: Decreased diminished
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
- - OXYGEN THERAPY - -
Oxygen therapy: None
- - COUGH/SPUTUM - -
Cough/sputum/secretions: Present/Exists
Cough: Non productive
- FENT - -
- - EYE ABNORMALITIES - -
Eye physical abnormalities or drainage: None
- - EAR ABNORMALITIES - -
Ear physical abnormalities or drainage: None
- - NOSE ABNORMALITIES - -
Nose physical abnormalities or drainage: None
- - MOUTH/THROAT ABNORMALITIES - -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Pink
Moist
- - GASTROINTESTINAL - -
Nausea: None
- - VOMITING - -
Vomiting/Dry heaving: None
- - ABDOMEN - -
Abdomen is soft, symmetrical, and non-tender: Yes
- - BOWEL SOUNDS - -
Bowel sounds normal-active in all 4 quadrants: Yes
Passing flatus: Yes
- - STOOL - -
Document stool: Normal for patient
- - GENITOURINARY - -
- - URINE CHARACTERISTICS - -
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: No
Abnormal urinary conditions: Incontinence
- - FISTULA/GRAFT - -
Fistula/graft present: No
- - ABNORMAL GENITALIA -
Abnormal genitalia: None
URETHRAL DISCHARGE/LESIONS - -
Urethral discharge: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 0845 (continued)

220210 Admission/Shift Assessment + (continued)
Urethral lesions: None
Scrotal swelling: Present/Exists
- - SIGNS/SYMPTOMS - INJURY/TRAUMA - -
Signs or symptoms of recent injury or trauma: None
- - MUSCULOSKELETAL - -
Full range of motion appropriate for developmental age: No
- - GAIT - -
Developmentally age appropriate gait: No
Gait impairment: Bed bound
Chair bound
AMBULATION - -
Developmentally appropriate independent ambulation: No
Ambulation: Non-ambulatory
Non-wt bearing
- - PARESTHESIA - -
Paresthesia: None
- - ACUTE CONDITION - -
Musculoskeletal acute condition: Present/Exists
Acute condition: - - Fracture Proximal Hip left - -
Instance list status: Active
Sensations: Painful
Motor strength: No contraction/no move
Immobilization comment:
LEG IMMOBILIZER
<End>
- - TRACTION - -
Traction: None
- - POSITIONING AIDS - -
Positioning aids: Present/Exists
Positioning aids: Pillows
Limb immobilizer
Contractures: None
- - INTEGUMENTARY - -
Skin condition: Warm and dry
- - SKIN COLOR - -
Color within expectations for ethnicity: Yes
Skin turgor-tenting less than 1 second: No
- - SKIN PIERCINGS - -
Skin piercings: None
- - SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists
Skin alteration: - - Blister Posterior Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type-worst: Red/moist/smooth/shallow
Wound base visible: Yes
Intact skin: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 0845 (continued)

220210 Admission/Shift Assessment + (continued)
Any open areas: Yes
Altered level/stage: Partial Thickness
Wound exudate amount/type: Serosanguineous
Date of last dressing change: 12/15/19
Time of last dressing change: 0830
Cleansed/applied: Normal saline
Dressing/reinforcement type: MEPILEX BORDR
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 2
Intact value score: 0.5

- - Bruise Lateral Thigh left - -
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Purple/maroon/deep red
Wound base visible: No
Intact skin: Yes
Intact skin blanchable No
Any open areas: No
Altered level/stage: No staging necessary
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 5
Intact value score: 0

- - Bruise Posterior Arm right upper - -
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Purple/maroon/deep red
Wound base visible: No
Intact skin: Yes
Intact skin blanchable No
Any open areas: No
Altered level/stage: No staging necessary
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 5
Intact value score: 0

- - Other hematoma Anterior Scrotum bilateral - -
Instance list status: Active
Related clinical factors: Unable to determine
Tissue type-worst: Purple/maroon/deep red
Wound base visible: No
Intact skin: Yes
Intact skin blanchable. No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 0845 (continued)

220210 Admission/Shift Assessment + (continued)
Any open areas: No
Altered level/stage: Full Thickness
Wound exudate amount/type: Small amount, Bloody
Cleansed/applied: Normal saline
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 5
Intact value score: 0

- - Other redness Posterior Coccyx - -
Instance list status: Active
Related clinical factors: Moisture related
Tissue type-worst: Pink/red/erythema/intact
Wound base visible: No
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: Superficial
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0

- - Procedural site Lateral Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type-worst: Purple/maroon/deep red
Wound base visible: No
Intact skin: No
Any open areas: No
Altered level/stage: Full Thickness
Wound edges: Approximated
Staples/sutures: Staples intact
Wound exudate amount/type: Large amount, Serosanguineous
Date of last dressing change: 12/15/19
Time of last dressing change: 0830
Cleansed/applied: Normal saline
Dressing/reinforcement type: Gauze, MEPILEX BORDER
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 5
Intact value score: 0
<End>

Document skin test monitor: No
- - VASCULAR - -
- - CAP REFILL DELAY -
Capillary refill less than or equal to 3 seconds: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 0845 (continued)

220210 Admission/Shift Assessment + (continued)
- PERIPHERAL PULSE
Pulses strong and equal bilaterally: Yes
CALF INSPECTION -
Calves symmetrical and pain is absent with dorsiflexion: Yes
PERIPHERAL EDEMA
Peripheral edema: Present/Exists
Peripheral edema location 1: Leg
Peripheral edema location (L/R) 1: Left
Peripheral edema location (A/P) 1: Circumferential
Peripheral edema turgor description 1: Tight
Peripheral edema type 1: Pitting edema 2+
- MECHANICAL PROPHYLAXIS -
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee
Device applied to: Bilateral
- PSYCHOSOCIAL -
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
- MOOD AND BEHAVIOR
Mood, behavior appropriate for situation/developmental age: Yes
- - THOUGHT PROCESSES -
Thought processes appropriate for developmental age: Yes
- SPEECH -
Speech coherent and conversational: Yes
- VOCALIZATION - -
Speech/vocalization is appropriate for developmental age: Yes
- MEMORY -
Short term and long term memory appears intact. No
Memory impairment: Short term memory
Able to comprehend and follow directions: Yes
- BODY IMAGE DISTURBANCE
Body image disturbance: None
PARANOIA AND DELUSIONS
Paranoid ideation/delusions/hallucinations: None
220220 Safety/Risk/Regulatory + A CP
Document 12/15/19 0845 BM 12/15/19 1526 BM
SAFETY/RISK/REGULATORY -
Isolation status: Standard precautions
- SKIN RISK -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: Yes
Existing wound: No
Skin integrity impairment risk: Yes
- - FALL RISK -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 0845 (continued)

220220 Safety/Risk/Regulatory + (continued)
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
SEVERE SEPSIS SCREENING - -
Assess sepsis: Yes
Temperature: No
Heart rate: Yes
Respirations: No
WBC results: 12/14/19 8.55 0545
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 1
220235 Pain Assessment + A CP
Document 12/15/19 0845 BM 12/15/19 1701 BM
PAIN ASSESSMENT - -
Pain scale utilized: Verbal numeric
Numeric pain scale: Mild pain-3
Pain intensity: 3
Pain location: Hip left
Pain description: Aching
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
Non-pharmacological intervention used: Emotional support
220425 Lines/Drains/Airways + A CP
Document 12/15/19 0845 BM 12/15/19 1706 BM
- LINES, DRAINS, AIRWAY
- PERIPHERAL INTRAVENOUS/OTHER
IV type: Venous Left forearm anterior 18 g Inserted 12/10/19 0430
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
... ...
Venous Right forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
- URINARY CATHETER
Urinary catheter type: External/condom

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 0845 (continued)

220425 Lines/Drains/Airways + (continued)
Insertion/applied date: 12/12/19
Insertion/applied time: 0200
Urinary catheter status: Monitor
External/condom change date: 12/15/19
External/condom change time: 0800
Urinary catheter complications encountered: Separated
220430 Teach/Educate + A CP
- Document 12/15/19 0845 BM 12/15/19 1708 BM
- PATIENT/FAMILY TEACHING - -
Primary learner: Patient
Other learner: Family
Barriers to communication/learning: Language barrier
Pain level
drowsiness
Primary learners preferred spoken language: ENG ENGLISH
Primary learners preferred written language: ENG ENGLISH
Physiological topics: Skin breakdown control
Dressing change
Incontinence care
Functional topics: ADLs
Psychological topics: Reality orientation
Person(s) educated: Patient
Family
Readiness to learn: Cooperative
Asks questions
Method of education: Verbal discussion
Responsiveness to learning: Verbalized understanding
Skin integrity topics: Skin breakdown control
Dressing change
Urinary topics: Incontinence care
Self-care topics: ADLs
Cognitive/Neuro topics: Reality orientation

Activity Date: 12/15/19 Time: 1108

220402 Vitals Welch Allyn Monitor + A MO
- Document 12/15/19 1108 WXF 12/15/19 1108 WXF
Temperature C: 36.8
Temperature source: Oral
Blood pressure: 129/70
Blood pressure location: Arm upper left
Vital signs position: Lying
Pulse: 82
Pulse location: Radial
Respiratory rate: 20
Respiratory source: Auscultation
SPO2 %: 95

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1108 (continued)

220402 Vitals Welch Allyn Monitor + (continued)
LOC: Alert
MEWS score: 1

Activity Date: 12/15/19 Time: 1133

573000 ST: Assessment+ A .per standard CP
An evaluation of a patient's speech/language/voice/cognition/swallow status will be performed per policy. The following parameters are considered not appropriate for therapeutic intervention, whose results are "within functional limits" (WFL). If a patient falls within defined parameters for a speech/language/voice/cognition/swallow component, the speech/language pathologist may answer "Y" to the "WFL" query and move on to the next component. A response of "UTA" (unable to assess) and "NA" (not assessed) will also allow the speech/language pathologist to move on to the next component. If the speech/language pathologist answers "N", he/she must complete the full component assessment before moving on to the next component.

ORAL MOTOR MOVEMENTS
Range of motion/coordination/strength is appropriate for age and support speech function and oral phase of swallow.

AUDITORY COMPREHENSION
Comprehends information presented verbally at a level appropriate for age and situation.

READING COMPREHENSION
Comprehends information presented in a written format at a level appropriate for age and level of education.

VERBAL EXPRESSION
Communicates verbally at a level appropriate for age and situation, intelligible to the listener, and

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change
573000	ST: Assessment+ (continued)									

accurate in intent.

WRITTEN EXPRESSION
Communicates in a written format at a level appropriate for age and situation, legibly and accurately.

COGNITIVE SKILLS
Attention, orientation, memory, organizational skills, judgment, reasoning, problem solving is at a level appropriate for age and situation.

PRAGMATICS/COMMUNICATION BEHAVIORS
Topic shift, eye contact, facial expression, gestural cues, turn taking, social skills, preassumption, topic maintenance, communication behaviors are at a level appropriate for age and situation.

VISUOSPATIAL ORGANIZATION
Response to visual stimuli is at a level appropriate for age, situation and visual acuity limitations.

SPEECH PRODUCTION
Speech is of sufficient clarity, rate and volume to be understood by the listener.

SWALLOWING
Food is ingested in a manner appropriate for age and situation. Diet is tolerated without signs and symptoms of aspiration.

Create	12/15/19	1133	HH	12/15/19	1133	HH				
573003	ST: Clinical Dysphagia Eval+							A	.per physician order	CP
Create	12/15/19	1133	HH	12/15/19	1133	HH				
573020	ST: Dysphagia Therapy Management+							A	.per standard	CP
Create	12/15/19	1133	HH	12/15/19	1133	HH				
573025	ST: Speech Therapy Management+							A	.per physician order	CP
Create	12/15/19	1133	HH	12/15/19	1133	HH				

Activity Date: 12/15/19 Time: 1134

573003	ST: Clinical Dysphagia Eval+							A	.per physician order	CP
- Document	12/15/19	1134	HH	12/15/19	1150	HH				

<< CLINICAL DYSPHAGIA EVALUATION >>

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Date: 12/15/19 Time: 1134 (continued)

573003 ST: Clinical Dysphagia Eval+ (continued)
Admission DX: FALL INJURY W/ LEFT HIP FX
Date of Onset: 12/10/19
Reason for Referral: DYSPHAGIA S/P SURGERY
- MEDICAL HISTORY -
Neuro/Psych Hx: CVA WITH L SIDED WEAKNESS
Endocrine Hx: DM
EENT Hx: NO HISTORY
GI Hx: NO HISTORY
Cardiovascular Hx: HYPERTENSION
HLD
Respiratory Hx: NO HISTORY
Musculoskeletal Hx: L SIDED WEAKNESS FROM
CVA
Integumentary Hx: NO HISTORY
Hematological Hx: NO HISTORY
Genitourinary Hx: NO HISTORY
Reproductive Hx: NO HISTORY
Prior Functional Level: FAMILY PRESENT AND TRANSLATING FOR PATIENT. PATIENT SPEAKING ENGLISH AS WELL. PATIENT COMPLETELY INDEPENDENT IN ALL ASPECTS PRIOR TO HOSPITALIZATION.
Level of Consciousness: ALERT/AWAKE
Behavioral Status: COOPERATIVE
Is patient on ventilator? N
Does patient have tracheostomy? N
Was patient recently extubated? N
Current diet: REGULAR CONSISTENCY
SOLIDS/THIN LIQUIDS
Assist Feed? Y
Type of assistance: PHYSICAL ASSIST
Patient refusing food? N
Patient positioning: BED
Blue dye test performed? N
Laryngeal excursion per palpation: COMPLETE
< Oral Motor Examination >
Natural Dentition Intact? N
Dentition Impairment: EDENTULOUS
Dentures Present? N
Oral Motor Movements WFL (within Functional Limits)? YES
Comments: ORAL MOTOR STRENGTH/ROM IS WFL.
NO ASYMMETRY OR OBVIOUS WEAKNESS WITH ORAL MOTOR EXAM
Comment: WFL
Lingual Lateralization/Protrusion/Retraction/Circumduction/Elevation, &
Comments: WFL
Comments: WFL
Comments: WFL

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1134 (continued)

5/3003 ST: Clinical Dysphagia Eval+ (continued)
Structural Anomalies? N
Comments: NO OBVIOUS STRUCTURAL ANOMALIES
< Textures Presented >
Thin Liquids? Y
Via: CUP
Results: PATIENT NOTED TO HOLD
LIQUID BOLUS IN MOUTH
FOR PROLONGED PERIOD
HOWEVER SWALLOW
EVENTUALLY PRODUCED
WITH GOOD HYOLARYNGEAL
ELEVATION, MOVEMENT AND
SPEED. NO COUGHING
OR WET VOCAL QUALITY
NOTED.
Nectar Liquids? N
Honey Liquids? N
Pudding Liquids? N
Puree Solids? Y
Via: SPOON
Results: SIMILAR RESULTS AS
ABOVE. PATIENT NOTED
TO HOLD BOLUS IN MOUTH
WITH PROLONGED
PREPATORY PHASE HOWEVER
ONCE SWALLOW INITIATED,
NO COUGHING OR OVERT
S/SX OF ASPIRATION.
Mechanical Soft? N
Regular Solids? N
Comments: PATIENT SEEN FOR CLINICAL DYSPHAGIA EVALUATION
BEDSIDE SECONDARY TO DYSPHAGIA AFTER SURGERY.
FAMILY REPORTED HE ISN'T EATING MUCH AND HOLDING
FOOD IN MOUTH. PATIENT GIVEN TRIALS OF PUREE
CONSISTENCY THIS DAY. PROLONGED ORAL PREPARATION
AND HOLDING BOLUS IN MOUTH HOWEVER PATIENT
EVENTUALLY PRODUCED SWALLOW WITH ADEQUATE
HYOLARYNGEAL MOVEMENT DURING PALPATION. NO
COUGHING OR S/SX OF ASPIRATION. MINIMAL TRIALS OF
LIQUIDS THIS DAY AS PATIENT REFUSING MOST HOWEVER
SIMILAR RESULTS TO PUREE CONSISTENCY. PATIENT IS
PRESENTING WITH NEW ONSET OF DYSPHAGIA POSSIBLY
DUE TO SUSPECTED NEW ONSET OF COGNITIVE DEFICITS
BEING REPORTED BY FAMILY. RECOMMEND PUREE
CONSISTENCY SOLIDS/THIN LIQUIDS THIS DAY WITH
ASSISTANCE FOR FEEDING AND DIRECT SUPERVISION
DURING ALL MEALS. ST TO FOLLOW UP. FAMILY ADVISED

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1134 (continued)

5/3003 ST: Clinical Dysphagia Eval+ (continued)
AND AGREEABLE
Diagnosis 1. ORAL DYSPHAGIA
Severity 1: MILD
Diagnosis 2. SUSPECT PHARYN. DYSPHAGIA
Videofluoroscopic swallow evaluation recommended? N
Functional Swallowing Status: MODIFY FOOD/SUPERVISION
Diet Recommendations: ALL LIQUID CONSISTENCIES
PUREED SOLIDS
Compensatory Strategies: EAT SLOWLY
SMALL BOLUS
90 DEGREES UPRIGHT
Assist to Feed: DIRECT SUPERVISION
PHYSICAL ASSIST
Document Interdisciplinary Education? Y
< Recommendations >
Dysphagia therapy indicated at this time? Y
Frequency: 5 TIMES/WEEK
Duration: 1 WEEK
<< SPEECH/LANGUAGE PATHOLOGY PLAN OF CARE >>
Patient/Family/Sig Other involved in establishing treatment plan & goals? Y
Patient/Family/Significant Other Goals: EAT AND RETURN TO NORMAL SELF
Short Term Goals -
Patient will in: 1 WEEK
1. CONSISTENTLY AND SAFELY TOLERATE AND CONSUME PUREE SOLIDS
AND THIN LIQUIDS WITHOUT S/SX OF ASPIRATION/DYSPHAGIA
IN ALL PRESENTED OPPORTUNITIES
2. PRODUCE A SWALLOW WITHIN 2-5 SECONDS OF BOLUS PRESENTATION
GIVEN VERBAL CUES IN 50% OF PRESENTED OPPORTUNITIES.
3. CONSUME FURTHER TRIALS FOR UPGRADE OF DIET AS
CLINICALLY INDICATED.
Long Term Goals
Patient will in: 3 WEEKS
1. CONSISTENTLY AND SAFELY CONSUME LRD WITHOUT S/SX OF
ASPIRATION/DYSPHAGIA IN ALL PRESENTED OPPORTUNITIES.
Rehabilitation Potential for Stated Goals: GOOD
G Code: N
Severity Modifier determined by Objective Clinical Findings.
Recommendations: AS ABOVE
Time Dysphagia Evaluation Started: 1032
Time Dysphagia Evaluation Completed: 1100
Total Dysphagia Evaluation Time: 0 Hr 28 Mins
Dysphagia Eval Total Units: 1
<< TEACHING & EDUCATION >>
Department: REHABILITATION SERVICES
Setting: BEDSIDE
Learner: PATIENT
DAUGHTER

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1134 (continued)

573003 ST: Clinical Dysphagia Eval+ (continued)
X2
FAMILY
Readiness to Learn: NEEDS ENCOURAGEMENT
Preferred Method: DEMONSTRATION
EXPLANATION
Barriers: MEDICAL CONDITION
LANGUAGE BARRIER
PAIN
COGNITIVE LIMITATION
Education Content:
Dx/Condition: L FEMUR FX S/P FALL
Procedure/Test: Physical Therapy
Speech Therapy
Equipment: Walker
Hospital Care: Physical Therapy
Safety Issues
Fall Precautions
Speech Therapy
Home Care: Patient Safety
Fall Precautions
Rehabilitation
Strategies: DEMONSTRATION
EXPLANATION
Evaluation: NEEDS REINFORCEMENT
Community Resources/Referral: REHAB FACILITY

Activity Date: 12/15/19 Time: 1151

573000 ST: Assessment+ A .per standard CP
An evaluation of a patient's speech/language/voice/cognition/swallow status will be performed per policy. The following parameters are considered not appropriate for therapeutic intervention, whose results are "within functional limits" (WFL). If a patient falls within defined parameters for a speech/language/voice/cognition/swallow component, the speech/language pathologist may answer "Y" to the "WFL" query and move on to the next component. A response of "UTA" (unable to assess) and "NA" (not assessed) will also allow the speech/language pathologist to move on to the next component. If the speech/language pathologist answers "N", he/she must complete the full component

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

573000 ST: Assessment+ (continued)
assessment before moving on to the next component.

ORAL MOTOR MOVEMENTS
Range of motion/coordination/strength is appropriate for age and support speech function and oral phase of swallow.

AUDITORY COMPREHENSION
Comprehends information presented verbally at a level appropriate for age and situation.

READING COMPREHENSION
Comprehends information presented in a written format at a level appropriate for age and level of education.

VERBAL EXPRESSION
Communicates verbally at a level appropriate for age and situation, intelligible to the listener, and accurate in intent.

WRITTEN EXPRESSION
Communicates in a written format at a level appropriate for age and situation, legibly and accurately.

COGNITIVE SKILLS
Attention, orientation, memory, organizational skills, judgment, reasoning, problem solving is at a level appropriate for age and situation.

PRAGMATICS/COMMUNICATION BEHAVIORS
Topic shift, eye contact, facial expression, gestural cues, turn taking, social skills, preassumption, topic maintenance, communication behaviors are at a level appropriate for age and situation.

VISUOSPATIAL ORGANIZATION
Response to visual stimuli is at a level appropriate for age, situation and visual acuity limitions.

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

5/3000 ST: Assessment+ (continued)
SPEECH PRODUCTION
Speech is of sufficient clarity, rate and volume to be understood by the listener.

SWALLOWING
Food is ingested in a manner appropriate for age and situation. Diet is tolerated without signs and symptoms of aspiration.
Document 12/15/19 1151 HH 12/15/19 1208 HH
<< SPEECH/LANGUAGE PATHOLOGY INITIAL EVALUATION >>
Admission DX: LEFT HIP FX
Reason for Referral: S/P FALL
- MEDICAL HISTORY -
Neuro/Psych Hx: CVA WITH L SIDED WEAKNESS
Endocrine Hx: DM
ENT Hx: NO HISTORY
GI Hx: NO HISTORY
Cardiovascular Hx: HYPERTENSION
HLD
Respiratory Hx: NO HISTORY
Musculoskeletal Hx: L SIDED WEAKNESS FROM CVA
Integumentary Hx: NO HISTORY
Hematological Hx: NO HISTORY
Genitourinary Hx: NO HISTORY
Reproductive Hx: NO HISTORY
Prior Functional Level: FAMILY PRESENT AND TRANSLATING FOR PATIENT. PATIENT SPEAKING ENGLISH AS WELL. PATIENT COMPLETELY INDEPENDENT IN ALL ASPECTS PRIOR TO HOSPITALIZATION
Level of Consciousness: ALERT/AWAKE
AROUSABLE
Behavioral Status: COOPERATIVE
Is patient on ventilator? N
Does patient have tracheostomy? N
Was patient recently extubated? N
Current diet: PUREE SOLIDS/THIN LIQUIDS
< Oral Motor Examination >
Natural Dentition Intact? N
Dentition Impairment: EDENTULOUS
Dentures Present? N
Oral Motor Movements WFL (within Functional Limits)? YES
Comment: WFL
Lingual Lateralization/Protrusion/Retraction/Circumduction/Elevation, &
Comments: WFL
Comments: WFL
Comments: WFL

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1151 (continued)

5/3000 ST: Assessment+ (continued)
Structural Anomalies? N
Comments: NO OBVIOUS STRUCTURAL ANOMALIES
Evaluation Type: NEURO STATUS EXAM
Assessment Tool Used: COGNISTAT
Auditory Comprehension WFL: YES
Detail? N
Reading Comprehension WFL: NOT ASSESSED
Detail? N
Verbal Expression WFL? YES
Detail? N
Written Expression WFL: NOT ASSESSED
Detail? N
Cognitive Skills WFL: NO
Comments: COGNISTAT UTILIZED TO ASSESS COGNITIVE LINGUISTIC SKILLS S/P FALL AND FAMILY REPORTING NEW ONSET OF COGNITIVE DEFICITS.
ORIENTATION: 3- SEVERE IMPAIRMENT
ATTENTION TASK: 3 MODERATE IMPAIRMENT
SHORT TERM MEMORY SEVERELY IMPAIRED
MEMORY TASK: 0-SEVERE IMPAIRMENT
CALCULATIONS:2-MILD IMPAIRMENT
NAMING: 8/8
PATIENT IS DEMONSTRATING NEW DEFITIS IN MEMORY AND ATTENTION TASKS. DIFFICULTY WITH TOPIC MAINTENANCE DURING CONVERSATIONAL TASKS. DISORIENTATION NOTED AND SUSPECTED DELAYED PROCESSING SPEED
FAMILY REPORTING ALL DEFICITS ARE NEW ONSET SINCE AFTER SURGERY
Detail? N
Pragmatic Behavior WFL: NO
Comments: REDUCED EYE CONTACT. REDIRECTION NEEDED FOR TOPIC MAINTENANCE AND EYE CONTACT
Detail? N
Visuospatial Organization Skills WFL: NOT ASSESSED
Detail? N
Speech Production WFL: YES
Detail? N
< Problem List >
: Cognitive Deficit
: Pragmatic Deficit
Treatment Diagnosis 1: COGNITIVE COMMUN. DEFICIT
Severity 1: MODERATE
Document Interdisciplinary Education? Y
< Recommendations >
Speech/Language Therapy indicated at this time? Y
Frequency: 5 TIMES/WEEK
<< SPEECH/LANGUAGE PATHOLOGY PLAN OF CARE >>

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1151 (continued)

573000 ST: Assessment+ (continued)
Patient/Family/Sig. Other involved in establishing treatment plan & goals? Y
Patient/Family/Significant Other Goals: GET BETTER; RETURN TO NORMAL SELF
Short Term Goals -
Patient will in: 1 WEEK
1. ORIENTATION TO PLACE/MONTH AND YEAR IN 75% OF PRESENTED OPPORTUNITIES.
2. MAINTAIN CONVERSATIONAL TASK FOR UP TO 5 MINUTES WITH CONVERSATIONAL PARTNER.
3. RECALL ITEMS/PERTINENT INFORMATION WITH DELAY (UP TO 5 MINUTES) 50% ACCURACY.
4. PARTICIPATE IN FURTHER DIAGNOSIC TX SESSIONS AS CLINICALLY INDICATED
Long Term Goals -
Patient will in: 3 WEEKS
1. INCRLASE COGNITIVE LINGUISTIC SKILLS TO MINIMAL TO NO IMPAIRMENT
G Code: N
Severity Modifier determined by Objective Clinical Findings.
Rehabilitation Potential for Stated Goals: GOOD
Estimated Daily Treatment Time: 30 MIN
Time Evaluation Started: 1101
Time Evaluation Completed: 1125
Total Evaluation Time: 0 Hr 24 Mins
S/L Eval Total Units: 1
<< TEACHING & EDUCATION >>
Department: REHABILITATION SERVICES
Setting: BEDSIDE
Learner: PATIENT
Readiness to Learn: WILLING TO LEARN
Preferred Method: EXPLANATION
Barriers: MEDICAL CONDITION
Education Content:
Dx/Condition: FALL
Procedure/Test: Speech Therapy
Hospital Care: Speech Therapy
Strategies: EXPLANATION
Evaluation: STATES UNDERSTANDING

Activity Date: 12/15/19 Time: 1200

220210 Admission/Shift Assessment + A CP
- Document 12/15/19 1200 BM 12/15/19 1701 BM
- - BODY SYSTEM ASSESSMENT -
Choose body systems to document: Neurological
- - NEUROLOGICAL ASSESSMENT - -
RASS/LOC - -
Alert and oriented: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1200 (continued)

220210 Admission/Shift Assessment + (continued)
Document Glasgow coma scale: No
- - FACIAL SYMMETRY -
Facial symmetry: Intact
- PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
- TONGUE - -
Tongue: Midline
- VOCALIZATION - -
Vocalization: Appropriate
- - REFLEXES
Reflexes present and appropriate: Yes
- UPPER EXTREMITY - -
Upper extremities equal and strong bilaterally: Yes
- - LOWER EXTREMITY
Lower extremities equal and strong bilaterally: No
Leg left motor strength: No contraction/no move
Leg right motor strength: Strong
Foot left motor strength: No contraction/no move
Foot right motor strength: Strong
- GAIT/BALANCE - -
Gait, strength, balance: Non-ambulatory
General weakness: None
Dizziness: Present/Exists
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- - TRAIN OF FOUR -
Document train of four: No
- - PUPILLOMETER - -
Document Pupillometry: No

Activity Date: 12/15/19 Time: 1325

Patient Notes: NURSE NOTES *
- Create 12/15/19 1325 BM 12/15/19 1356 BM
Abnormal? N Confidential? N
DRESSING CHANGE TO LEFT HIP. STAPLES ARE INTACT BUT THERE IS SIGNIFICANT OOZING FROM WOUND. BRUISING NOTED AROUND SURGICAL AREA. GAUZE AND MEPILEX PLACED AFTER NORMAL SALINE CLEANSE. PATIENT COMPLAINED OF PAIN DURING REPOSITIONING FOR DRESSING CHANGE.

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1325 (continued)

Patient Notes: NURSE NOTES * (continued)
Note Type Description
No Type None

Activity Date: 12/15/19 Time: 1340 (continued)

Patient Notes: NURSE NOTES * (continued)
Create 12/15/19 1340 BM 12/15/19 1357 BM
Abnormal? N Confidential? N
PRN ULTRAM 50 MG GIVEN FOR COMPLAINTS OF PAIN. MONITORING IN PROGRESS FOR EFFECTIVENESS OF MEDICATION. FINGER STICK 187 AND 4 UNITS HUMALOG INSULIN IS GIVEN WITH LUNCH.
Note Type Description
No Type None

Activity Date: 12/15/19 Time: 1531

220402 Vitals Welch Allyn Monitor + A MO
- Document 12/15/19 1531 WXF 12/15/19 1531 WXF
Temperature C: 36.8
Temperature source: Oral
Blood pressure: 124/68
Blood pressure location: Arm upper left
Vital signs position: Lying
Pulse: 85
Pulse location: Radial
Respiratory rate: 20
Respiratory source: Auscultation
SPO2 %: 93
LOC: Alert
MEWS score: 1

Activity Date: 12/15/19 Time: 1600

220210 Admission/Shift Assessment + A CP
- Document 12/15/19 1600 BM 12/15/19 1701 BM
- - BODY SYSTEM ASSESSMENT - -
Choose body systems to document: Neurological
- - NEUROLOGICAL ASSESSMENT - -
- - RASS/LOC
Alert and oriented: Yes
Document Glasgow coma scale: No
- - FACIAL SYMMETRY - -
Facial symmetry: Intact
- - PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
TONGUE -
Tongue: Midline

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1600 (continued)

220210 Admission/Shift Assessment + (continued)
- VOCALIZATION - -
Vocalization: Appropriate
- - REFLEXES - -
Reflexes present and appropriate: Yes
- - UPPER EXTREMITY - -
Upper extremities equal and strong bilaterally: Yes
- - LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: No contraction/no move
Leg right motor strength: Strong
Foot left motor strength: Moves against resistance
Foot right motor strength: Strong
- - GAIT/BALANCE - -
Gait, strength, balance: Non-ambulatory
General weakness: None
Dizziness: Present/Exists
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- - NUMB/TINGLING/PARALYSIS -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- - TRAIN OF FOUR - -
Document train of four: No
- - PUPILLOMETER - -
Document Pupillometry: No

Activity Date: 12/15/19 Time: 1607

220417 Hygiene Care+ A PS
- Document 12/15/19 1607 WXF 12/15/19 1608 WXF
- - HYGIENE CARE - -
Chlorhexidine gluconate (CHG) used for bath: Yes, CHG bath given
Hygiene care provided: Extensive, 2+ person asst
Perineal care provided: Extensive, 2+ person asst
Oral care provided: Extensive, 1 person asst
Chlorhexidine gluconate (CHG) used for oral care: Yes, CHG oral swabs used
Date of last bowel movement: 12/15/19
220415 Routine Daily Care + A .on going CP
- Document 12/15/19 1607 WXF 12/15/19 1607 WXF
- - DAILY CARE ROUTINE - -
Activity: Bedrest
Chair
Specialty bed: Low air loss

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1607 (continued)

220415 Routine Daily Care + (continued)
Head of bed elevation: HOB 30 degrees
Transport method: Wheelchair
Appetite: Good
220420 Intake and Output + A CP
Document 12/15/19 1607 WXF 12/15/19 1608 WXF
INTAKE AND OUTPUT -
- MEALS CONSUMED INTAKE
Meal: Breakfast
Amount taken: 50%
Oral nutritional supplement ml: 360

Activity Date: 12/15/19 Time: 1620

220420 Intake and Output + A CP
- Document 12/15/19 1620 WXF 12/15/19 1620 WXF
INTAKE AND OUTPUT - -
MEALS CONSUMED INTAKE
Meal: Lunch
Amount taken: 100%
Oral nutritional supplement ml: 360

Activity Date: 12/15/19 Time: 1630

Patient Notes: NURSE NOTES *
- Create 12/15/19 1630 BM 12/15/19 1712 BM
Abnormal? N Confidential? N
DAUGHTER REQUESTED THAT SHE GETS PERMISSION PRIOR TO VITAMIN B12 SHOT BEING GIVEN AND FOLLOWING CLEARANCE FROM THE PRIMARY PHYSICIAN VITAMIN B12 INJECTION WAS GIVEN INTO THE LEFT UPPER ARM TOLERATED WELL.
Note Type Description
No Type None

Activity Date: 12/15/19 Time: 1708

220700 Plan of Care+ A CP
- Document 12/15/19 1708 BM 12/15/19 1709 BM
- CARDIAC ALTERATION -
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Cardiac alteration problem is: Stabilizing/Maintaining
MUSCULOSKELETAL ALTERATION -
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Musculoskeletal alteration problem is: Stabilizing/Maintaining
- - SKIN INTEGRITY ALTERATION
Skin integrity alteration problem expected to: Improve/Resolve
Target date: 12/16/19

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1708 (continued)

220700 Plan of Care+ (continued)
Skin integrity alteration problem is: Stabilizing/Maintaining
ENDOCRINE ALTERATION -
Endocrine alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Endocrine alteration problem is: Stabilizing/Maintaining
INFECTION ALTERATION - -
Infection alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Infection alteration problem is: Stabilizing/Maintaining
- COMFORT ALTERATION -
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Comfort alteration problem is: Stabilizing/Maintaining
- - PAIN PROBLEM -
Pain problem expected to: Improve/Resolve
Target date: 12/16/19
Pain problem is: Stabilizing/Maintaining
- TOILETING DEFICIT PROBLEM - -
Toileting deficit problem expected to: Improve/Resolve
Target date: 12/16/19
Toileting deficit problem is: Stabilizing/Maintaining
- - ANXIETY ALTERATION - -
Anxiety alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Anxiety alteration problem is: Stabilizing/Maintaining
- FAMILY COPING IMPAIRMENT
Family coping impairment problem expected to: Improve/Resolve
Target date: 12/15/19
Family coping impairment problem is: Stabilizing/Maintaining
- - FAMILY PROCESSES ALTERATION - -
Family processes alteration problem expected to: Improve/Resolve
Target date: 12/15/19
Family processes alteration problem is: Stabilizing/Maintaining
- BLEEDING RISK PROBLEM - -
Bleeding risk problem expected to: Improve/Resolve
Target date: 12/15/19
Bleeding risk problem is: Stabilizing/Maintaining
INJURY RISK PROBLEM - -
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/16/19
Injury risk problem is: Stabilizing/Maintaining
- - HOME MAINTENANCE ALTERATION -
Home maintenance alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Home maintenance alteration problem is: Stabilizing/Maintaining
MAIN SCREEN SELECTIONS
Physiological problem/alteration in: Cardiac

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1708 (continued)

220700 Plan of Care+ (continued)
Endocrine
Infection
Musculoskeletal
Skin integrity
Functional problem/alteration in: Comfort
Pain
Toileting
Psychological problem/alteration in: Anxiety
Family coping
Family processes
Health behavior problem/risk: Bleeding risk
Home maintenance
Injury risk

Activity Date: 12/15/19 Time: 1746

Patient Notes: NURSE NOTES *
- Create 12/15/19 1746 BM 12/15/19 1746 BM
Abnormal? N Confidential? N
FINGER STICK 262, HUMALOG 8 UNITS GIVEN WITH DINNER.
Note Type Description
No Type None

Activity Date: 12/15/19 Time: 1920

Patient Notes: NURSE NOTES *
Create 12/15/19 1920 SM 12/16/19 0035 SM
Abnormal? N Confidential? N
BEDSIDE REPORT FROM BEVERLY.PT AWAKE AND ALERT.FAM AT BEDSIDE.NO C/O PAIN OR SOB.TELEMETRY AND IMMOBILIZER TO LLE CONTINUED.NO CONDOM CATH PRESENT. FAM WANTS IT REAPPLIED LATER.ASSESSMENT COMPLETED AND CHARTED.FALL PRECAUTIONS.BED LOCKED AND LOW POSITION.RAILS UP.HOB ELEVATED.PT WAS REPOSITIONED WITH PILLOWS AND WEDGES TO HAVE PROPER BODY ALIGNMENT.CALL LIGHT WITHIN REACH.ROUNDS Q 1HR.
Note Type Description
No Type None

Activity Date: 12/15/19 Time: 1924

220402 Vitals Welch Allyn Monitor + A MO
- Document 12/15/19 1924 SM 12/15/19 1924 SM
Temperature C: 38.2
Temperature source: Oral
Blood pressure: 108/61
Blood pressure location: Arm upper left
Vital signs position: Lying
Pulse: 88

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 1924 (continued)

220402 Vitals Welch Allyn Monitor + (continued)
Pulse source: Monitor
Respiratory rate: 16
Respiratory source: Observed
SPO2 %: 97
Oxygen delivery devices: Room air
LOC: Alert
MEWS score: 1

Activity Date: 12/15/19 Time: 2003

Patient Notes: NURSE NOTES *
- Create 12/15/19 2003 SM 12/15/19 2004 SM
Abnormal? N Confidential? N
PT STABLE.PER DAUGHTER SHE WANTS ONLY TYLENOL 1TAB AT THIS TIME.PM MEDS GIVEN PER MD ORDERS.CALL LIGHT WITHIN REACH.FAM. AT BEDSIDE.
Note Type Description
No Type None

Activity Date: 12/15/19 Time: 2020

220210 Admission/Shift Assessment + A CP
- Document 12/15/19 2020 SM 12/15/19 2342 SM
- BODY SYSTEM ASSESSMENT
NEUROLOGICAL ASSESSMENT -
- RASS/LOC - -
Alert and oriented: Yes
- FACIAL SYMMETRY - -
Facial symmetry: Intact
- PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
- TONGUE - -
Tongue: Midline
- VOCALIZATION - -
Vocalization: Appropriate
- REFLEXES -
Reflexes present and appropriate: Yes
- UPPER EXTREMITY - -
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Leg right motor strength: Weak
Foot left motor strength: Weak
Foot right motor strength: Weak
GAIT/BALANCE - -
Gait, strength, balance: Gait unsteady
Generalized weakness

Diagnosis/Problem/Outcome/Intervention/eval. Description
Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/15/19 Time: 2020 (continued)

220210 Admission/Shift Assessment + (continued)
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- - NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- - CARDIOVASCULAR ASSESSMENT - -
- - HEART SOUNDS/MURMUR - -
Heart sounds normal (S1,S2): Yes
- - JUGULAR DISTENTION - -
Jugular distension: None
- - HEART RHYTHM - -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm
- - PACING/AICD -
Cardiac pacer/AICD: None
Ventricular assist device: None
- - RESPIRATORY - -
- - RESPIRATORY EFFORT/PATTERN - -
Respirations even and unlabored: Yes
- - BREATH SOUNDS - -
Bilateral lungs sounds clear, equal and undiminished: No
Left upper lobe: Decreased diminished
Left lower lobe: Decreased diminished
Right upper lobe: Decreased diminished
Right middle lobe: Decreased diminished
Right lower lobe: Decreased diminished
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
- - OXYGEN THERAPY - -
Oxygen therapy: None
- - COUGH/SPUTUM - -
Cough/sputum/secretions: None
- - EENT - -
- - EYE ABNORMALITIES - -
Eye physical abnormalities or drainage: None
- - EAR ABNORMALITIES - -
Ear physical abnormalities or drainage: None
- - NOSE ABNORMALITIES - -
Nose physical abnormalities or drainage: None

Diagnosis/Problem/Outcome/Intervention/eval. Description
Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/15/19 Time: 2020 (continued)

220210 Admission/Shift Assessment + (continued)
- - MOUTH/THROAT ABNORMALITIES - -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
- - GASTROINTESTINAL - -
Nausea: None
- - VOMITING -
Vomiting/Dry heaving: None
- - ABDOMEN - -
Abdomen is soft, symmetrical, and non-tender: Yes
- - BOWEL SOUNDS - -
Bowel sounds normal-active in all 4 quadrants: Yes
Passing flatus: Yes
- - STOOL - -
Document stool: Normal for patient
- - GENITOURINARY - -
- - URINE CHARACTERISTICS - -
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: No
Abnormal urinary conditions: None
- - FISTULA/GRAFT - -
Fistula/graft present: No
- - ABNORMAL GENITALIA - -
Abnormal genitalia: None
- - URETHRAL DISCHARGE/LESIONS - -
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: Present/Exists
- - SIGNS/SYMPTOMS - INJURY/TRAUMA - -
Signs or symptoms of recent injury or trauma: None
- - MUSCULOSKELETAL - -
Full range of motion appropriate for developmental age: Yes
- - GAIT - -
Developmentally age appropriate gait: No
Gait impairment: Unsteady
Weakness
- - AMBULATION - -
Developmentally appropriate independent ambulation: No
Ambulation: Non-wt bearing
2 person assist
- PARESTHESIA - -
Paresthesia: None
- - ACUTE CONDITION - -
Musculoskeletal acute condition: Present/Exists
Acute condition: - - Fracture Proximal Hip left - -
Instance list status: Active

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	from Change

Activity Date: 12/15/19 Time: 2020 (continued)

220210 Admission/Shift Assessment + (continued)
<lnd>
TRACTION
Traction: None
POSITIONING AIDS
Positioning aids: None
Contractures: None
INTEGUMENTARY
Skin condition: Warm and dry
SKIN COLOR
Color within expectations for ethnicity: Yes
Skin turgor testing less than 1 second: Yes
SKIN PIERCINGS
Skin piercings: None
SKIN ALTERATION
Skin alteration/Procedure site: Present/Exists
Skin alteration: Blister Posterior Thigh left
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Dressing intact/device
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 0
Intact value score: 0

Bruise Lateral Thigh left
Instance list status: Active
Related clinical factors: Trauma related
Tissue type worst: Dressing intact/device
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 0
Intact value score: 0

Other hematoma Anterior Scrotum bilateral
Instance list status: Active
Related clinical factors: Unable to determine
Tissue type worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: No
Any open areas: No
Altered level/stage: Superficial
Wound exudate amount/type: None
Wound/skin alteration comments:
BARRIER CREAM
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	from Change

Activity Date: 12/15/19 Time: 2020 (continued)

220210 Admission/Shift Assessment + (continued)
Intact value score: 0

Other redness Posterior Coccyx
Instance list status: Active
Related clinical factors: Moisture related
Tissue type worst: Pink/red/erythema/intact
Wound base visible: Yes
Intact skin: No
Any open areas: No
Altered level/stage: Superficial
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0

Procedural site Lateral Thigh left
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Dressing intact/device
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 0
Intact value score: 0
<lnd>
Document skin test monitor: No
VASCULAR
CAP REFILL DELAY
Capillary refill less than or equal to 3 seconds: Yes
PERIPHERAL PULSE
Pulses strong and equal bilaterally: Yes
CALF INSPECTION
Calves symmetrical and pain is absent with dorsiflexion: Yes
PERIPHERAL EDEMA
Peripheral edema: None
MECHANICAL PROPHYLAXIS
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee
Device applied to: Bilateral
PSYCHOSOCIAL
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
MOOD AND BEHAVIOR
Mood, behavior appropriate for situation/developmental age: Yes
THOUGHT PROCESSES
Thought processes appropriate for developmental age: Yes
SPEECH

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 2020 (continued)

220210 Admission/Shift Assessment + (continued)
Speech coherent and conversational: Yes
- - VOCALIZATION - -
Speech/vocalization is appropriate for developmental age: Yes
- - MEMORY - -
Short term and long term memory appears intact: Yes
Able to comprehend and follow directions: Yes
- BODY IMAGE DISTURBANCE - -
Body image disturbance: None
- - PARANOIA AND DELUSIONS - -
Paranoid ideation/delusions/hallucinations: None
220220 Safety/Risk/Regulatory + A CP
- Document 12/15/19 2020 SM 12/15/19 2343 SM
SAFETY/RISK/REGULATORY -
Isolation status: Standard precautions
- - SKIN RISK - -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: Yes
Existing wound: Yes
Skin integrity impairment risk: Yes
- - FALL RISK - -
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
- - SEVERE SEPSIS SCREENING - -
Assess sepsis: Yes
Temperature: Yes
Heart rate: No
Respirations: No
WBC results: 12/14/19 8.55 0545
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 1
220235 Pain Assessment + A CP
- Document 12/15/19 2020 SM 12/15/19 2343 SM
- - PAIN ASSESSMENT - -
Document objectives for pain management. Yes
Deep breath at/below pain mgmt goal: Yes
Turn at/below pain mgmt goal: Yes
Progressive ambulation at/below pain mgmt goal: Yes
Perform ADLs at/below pain mgmt goal: Yes
Patient goal for pain management: Mild pain-1
Pain scale utilized: Verbal numeric
Numeric pain scale: Moderate pain-4

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 2020 (continued)

220235 Pain Assessment + (continued)
Pain intensity: 4
Pain location: Hip left
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
Exacerbating factors for pain: Mobility
Position
220415 Routine Daily Care + A .on going CP
- Document 12/15/19 2020 SM 12/15/19 2345 SM
- - DAILY CARE ROUTINE - -
Activity: Bedrest
Level of assistance: 2 person assist
Head of bed elevation: HOB 30 degrees
Appetite: Good
220425 Lines/Drains/Airways + A CP
- Document 12/15/19 2020 SM 12/15/19 2346 SM
- - LINES, DRAINS, AIRWAY - -
- - PERIPHERAL INTRAVENOUS/OTHER - -
IV type: - - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes

- Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
- - URINARY CATHETER - -
Urinary catheter type: External/condom
Insertion/applied date: 12/15/19
Insertion/applied time: 2030
Urinary catheter status: Monitor
External/condom change date: 12/15/19
External/condom change time: 2031
Urinary catheter complications encountered: None
220430 Teach/Educate + A CP
- Document 12/15/19 2020 SM 12/15/19 2347 SM
- - PATIENT/FAMILY TEACHING - -
Primary learner: Patient
Other learner: Family
Barriers to communication/learning: Language barrier
Pain level

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 2020 (continued)

220430 Teach/Educate + (continued)
drowsiness
Primary learners preferred spoken language: ENG ENGLISH
Person(s) educated: Family
Patient
Readiness to learn: Asks questions
Method of education: Verbal discussion
Responsiveness to learning: Verbalized understanding
220700 Plan of Care+ A CP
Document 12/15/19 2020 SM 12/15/19 2348 SM
CARDIAC ALTERATION
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Cardiac alteration problem is: Improving/Resolving
Cardiac alteration problem has: Stabilized/Maintained
- MUSCULOSKELETAL ALTERATION
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Musculoskeletal alteration problem is: Improving/Resolving
Musculoskeletal alteration problem has: Stabilized/Maintained
SKIN INTEGRITY ALTERATION
Skin integrity alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Skin integrity alteration problem is: Improving/Resolving
Skin integrity alteration problem has: Stabilized/Maintained
ENDOCRINE ALTERATION
Endocrine alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Endocrine alteration problem is: Improving/Resolving
Endocrine alteration problem has: Stabilized/Maintained
INFECTION ALTERATION -
Infection alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Infection alteration problem is: Improving/Resolving
Infection alteration problem has: Stabilized/Maintained
COMFORT ALTERATION
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Comfort alteration problem is: Improving/Resolving
Comfort alteration problem has: Stabilized/Maintained
- PAIN PROBLEM
Pain problem expected to: Improve/Resolve
Target date: 12/16/19
Pain problem is: Improving/Resolving
Pain problem has: Stabilized/Maintained
TOILETING DEFICIT PROBLEM
Toileting deficit problem expected to: Improve/Resolve
Target date: 12/16/19

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 2020 (continued)

220700 Plan of Care+ (continued)
Toileting deficit problem is: Improving/Resolving
Toileting deficit problem has: Stabilized/Maintained
- - ANXIETY ALTERATION -
Anxiety alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Anxiety alteration problem is: Improving/Resolving
Anxiety alteration problem has: Stabilized/Maintained
FAMILY COPING IMPAIRMENT
Family coping impairment problem expected to: Improve/Resolve
Target date: 12/16/19
Family coping impairment problem is: Improving/Resolving
Family coping impairment problem has: Stabilized/Maintained
FAMILY PROCESSES ALTERATION
Family processes alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Family processes alteration problem is: Improving/Resolving
Family processes alteration problem has: Stabilized/Maintained
- BLEEDING RISK PROBLEM -
Bleeding risk problem expected to: Improve/Resolve
Target date: 12/16/19
Bleeding risk problem is: Improving/Resolving
Bleeding risk problem has: Stabilized/Maintained
INJURY RISK PROBLEM
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/16/19
Injury risk problem is: Improving/Resolving
Injury risk problem has: Stabilized/Maintained
HOME MAINTENANCE ALTERATION
Home maintenance alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Home maintenance alteration problem is: Improving/Resolving
Home maintenance alteration problem has: Stabilized/Maintained
MAIN SCREEN SELECTIONS
Physiological problem/alteration in: Cardiac
Endocrine
Infection
Musculoskeletal
Skin integrity
Functional problem/alteration in: Comfort
Pain
Toileting
Psychological problem/alteration in: Anxiety
Family coping
Family processes
Health behavior problem/risk: Bleeding risk
Home maintenance
Injury risk

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/15/19 Time: 2200

Patient Notes: NURSE NOTES *
Create 12/15/19 2200 SM 12/16/19 0036 SM
Abnormal? N Confidential? N
PERICARE WAS PERFORMED.CONDOM CATH IN PLACE.
Note Type Description
No Type None

Activity Date: 12/15/19 Time: 2337

220402 Vitals Welch Allyn Monitor + A MO
Document 12/15/19 2337 ZB 12/15/19 2337 ZB
Temperature C: 36.9
Temperature source: Axillary
Blood pressure: 109/56
Blood pressure location: Arm upper left
Vital signs position: Lying
Pulse: 93
Pulse location: Radial
Pulse source: Monitor
Respiratory rate: 18
Respiratory source: Observed
SPO2 %: 95
Oxygen delivery devices: Room air
OC: Alert
MEWS score: 1

Activity Date: 12/16/19 Time: 0000

220210 Admission/Shift Assessment + A CP
Document 12/16/19 0000 SM 12/16/19 0000 SM
BODY SYSTEM ASSESSMENT
Choose body systems to document: Neurological
NEUROLOGICAL ASSESSMENT
RASS/LOC
Alert and oriented: Yes
FACIAL SYMMETRY
Facial symmetry: Intact
PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
TONGUE
Tongue: Midline
VOCALIZATION
Vocalization: Appropriate
REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0000 (continued)

220210 Admission/Shift Assessment + (continued)
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Leg right motor strength: Weak
Foot left motor strength: Weak
Foot right motor strength: Weak
GAIT/BALANCE
Gait, strength, balance: Gait unsteady
Generalized weakness
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
NUMB/TINGLING/PARALYSIS
Numbness/tingling, paresis/paralysis, tremors: None
SEIZURE ACTIVITY
Current seizure activity: None
Nuchal rigidity: No

Activity Date: 12/16/19 Time: 0124

Patient Notes: NURSE NOTES *
Create 12/16/19 0124 SM 12/16/19 0126 SM
Abnormal? N Confidential? N
CT ESCORT CAME EARLIER TO BRING THE PT DOWN FOR CT ABD/PELVIS AND THE DAUGHTER REFUSED AND INDICATES WILL GET IT DONE IN THE MORNING.SHE WANTS THE PT TO REST TONIGHT.KELLY FROM TRAUMA IS AWARE AT ROUNDS.
Note Type Description
No Type None

Activity Date: 12/16/19 Time: 0349

220402 Vitals Welch Allyn Monitor + A MO
Document 12/16/19 0349 ZB 12/16/19 0349 ZB
Temperature C: 37.0
Temperature source: Axillary
Blood pressure: 106/63
Blood pressure location: Arm upper left
Vital signs position: Lying
Pulse: 84
Pulse location: Radial
Pulse source: Monitor
Respiratory rate: 18
Respiratory source: Observed
SPO2 %: 95
Oxygen delivery devices: Room air

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0349 (continued)

220402 Vitals Welch Allyn Monitor + (continued)
LOC: Alert
MEWS score: 1
Urinary catheter ml: 400

Activity Date: 12/16/19 Time: 0401

220210 Admission/Shift Assessment + A CP
- Document 12/16/19 0401 SM 12/16/19 0401 SM
- BODY SYSTEM ASSESSMENT - -
Choose body systems to document: Neurological
NEUROLOGICAL ASSESSMENT - -
- RASS/LOC - -
Alert and oriented: Yes
- - FACIAL SYMMETRY - -
Facial symmetry: Intact
- PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
- - TONGUE - -
Tongue: Midline
- VOCALIZATION - -
Vocalization: Appropriate
- - REFLEXES - -
Reflexes present and appropriate: Yes
- - UPPER EXTREMITY - -
Upper extremities equal and strong bilaterally: Yes
- LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Leg right motor strength: Weak
Foot left motor strength: Weak
Foot right motor strength: Weak
- - GAIT/BALANCE - -
Gait, strength, balance: Gait unsteady
Generalized weakness
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- - NUMB/TINGLING/PARALYSIS -
Numbness/tingling, paresis/paralysis, tremors: None
- SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0402

220420 Intake and Output + A CP
Document 12/16/19 0402 SM 12/16/19 0403 SM
- - INTAKE AND OUTPUT - -
- - ORAL INTAKE - -
Oral ml: 60
- - MEALS CONSUMED INTAKE - -
HS snack: 25%
- - URINE -
Void ml: 300
STOOL - -
WBC results: No results past 24 hrs
Criteria met for C.diff: No
Stool count: 0

Activity Date: 12/16/19 Time: 0636

Patient Notes: NURSE NOTES *
Create 12/16/19 0636 SM 12/16/19 0638 SM
Abnormal? N Confidential? N
DURING ROUNDS CONDOM FOLEY IS IN PLACE.PT REPOSITIONED DURING THE SHIFT FOR HIS COMFORT AND TO PREVENT PRESSURE ULCERS.SCRUTUM ELEVATED IN SOFT CUSHION TO DECREASE EDEMA.
Note Type Description
No Type None

Activity Date: 12/16/19 Time: 0703

Patient Notes: NURSE NOTES *
Create 12/16/19 0703 BM 12/16/19 0709 BM
Abnormal? N Confidential? N
REPORT RECEIVED ON THIS MALE PATIENT WHO IS ASLEEP IN BED. BED LOW AND LOCKED WITH SIDE RAILS UP X2. CALL LIGHT WITHIN EASY REACH. NO DISTRESS NOTED ON ROOM AIR. INTACT DRESSING TO LEFT HIP. CONDOM CATH IN PLACE WITH SMALL AMOUNT AMBER URINE. SCDS AND LEFT LEG IMMOBILIZER IN PLACE. BED ALARM SET. FAMILY AT BEDSIDE. CARE IS TRANSFERRED AND MONITORING IS IN PROGRESS.
Note Type Description
No Type None

Activity Date: 12/16/19 Time: 0716

Patient Notes: DIETICIAN NOTES
Create 12/16/19 0716 AMP 12/16/19 0716 AMP
Abnormal? N Confidential? N
Oral intake review completed. Based on available information, PO intakes average 50% or greater. Will recheck oral intakes as per RD policy. RD available per consult.
Note Type Description
No Type None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0745

220400 Vitals/Ht/ Wt/ Measurements + A CP
Document 12/16/19 0745 TXS 12/16/19 1032 TXS
VITAL SIGNS
Document vital signs: Yes
Temperature C: 36.2
Temperature source: Axillary
Pulse: 92
Pulse location: Radial
Pulse source: SpO2
Respiratory rate: 16
Respiratory source: Monitor
Vital signs position: Lying
Blood pressure: 110/60
Blood pressure location: Arm upper right
Blood pressure source: Monitor
SPO2 %: 94
Oxygen delivery devices: Nasal cannula
- HEIGHT/WEIGHT
BMI calculated: 29.2
- HEMODYNAMICS -
Mean arterial pressure: 76

Activity Date: 12/16/19 Time: 0815

220210 Admission/Shift Assessment + A CP
- Document 12/16/19 0815 BM 12/16/19 1226 BM
- - BODY SYSTEM ASSESSMENT -
NEUROLOGICAL ASSESSMENT
RASS/LOC
Alert and oriented: Yes
Document Glasgow coma scale: No
FACIAL SYMMETRY
Facial symmetry: Intact
PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
- TONGUE - -
Tongue: Midline
- - VOCALIZATION -
Vocalization: Appropriate
- - REFLEXES -
Reflexes present and appropriate: Yes
UPPER EXTREMITY -
Upper extremities equal and strong bilaterally: No
Arm left motor strength: Weak
Arm right motor strength: Weak
Hand left motor strength: Weak
Hand right motor strength: Weak
- - LOWER EXTREMITY -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0815 (continued)

220210 Admission/Shift Assessment + (continued)
Lower extremities equal and strong bilaterally: No
Leg left motor strength: No contraction/no move
Leg right motor strength: Strong
Foot left motor strength: No contraction/no move
Foot right motor strength: Strong
- - GAIT/BALANCE -
Gait, strength, balance: Non-ambulatory
General weakness: None
Dizziness: Present/Exists
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- NUMB/TINGLING/PARALYSIS -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- TRAIN OF FOUR
Document train of four: No
- - PUPILLOMETER -
Document Pupillometry: No
- - CARDIOVASCULAR ASSESSMENT -
- - HEART SOUNDS/MURMUR
Heart sounds normal (S1,S2): Yes
- - JUGULAR DISTENTION -
Jugular distension: None
HEART RHYTHM - -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm
- - PACING/AICD -
Cardiac pacer/AICD: None
Ventricular assist device: None
- RESPIRATORY - -
RESPIRATORY EFFORT/PATTERN -
Respirations even and unlabored: Yes
BREATH SOUNDS -
Bilateral lungs sounds clear, equal and undiminished: No
Left upper lobe: Decreased diminished
Left lower lobe: Decreased diminished
Right upper lobe: Decreased diminished
Right middle lobe: Decreased diminished
Right lower lobe: Decreased diminished
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0815 (continued)

220210 Admission/Shift Assessment + (continued)
OXYGEN THERAPY
Oxygen therapy: None
- - COUGH/SPUTUM - -
Cough/sputum/secretions: None
- - EENT -
- EYE ABNORMALITIES
Eye physical abnormalities or drainage: None
EAR ABNORMALITIES
Ear physical abnormalities or drainage: None
- NOSE ABNORMALITIES - -
Nose physical abnormalities or drainage: None
- - MOUTH/THROAT ABNORMALITIES - -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
GASTROINTESTINAL -
Nausea: None
- - VOMITING
Vomiting/Dry heaving: None
ABDOMEN
Abdomen is soft, symmetrical, and non-tender: Yes
BOWEL SOUNDS - -
Bowel sounds normal active in all 4 quadrants: Yes
Passing flatus: Yes
STOOL
Document stool: Abnormal for patient
Number of liquid stools: 0
Constipation: Unspecified
WBC results: 12/16/19 8.46 0505
Risk factors for C.diff: None
Criteria met for C.diff: No
GENITOURINARY -
URINE CHARACTERISTICS -
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: No
Abnormal urinary conditions: Incontinence
FISTULA/GRAFT - -
Fistula/graft present: No
- - ABNORMAL GENITALIA
Abnormal genitalia: None
- - URETHRAL DISCHARGE/LESIONS
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: None
- - SIGNS/SYMPTOMS - INJURY/TRAUMA
Signs or symptoms of recent injury or trauma: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0815 (continued)

220210 Admission/Shift Assessment + (continued)
MUSCULOSKELETAL -
Full range of motion appropriate for developmental age: No
- GAIT -
Developmentally age appropriate gait: No
Gait impairment: Bed bound
Chair bound
- AMBULATION
Developmentally appropriate independent ambulation: No
Ambulation: Non ambulatory
Non-wt bearing
PARESTHESIA - -
Paresthesia: None
ACUTE CONDITION
Musculoskeletal acute condition: Present/Exists
Acute condition: - - Fracture Proximal Hip left - -
Instance list status: Active
Sensations: Painful
Motor strength: No contraction/no move
Immobilization comment:
LIMB IMMOBILIZER
<Enc>
- TRACTION - -
Traction: None
- POSITIONING AIDS - -
Positioning aids: Present/Exists
Positioning aids: Pillows
Wedges
Limb immobilizer
Contractures: None
- INTEGUMENTARY
Skin condition: Warm and dry
- SKIN COLOR -
Color within expectations for ethnicity: Yes
Skin turgor tenting less than 1 second: No
SKIN PIERCINGS
Skin piercings: None
- - SKIN ALTERATION -
Skin alteration/Procedure site: Present/Exists
Skin alteration: - - Blister Posterior Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Red/moist/bumpy/granulatn
Wound base visible: Yes
Intact skin: No
Any open areas: Yes
Altered level/stage: Full thickness
Wound exudate amount/type: Serosanguineous

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0815 (continued)

220210 Admission/Shift Assessment + (continued)
Date of last dressing change: 12/16/19
Time of last dressing change: 0715
Dressing/reinforcement type: MEPILEX BORDER
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 3
Intact value score: 0.5

- - Bruise Lateral Thigh left - -
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Pink/red/erythema/intact
Wound base visible: No
Intact skin: Yes
Intact skin blanchable: No
Any open areas: No
Altered level/stage: No staging necessary
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0

- - Bruise Posterior Arm right upper
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Pink/red/erythema/intact
Wound base visible: No
Intact skin: Yes
Intact skin blanchable: No
Any open areas: No
Altered level/stage: No staging necessary
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0

- - Other hematoma Anterior Scrotum bilateral - -
Instance list status: Active
Related clinical factors: Unable to determine
Tissue type-worst: Purple/maroon/deep red
Wound base visible: No
Intact skin: Yes
Intact skin blanchable: No
Any open areas: No
Altered level/stage: Full Thickness
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0815 (continued)

220210 Admission/Shift Assessment + (continued)
Worst tissue type score: 5
Intact value score: 0

- - Other redness Posterior Coccyx - -
Instance list status: Active
Related clinical factors: Moisture related
Tissue type-worst: Pink/red/erythema/intact
Wound base visible: No
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: Superficial
Date of last dressing change: 12/16/19
Time of last dressing change: 0730
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0

Procedural site Lateral Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type worst: Pink/red/erythema/intact
Wound base visible: No
Intact skin: No
Any open areas: No
Altered level/stage: Superficial
Wound edges: Approximated
Staples/sutures: Staples intact
Wound exudate amount/type: Serosanguineous, Large amount
Date of last dressing change: 12/16/19
Time of last dressing change: 0730
Cleansed/applied: Normal saline
Dressing/reinforcement type: Gauze, MEPILEX BORDER
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0
<End>

Document skin test monitor: No
- - VASCULAR - -
- - CAP REFILL DELAY - -
Capillary refill less than or equal to 3 seconds: Yes
- - PERIPHERAL PULSE - -
Pulses strong and equal bilaterally: Yes
- - CALF INSPECTION - -
Calves symmetrical and pain is absent with dorsiflexion: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0815 (continued)

220210 Admission/Shift Assessment + (continued)
PERIPHERAL EDEMA - -
Peripheral edema: Present/Exists
Peripheral edema location 1: Leg
Peripheral edema location (L/R) 1: Left
Peripheral edema location (A/P) 1: Circumferential
Peripheral edema turgor description 1: Tight
Peripheral edema type 1: Pitting edema 2+
- MECHANICAL PROPHYLAXIS
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp knee
Device applied to: Bilateral
- PSYCHOSOCIAL - -
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
MOOD AND BEHAVIOR - -
Mood, behavior appropriate for situation/developmental age: Yes
- - THOUGHT PROCESSES -
Thought processes appropriate for developmental age: Yes
- - SPEECH - -
Speech coherent and conversational: Yes
- - VOCALIZATION
Speech/vocalization is appropriate for developmental age: Yes
- - MEMORY - -
Short term and long term memory appears intact. Yes
Able to comprehend and follow directions: Yes
BODY IMAGE DISTURBANCE -
Body image disturbance: None
PARANOIA AND DELUSIONS
Paranoid ideation/delusions/hallucinations: None
220220 Safety/Risk/Regulatory + A CP
Document 12/16/19 0815 BM 12/16/19 1227 BM
- - SAFETY/RISK/REGULATORY - -
Isolation status: Standard precautions
- - SKIN RISK -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: Yes
Existing wound: No
Skin integrity impairment risk: Yes
FALL RISK
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Fall precautions observed: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0815 (continued)

220220 Safety/Risk/Regulatory + (continued)
Is patient at high risk for falls: Yes
- - SEVERE SEPSIS SCREENING - -
Assess sepsis: Yes
Temperature. No
Heart rate: No
Respirations: No
WBC results: 12/16/19 8.46 0505
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 0
220425 Lines/Drains/Airways + A CP
- Document 12/16/19 0815 BM 12/16/19 1228 BM
- - LINES, DRAINS, AIRWAY - -
- - PERIPHERAL INTRAVENOUS/OTHER -
IV type: - - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
... ...

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 0815 (continued)

220430 Teach/Educate + (continued)
Person(s) educated: Patient
Family
Readiness to learn: Asks questions
Cooperative
Method of education: Verbal discussion
Interpreter
Responsiveness to learning: Verbalized understanding
Skin integrity topics: Dressing change
Urinary topics: Incontinence care

Activity Date: 12/16/19 Time: 0845

220235 Pain Assessment + A CP
- Document 12/16/19 0845 BM 12/16/19 0846 BM
- - PAIN ASSESSMENT - -
Pain scale utilized: Verbal numeric
Numeric pain scale: Moderate pain-6
Pain intensity: 6
Pain location: Hip left
Pain description: Aching
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
Exacerbating factors for pain: Mobility
Position

Activity Date: 12/16/19 Time: 0846

Patient Notes: NURSE NOTES *
- Create 12/16/19 0846 BM 12/16/19 0847 BM
Abnormal? N Confidential? N
PLACED ON BEDPAN BUT WAS UNABLE TO HAVE A BOWEL MOVEMENT. GIVEN PRN TRAMADOL FOR COMPLAINTS OF PAIN. MONITORING IN PROGRESS FOR EFFECTIVENESS OF MEDICATION.

Note Type	Description
No Type	None

Activity Date: 12/16/19 Time: 1000

220417 Hygiene Care+ A PS
- Document 12/16/19 1000 BM 12/16/19 1629 BM
- - HYGIENE CARE - -
Chlorhexidine gluconate (CHG) used for bath: Yes, CHG bath given
Hygiene care provided: Extensive, 2+ person asst
Perineal care provided: Extensive, 2+ person asst

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1200

220210 Admission/Shift Assessment + A CP
- Document 12/16/19 1200 BM 12/16/19 1232 BM
- - BODY SYSTEM ASSESSMENT - -
Choose body systems to document: Neurological
- NEUROLOGICAL ASSESSMENT -
- - RASS/LOC - -
Alert and oriented: Yes
Document Glasgow coma scale: No
- - FACIAL SYMMETRY - -
Facial symmetry: Intact
- - PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
- - TONGUE -
Tongue: Midline
- - VOCALIZATION - -
Vocalization: Appropriate
- - REFLEXES - -
Reflexes present and appropriate: Yes
- UPPER EXTREMITY -
Upper extremities equal and strong bilaterally: No
Arm left motor strength: Weak
Arm right motor strength: Weak
Hand left motor strength: Weak
Hand right motor strength: Weak
- - LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: No contraction/no move
Leg right motor strength: Strong
Foot left motor strength: No contraction/no move
Foot right motor strength: Moves not against gravity
- - GAIT/BALANCE - -
Gait, strength, balance: Non-ambulatory
General weakness: None
Dizziness: Present/Exists
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- - NUMB/TINGLING/PARALYSIS -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- - TRAIN OF FOUR - -
Document train of four: No
- - PUPILLOMETER - -
Document Pupillometry: No

Age/Sex: 69 M
Unit #: N000880775
Admitted: 12/10/19 at 0536
Status: DIS IN

Attending: Block,Ernest F MD
Account #: N00101730890
Location: N.PCU
Room/Bed: N.A419-1

AYAD,AZIZ

Osceola Reg Med Ctr Patient Care *Live*
CLINICAL DOCUMENTATION RECORD HPF

Printed 12/18/19 at 0417

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/16/19 Time: 1204									
2060103-B	RT Chg: Oxygen Daily						C	.per standard	PS
- Ed Status	12/16/19	1204	LM	12/16/19	1204	LM			A => C
220586	RT: Oxygen +						C	. 4LNC SAT 96%	PS
- Ed Status	12/16/19	1204	LM	12/16/19	1204	LM			A => C
Activity Date: 12/16/19 Time: 1230									
220420	Intake and Output +						A		CP
- Document	12/16/19	1230	TXS	12/16/19	1830	TXS			

- - INTAKE AND OUTPUT
- - MEALS CONSUMED INTAKE

Meal: Lunch
Amount taken: 50%

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/16/19 Time: 1247									
220402	Vitals Welch Allyn Monitor +						A		MO
- Document	12/16/19	1247	TXS	12/16/19	1248	TXS			

Temperature C: 37.6
Blood pressure: 130/66
Pulse: 96
Respiratory rate: 20
Respiratory source: Observed
SPO2 %: 91
LOC: Alert
MEWS score: 1

Activity Date: 12/16/19 Time: 1311

Patient Notes: PT ADVOCATE/CHAPLAIN NOTES *
- Create 12/16/19 1311 LVH 12/16/19 1311 LVH
Abnormal? N Confidential? N
Attempted visit. Pt was with Case Manager and nurse leader.

Note Type	Description
No Type	None

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/16/19 Time: 1511									
572062	OT: Acute Care Progress Note+						* A	.per physician order	AS
- Create	12/16/19	1511	YW	12/16/19	1518	YW			
- Document	12/16/19	1511	YW	12/16/19	1518	YW			

Occupational Therapy Treatment Note
Date: 12/16/19
START STOP TOTAL
1ST TREATMENT SESSION: 1418
: 1505
: 0 Hr 47 Mins
: 0 Hr 00 Mins

Activity Date: 12/16/19 Time: 1511 (continued)

572062 OT: Acute Care Progress Note+ * (continued)
Daily Treatment Total: 0 Hr 47 Mins
Subjective: " OKAY...OKAY.. OKAY"

PATIENT UNABLE TO QUANTIFY PAIN. PATIENT OFTEN MOANING AND SCREAMING 2/2 TO PAIN. SUPPORTIVE SPOUSE AND DAUGHTER AT BEDSIDE.

Treatment provided: PATIENT RECEIVED SUPINE IN BED. AGREEABLE TO WORKING WITH OT.

PATIENT INSTRUCTED IN BED MOBILITY WITH MAXIMUM ASSISTANCE TO MOVE LB OFF OF BED. PATIENT REQUIRED MAXIMUM VERBAL CUES TO UTILIZED UB FOR TRANSER. PATIENT SITTING EDGE OF BED WITH INITAL FAIR + BALANCE WITH LATERAL LEAN TOWARDS R SIDE. PROGRESSED TOWARDS GOOD BALANCE AT EDGE OF BED.

ATTEMPTED X3 SIT TO STAND FROM EDGE OF BED WITH FWW PATIENT UNABLE TO CLEAR BOTTOM FROM BED OR MAINTAIN TTWB ON LLE. PATIENT REQUIRED TOTAL ASSISTANCE FOR DEPENDENT SIT TO STAND FROM EDGE OF BED FOR PERI HYGIENE WITH TOTAL ASSISTANCE.

PATIENT REQUIRED TOTAL ASSISTANCE FOR HYGIENE AND GROOMING. NOTED DELAYED RESPONSES TO THERAPIST PROMPTS AND CUES TODAY. DIFFICULTY PROCESSING AND SEQUENCING.

AT THE END OF SESSION PATIENT SUPINE IN BED. CALL BELL IN PLACE AND SUPPORTIVE FAMILY AT BEDSIDE.

Tolerance to tx: FAIR
Treatment Goals
Patient's Personal Goal: NONE
Short Term Goals to be Achieved in: 2 WEEKS
Pt will COMPLETE SELF-FEEDING
. W/ SBA & VCs AS NEEDED
. SUPPORTED SITTING
Status: NOT MET
Pt will COMPLETE GROOMING
. W/ SBA & VCs AS NEEDED
. SUPPORTED SITTING
Status: NOT MET
Pt will COMPLETE TOILETING
. W/MINIMAL ASSISTANCE
. UTILIZING ASSIST DEVICE
Status: NOT MET
Plan: CONTINUE OT TOWARD GOAL
Recommended Disposition: REHAB
G Code: N
Severity Modifier determined by Objective Clinical Findings.
Treatment units: 3 UNITS THERAPEUTIC ACT

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1511 (continued)

572062 OT: Acute Care Progress Note+ * (continued)
Total minutes: 47
Average Treatment Time: 1418-1505
Treating Therapist: NOTYW Walker-Besmer,Yazmi
<< TEACHING & EDUCATION >>
Education Content:

Activity Date: 12/16/19 Time: 1541

573020 ST: Dysphagia Therapy Management+ A .per standard CP
- Document 12/16/19 1541 HH 12/16/19 1549 HH
<< DYSPHAGIA TREATMENT NOTE >>
Diagnosis 1: ORAL DYSPHAGIA
Severity 1: MILD
Diagnosis 2: SUSPECT PHARYN. DYSPHAGIA
Short Term Goals -
Patient will in: 1 WEEK
1. CONSISTENTLY AND SAFELY TOLERATE AND CONSUME PUREE SOLIDS
AND THIN LIQUIDS WITHOUT S/SX OF ASPIRATION/DYSPHAGIA
IN ALL PRESENTED OPPORTUNITIES
Status: PARTIALLY MET
2. PRODUCE A SWALLOW WITHIN 2-5 SECONDS OF BOLUS PRESENTATION
GIVEN VERBAL CUES IN 50% OF PRESENTED OPPORTUNITIES.
Status: PARTIALLY MET
3. CONSUME FURTHER TRIALS FOR UPGRADE OF DIET AS
CLINICALLY INDICATED.
Status: NOT ADDRESSED
Long Term Goals -
Patient will in: 3 WEEKS
1. CONSISTENTLY AND SAFELY CONSUME LRD WITHOUT S/SX OF
ASPIRATION/DYSPHAGIA IN ALL PRESENTED OPPORTUNITIES.
Status: PARTIALLY MET
Patient's Progress: DIET: CONTINUE PUREE CONSISTENCY SOLIDS AND THIN LIQUID CONSISTENCIES WITH DIRECT SUPERVISION AND ASSISTANCE.
S: RECEIVED PATIENT IN BED. FAMILY PRESENT. CUES NEEDED TO REMAIN AWAKE.
O: PATIENT CONSUMING THIN LIQUIDS THIS DAY WITHOUT OVERT S/SX OF ASPIRATION. CONTINUES TO TAKE PROLONGED TIME TO INITIATE SWALLOW. DAUGHTER EXPRESSED PATIENT TOLERATING DIET WELL HOWEVER CONTINUES TO EAT MINIMALLY AND HAVE REDUCED APPETITE.
A: CONTINUES TO HAVE LIMITED PO INTAKE HOWEVER FAMILY REPORTING PATIENT TOLERATING DIET WELL. RECOMMEND DIETARY CONSULT DUE TO REDUCED PO INTAKE.
P: CONTINUE POC.

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1541 (continued)

573020 ST: Dysphagia Therapy Management+ (continued)
G Code: N
Severity Modifier determined by Objective Clinical Findings.
Recommendation: CONTINUE PLAN OF CARE
Treatment Start Time: 1506
Treatment End Time: 1516
Total Treatment Time: 0 Hr 10 Mins

Activity Date: 12/16/19 Time: 1549

573025 ST: Speech Therapy Management+ A .per physician order CP
- Document 12/16/19 1549 HH 12/16/19 1552 HH
<< SPEECH/LANGUAGE/COGNITION PATHOLOGY TREATMENT NOTE >>
< Problem List >
: Cognitive Deficit
: Pragmatic Deficit
Short Term Goals -
Patient will in: 1 WEEK
1. ORIENTATION TO PLACE/MONTH AND YEAR IN 75% OF
PRESENTED OPPORTUNITIES.
Status: NOT MET
2. MAINTAIN CONVERSATIONAL TASK FOR UP TO 5 MINUTES WITH
CONVERSATIONAL PARTNER.
Status: NOT MET
3. RECALL ITEMS/PERTINENT INFORMATION WITH DELAY (UP TO 5
MINUTES) 50% ACCURACY.
Status: NOT MET
4. PARTICIPATE IN FURTHER DIAGNOSIC TX SESSIONS
AS CLINICALLY INDICATED
Status: NOT ADDRESSED
Long Term Goals
Patient will in: 3 WEEKS
1. INCREASE COGNITIVE LINGUISTIC SKILLS TO MINIMAL TO NO
IMPAIRMENT
Status: NOT MET
G Code: N
Severity Modifier determined by Objective Clinical Findings.
Patient's Progress: S: RECEIVED PATIENT IN BED. FAMILY PRESENT. CUES NEEDED TO REMAIN AWAKE.
O: VERBALIZING 1995 AS THE YEAR THIS DAY. MODERATE AMOUNT OF CUES NEEDED TO LOOK AT AND ATTEND TO CONVERSATIONAL PARTNER. PATIENT VERBALIZED HE IS IN THE HOSPITAL AND EXPRESSED HE IS IN ORLANDO. VERBALIZING 1-2 WORD UTTERANCES THIS DAY WITH MULTIMODAL CUES NEEDED TO REMAIN AWAKE. ATTEMPTED FUNCTIONAL WRITING TASK BUT PATIENT FALLING ASLEEP AND NEEDING CUES TO COMPLETE TASK. NOT WRITING NAME DESPITE VISUAL CUE/MODEL GIVEN.

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1549 (continued)

573025 ST: Speech Therapy Management+ (continued)
A: NO SIGNIFICANT CHANGE FROM PREVIOUS DAY.
P: CONTINUE POC.
Recommendation: CONTINUE PLAN OF CARE
Treatment Start Time: 1517
Treatment End Time: 1530
Total Treatment Time: 0 Hr 13 Mins

Activity Date: 12/16/19 Time: 1600

220210 Admission/Shift Assessment + A CP
- Document 12/16/19 1600 BM 12/16/19 1628 BM
- - BODY SYSTEM ASSESSMENT - -
Choose body systems to document: Neurological
- - NEUROLOGICAL ASSESSMENT - -
- - RASS/LOC -
Alert and oriented: Yes
Document Glasgow coma scale: No
- - FACIAL SYMMETRY - -
Facial symmetry: Intact
- - PUPIL VARIANCE -
Pupils equal round reactive to light and accommodation: Yes
- - TONGUE - -
Tongue: Midline
- VOCALIZATION -
Vocalization: Appropriate
- REFLEXES -
Reflexes present and appropriate: Yes
- - UPPER EXTREMITY -
Upper extremities equal and strong bilaterally: No
Arm left motor strength: Weak
Arm right motor strength: Weak
Hand left motor strength: Weak
Hand right motor strength: Weak
- - LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: No contraction/no move
Leg right motor strength: Weak
Foot left motor strength: No contraction/no move
Foot right motor strength: Weak
- - GAIT/BALANCE - -
Gait, strength, balance: Non-ambulatory
General weakness: None
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1600 (continued)

220210 Admission/Shift Assessment + (continued)
- - NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- - TRAIN OF FOUR - -
Document train of four: No
- - PUPILLOMETER - -
Document Pupillometry: No

Activity Date: 12/16/19 Time: 1616

Patient Notes: NURSE NOTES *
- Create 12/16/19 1616 BM 12/16/19 1624 BM
Abnormal? N Confidential? N
PHYSICAL THERAPY ATTEMPTED TO WORK WITH PATIENT BUT HE IS NOT FOLLOWING DIRECTIONS WELL. PATIENT WAS PLACED IN HIS WHEELCHAIR AND DAUGHTER PUSHED HIM AROUND HALLWAY AND BACK TO ROOM.
Note Type Description
No Type None

Activity Date: 12/16/19 Time: 1621

571030 PT: Physical Therapy Management+ A .per standard AS
- Document 12/16/19 1621 RH 12/16/19 1631 RH
<< PHYSICAL THERAPY PROGRESS NOTE >>
Date: 12/16/19
START STOP TOTAL
1ST TREATMENT SESSION: 1533
: 1601
: 0 Hr 28 Mins
: 0 Hr 00 Mins*
: 0 Hr 00 Mins
: 0 Hr 00 Mins
Daily Treatment Total: 0 Hr 28 Mins*
Charges Entered: THERAPEUTIC ACTIVITY*
THERAPEUTIC EXERCISE*
Patient Remarks: Pt NON-ENGLISH SPEAKING FLUENTLY. FAMILY*
TRANSLATING. Pt REPORTS PAIN IN L LEG.*
BUT CANNOT QUANTIFY. *
Comments: Pt SUPINE WITH L KNEE IMMOBILIZER DONNED. FAMILY*
PRESENTS IN ROOM. CONFUSED. INCONSISTENTLY WITH*
FOLLOWING COMMANDS. *
PREVIOUS TX LEVEL CURRENT TX LEVEL
Bed Mobility Training: Y
Scooting: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1621 (continued)

571030 PT: Physical Therapy Management+ (continued)
Rolling from side to side: 2 MAX ASST/PERFRM 25 50%
: 2 MAX ASST/PERFRM 25 50%
Bridging: 3 MOD ASST/PERFRM 50 75%
: 2 MAX ASST/PERFRM 25 50%
Supine to sit: 2 MAX ASST/PERFRM 25 50%
: 2 MAX ASST/PERFRM 25 50%
Sit to supine: 2 MAX ASST/PERFRM 25 50%
: 2 MAX ASST/PERFRM 25 50%
Comments: MAX CUES FOR INITIATION AND SEQUENCING. MAX A OF 2*
FOR SUPPORT. *
Wt Bearing Restrictions: Y
LLE: TOE TOUCH WEIGHT BEARING
PREVIOUS TX LEVEL CURRENT TX LEVEL
Transfers Training: Y
Sit< >Stand. 2 MAX ASST/PERFRM 25 50%
: 2 MAX ASST/PERFRM 25 50%
Bed< >Chair: 1 TOT ASST/PERFRM <25%
: 2 MAX ASST/PERFRM 25-50%
Comments: UNSAFE TO INITIATE SIT<>STAND AND STANDING BALANCE*
AT THIS TIME DUE TO CONFUSION AND Pt UNABLE TO*
MAINTAIN WB PRECAUTIONS. BED<>BED VIA STAND PIVOT*
TRANSFER ON RLE WITH MAX A. TACTILE CUES FOR*
SEQUENCING AND LIMB POSITIONINGS.*
PREVIOUS TX LEVEL CURRENT TX LEVEL
Gait Training/Locomotion? N
Assistance needed: 2 MAX ASST/PERFRM 25 50%
Assistive device: ROLLING WALKER*
TTWB LLE DIFFICULTY*
Distance: 2 PIVOT STEPSTEPS
Comments: UNABLE 2/2 WEAKNESS AND POOR CARRYOVER OF WB*
RESTRICTION UNDERSTANDING*
PREVIOUS TX LEVEL CURRENT TX LEVEL
Stairs Management: N
# of Steps: 17
PREVIOUS TX LEVEL CURRENT TX LEVEL
Balance Training: Y
Sitting balance Static: FAIR
: Fair
Dynamic: FAIR
: Poor
Standing balance Static: POOR
: Poor
: Poor
Comments: Pt IS STIFF AND FORWARD IN SITTING POSITION. ABLE*
TO SIT UP WITHOUT SUPPORT BUT CONSTANT CUES FOR*
POSTURAL CORRECTIONS AND SAFETY.*
RANGE OF MOTION:

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1621 (continued)

571030 PT: Physical Therapy Management+ (continued)
All major extremity joints within functional limits? N
UE Deficit: WFL*
LE Deficit: LLE W/ KNEE IMMOBILIZER*
RLE WFL*
Independent SLR: N
TKR Protocol? N
THR Protocol? Y
Back Protocol Exercises? N
Therapeutic Exercises/Modalities: SUPINE THER-EX PROGRAM*
CONSISTING OF LLE AAROM*
IN ALL PLANES.*
Reps: 10
Document Interdisciplinary Education? Y
PT Assessment: Pt CONTINUES TO PRESENTS WITH CONFUSION. POOR*
CARRY OVER WITH TASKS. GENERALIZED WEAKNESS. PAIN.*
AND WB RESTRICTIONS SEVERLY LIMITING FUNCTIONAL*
MOBILITY. REQUIRED EXTENSIVE ASSISTANCE WITH*
MOBILITY (MAX A). UNABLE INITIATE GAIT DUE TO*
INABILITY TO MAINTAIN WB PRECAUTIONS AT THIS TIME.*
FAMILY WAS EDUCATED ON ROM EXS FOR LLE.*
SHORT TERM GOALS:
The patient will:
1. MOD ASSIST W/ BED MOB<>EOB SITTING*
Status: ONGOING
Time Frame: 12/18/19
2. IMPROVE TRANSFERS W/ MOD ASSIST 1 PERSON ASSIST W/ RW*
Status: ONGOING
Time Frame: 12/18/19
3. IMPROVE AMBULATION MOD A W/ RW TTWB ON LLE > 5 FEET*
Status: ONGOING
Time Frame: 12/18/19
4. IMPROVE STANDING BALANCE TO FAIR W/ RW*
Status: ONGOING
Time Frame: 12/18/19
LONG TERM GOALS
The patient will:
1. N/A*
Barriers to Progress Medical Condition*
Physical Impairment*
Cognitive Limitations*
Language Barrier*
Pain*
Discharge Planning Recommendations: REHAB
G Code: N
Severity Modifier determined by Objective Clinical Findings.
Plan: CONTINUE PLAN OF CARE*
<< TEACHING & EDUCATION >>

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1621 (continued)

5/1030 PT: Physical Therapy Management+ (continued)
Department: REHABILITIATION SERVICES
Setting: BEDSIDE
Learner: PATIENT*
DAUGHTER*
X2*
FAMILY*
Readiness to Learn: NEEDS ENCOURAGEMENT*
Preferred Method: DEMONSTRATION*
EXPLANATION*
Barriers: MEDICAL CONDITION*
LANGUAGE BARRIER*
PAIN*
COGNITIVE LIMITATION*
Education Content:
Dx/Condition: L FEMUR FX S/P FALL*
Procedure/Test: Physical Therapy*
Equipment Walker*
Hospital Care: Physical Therapy*
Safety Issues*
Fall Precautions*
Home Care. Patient Safety*
Fall Precautions*
Rehabilitation*
Strategies: DEMONSTRATION*
EXPLANATION*
Evaluation: NEEDS REINFORCEMENT*
Community Resources/Referral: REHAB FACILITY*
Edit Results 12/16/19 1621 RH 12/16/19 1658 RH ADDITIONAL INFO
2ND TREATMENT SESSION: 1632 []
: 1649 []
: 0 Hr 17 Mins [0 Hr 00 Mins]
Daily Treatment Total: 0 Hr 45 Mins [0 Hr 28 Mins]
Charges Entered: TA x 2 [THERAPEUTIC ACTIVITY]
THERAPEUTIC EXERCISE
Comments: Pt SUPINE WITH L KNEE IMMOBILIZER DONNED. FAMILY PRESENTS IN ROOM. CONFUSED. INCONSISTENTLY WITH FOLLOWING COMMANDS.
PER RN KYLE HE IS ABLE TO TRANSFER PT BACK TO BED. []
2ND VISIT WAS TO TRANSFER PT FROM W/C TO ANOTHER []
W/C FOR COMFORT. []

Activity Date: 12/16/19 Time: 1735

5/3020 ST: Dysphagia Therapy Management+ A .per standard CP
Document 12/16/19 1735 FS 12/16/19 1742 FS
<< DYSPHAGIA TREATMENT NOTE >>
Diagnosis 1: ORAL DYSPHAGIA

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1735 (continued)

5/3020 ST: Dysphagia Therapy Management+ (continued)
Severity 1: MILD
Diagnosis 2 SUSPECT PHARYN. DYSPHAGIA
Short Term Goals
Patient will in: 1 WEEK
1. CONSISTENTLY AND SAFELY TOLERATE AND CONSUME PUREE SOLIDS AND THIN LIQUIDS WITHOUT S/SX OF ASPIRATION/DYSPHAGIA IN ALL PRESENTED OPPORTUNITIES
Status: PARTIALLY MET
2. PRODUCE A SWALLOW WITHIN 2 5 SECONDS OF BOLUS PRESENTATION GIVEN VERBAL CUES IN 50% OF PRESENTED OPPORTUNITIES.
Status: PARTIALLY MET
3. CONSUME FURTHER TRIALS FOR UPGRADE OF DIET AS CLINICALLY INDICATED.
Status: NOT ADDRESSED
Long Term Goals
Patient will in: 3 WEEKS
1. CONSISTENTLY AND SAFELY CONSUME LRD WITHOUT S/SX OF ASPIRATION/DYSPHAGIA IN ALL PRESENTED OPPORTUNITIES.
Status: PARTIALLY MET
Patient's Progress. S: PT SEEN BID TODAY WITH PHYSICIAN PRESENT. PT DROWSY BUT AWAKE ENOUGHT TO PARTICIPATE.
O: PT RECIEVED THIN LQD CUP SIPS FROM FAMILY. DEMOSNTRATED A 5 SECOND DELAY IN SWALLOW INITIATION. THERE WAS NO S/S OF ASPIRATION. PALPATION REVEALED MILDY REDUCED HYOLARYNGEAL ELEVATION.
A: FAMILY REPORTS THAT HE IS COUGHING EVERYTIME HE SWALLOWS LIQUIDS. THIS WAS NOT SEEN TODAY. COUNSELED FAMILY ON OVERT S/S OF ASPIRATION AND RISK OF ASPIRATION. FAMILY INFORMED TO STOP FEEDING IF HE BEGINS COUGHING CONSISTENTLY DURING MEALS. PHYSICIAN SUGGESTED DIETARY SUPPLEMENT TO FOR CALORIC INTAKE. WILL INFORM DIETITION
P: CONTINUE TO FOLLOW. CONTINUE WITH CURRENT DIET OF PUREE/THIN. SUGGEST ENSURE. WILL DEFER TO DIETITION. FAMILY IS REQUESING A REASSESSMENT OF HIS COGNITION. HOWEVER PT IS TOO DROWSY TO PARTICIPATE IN COGNITIVE ASSESSMENT AT THIS TIME.
Severity Modifier determined by Objective Clinical Findings.
Recommendation: CONTINUE PLAN OF CARE
Treatment Start Time: 1700
Treatment End Time. 1734
Total Treatment Time: 0 Hr 34 Mins

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1826

220417 Hygiene Care+ A PS
- Document 12/16/19 1826 TXS 12/16/19 1827 TXS
- - HYGIENE CARE - -
Chlorhexidine gluconate (CHG) used for bath: Yes, CHG bath given
Hygiene care provided: Extensive, 2+ person asst
Perineal care provided: Extensive, 2+ person asst
Oral care provided: Extensive, 1 person asst
Chlorhexidine gluconate (CHG) used for oral care: Yes, CHG oral swabs used

Activity Date: 12/16/19 Time: 1827

220420 Intake and Output + A CP
- Document 12/16/19 1827 TXS 12/16/19 1829 TXS
- - INTAKE AND OUTPUT - -
- - MEALS CONSUMED INTAKE - -
Meal: Breakfast
Amount taken: 25%

Activity Date: 12/16/19 Time: 1830

220420 Intake and Output + A CP
- Document 12/16/19 1830 TXS 12/16/19 1830 TXS
- INTAKE AND OUTPUT - -
- - MEALS CONSUMED INTAKE - -
Meal: Dinner
Amount taken: 25%

Activity Date: 12/16/19 Time: 1833

220420 Intake and Output + A CP
- Document 12/16/19 1833 TXS 12/16/19 1834 TXS
- - INTAKE AND OUTPUT - -
- - URINE
Number of times incontinent urine: 8

Activity Date: 12/16/19 Time: 1910

Patient Notes: NURSE NOTES *
- Create 12/16/19 1910 SM 12/16/19 2256 SM
Abnormal? N Confidential? N
BEDSIDE REPORT FROM BEVERLY.PT AWAKE AND ALERT EATING HOME FOOD THAT FAM BROUGHT BECAUSE HE WAS NOT EATING THE HOSPITAL FOOD.HOB ELEVATED TO PREVENT ASPIRATION.TELEMETRY AND LLE IMMOBILIZER CONTINUED.ASSESSMENT COMPLETED AND CHARTED.FALL PRECAUTIONS.BED LOCKED AND LOW POSITION.RAILS UP.BED ALARM IN PLACE.CALL LIGHT WITHIN REACH.ROUNDS Q 1HR.

Note Type	Description
No Type	None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1924

220402 Vitals Welch Allyn Monitor + A MO
- Document 12/16/19 1924 SM 12/16/19 1925 SM
Temperature C: 38.1
Blood pressure: 136/75
Pulse: 94
Respiratory rate: 16
Respiratory source: Observed
SPO2 %: 95
LOC: Alert
MEWS score: 1

Activity Date: 12/16/19 Time: 1929

220700 Plan of Care+ A CP
- Document 12/16/19 1929 BM 12/16/19 1929 BM
- - CARDIAC ALTERATION - -
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Cardiac alteration problem is: Stabilizing/Maintaining
- - MUSCULOSKELETAL ALTERATION - -
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Musculoskeletal alteration problem is: Stabilizing/Maintaining
- - SKIN INTEGRITY ALTERATION - -
Skin integrity alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Skin integrity alteration problem is: Stabilizing/Maintaining
- - ENDOCRINE ALTERATION - -
Endocrine alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Endocrine alteration problem is: Stabilizing/Maintaining
- - INFECTION ALTERATION - -
Infection alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Infection alteration problem is: Stabilizing/Maintaining
- - COMFORT ALTERATION - -
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Comfort alteration problem is: Stabilizing/Maintaining
- - PAIN PROBLEM - -
Pain problem expected to: Improve/Resolve
Target date: 12/16/19
Pain problem is: Stabilizing/Maintaining
- - TOILETING DEFICIT PROBLEM - -
Toileting deficit problem expected to: Improve/Resolve
Target date: 12/16/19
Toileting deficit problem is: Stabilizing/Maintaining
- - ANXIETY ALTERATION - -

Diagnosis/Problem/Outcome/Intervention/eval. Description | Sts | Directions | From
Activity Type | Occurred Date Time by | Recorded Date Time by | Comment | Documented Units | Change

Activity Date: 12/16/19 Time: 1929 (continued)

220700 Plan of Care+ (continued)
Anxiety alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Anxiety alteration problem is: Stabilizing/Maintaining
- FAMILY COPING IMPAIRMENT
Family coping impairment problem expected to: Improve/Resolve
Target date: 12/16/19
Family coping impairment problem is: Stabilizing/Maintaining
- - FAMILY PROCESSES ALTERATION
Family processes alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Family processes alteration problem is: Stabilizing/Maintaining
BLEEDING RISK PROBLEM -
Bleeding risk problem expected to: Improve/Resolve
Target date: 12/16/19
Bleeding risk problem is: Stabilizing/Maintaining
INJURY RISK PROBLEM
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/16/19
Injury risk problem is: Stabilizing/Maintaining
HOME MAINTENANCE ALTERATION
Home maintenance alteration problem expected to: Improve/Resolve
Target date: 12/16/19
Home maintenance alteration problem is: Stabilizing/Maintaining
MAIN SCREEN SELECTIONS
Physiological problem/alteration in: Cardiac
Endocrine
Infection
Musculoskeletal
Skin integrity
Functional problem/alteration in: Comfort
Pain
Toileting
Psychological problem/alteration in: Anxiety
Family coping
Family processes
Health behavior problem/risk: Bleeding risk
Home maintenance
Injury risk

Activity Date: 12/16/19 Time: 1950

220210 Admission/Shift Assessment + A CP
- Document 12/16/19 1950 SM 12/16/19 1953 SM
- BODY SYSTEM ASSESSMENT
- - NEUROLOGICAL ASSESSMENT
RASS/LOC
Alert and oriented: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description | Sts | Directions | From
Activity Type | Occurred Date Time by | Recorded Date Time by | Comment | Documented Units | Change

Activity Date: 12/16/19 Time: 1950 (continued)

220210 Admission/Shift Assessment + (continued)
FACIAL SYMMETRY
Facial symmetry: Intact
- - PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
- TONGUE - -
Tongue: Midline
VOCALIZATION
Vocalization: Appropriate
REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Leg right motor strength: Weak
Foot left motor strength: Weak
Foot right motor strength: Weak
GAIT/BALANCE
Gait, strength, balance: Gait unsteady
Generalized weakness
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- NUMB/TINGLING/PARALYSIS
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY
Current seizure activity: None
Nuchal rigidity: No
CARDIOVASCULAR ASSESSMENT
HEART SOUNDS/MURMUR -
Heart sounds normal (S1,S2): Yes
- - JUGULAR DISTENTION
Jugular distension: None
- - HEART RHYTHM
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm
PACING/AICD
Cardiac pacer/AICD: None
Ventricular assist device: None
RESPIRATORY
RESPIRATORY EFFORT/PATTERN
Respirations even and unlabored: Yes
BREATH SOUNDS

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1950 (continued)

220210 Admission/Shift Assessment + (continued)
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
OXYGEN THERAPY - -
Oxygen therapy: None
- - COUGH/SPUTUM
Cough/sputum/secretions: None
EENT -
EYE ABNORMALITIES
Eye physical abnormalities or drainage: None
EAR ABNORMALITIES
Ear physical abnormalities or drainage: None
NOSE ABNORMALITIES
Nose physical abnormalities or drainage None
MOUTH/THROAT ABNORMALITIES - -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
GASTROINTESTINAL - -
Nausea: None
- VOMITING
Vomiting/Dry heaving: None
- ABDOMEN -
Abdomen is soft, symmetrical, and non-tender: Yes
BOWEL SOUNDS - -
Bowel sounds normal-active in all 4 quadrants: Yes
Passing flatus: Yes
- - STOOL
Document stool: Normal for patient
GENITOURINARY
- URINE CHARACTERISTICS
Urine clear, yellow to amber in color: Yes
Continent of urine for developmental age without catheter: No
Abnormal urinary conditions: None
FISTULA/GRAFT - -
Fistula/graft present: No
ABNORMAL GENITALIA -
Abnormal genitalia: None
URETHRAL DISCHARGE/LESIONS
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: Present/Exists
- - SIGNS/SYMPTOMS INJURY/TRAUMA
Signs or symptoms of recent injury or trauma: None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1950 (continued)

220210 Admission/Shift Assessment + (continued)
MUSCULOSKELETAL -
Full range of motion appropriate for developmental age: Yes
GAIT - -
Developmentally age appropriate gait: No
Gait impairment: Unsteady
Weakness
AMBULATION
Developmentally appropriate independent ambulation: No
Ambulation: 2 person assist
Non wt bearing
PARESTHESIA -
Paresthesia: None
- ACUTE CONDITION - -
Musculoskeletal acute condition: Present/Exists
TRACTION
Traction: None
POSITIONING AIDS
Positioning aids: None
Contractures: None
- - INTEGUMENTARY - -
Skin condition: Warm and dry
- - SKIN COLOR -
Color within expectations for ethnicity: Yes
Skin turgor tenting less than 1 second: Yes
- - SKIN PIERCINGS - -
Skin piercings: None
- SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists
Document skin test monitor: No
- VASCULAR - -
CAP REFILL DELAY
Capillary refill less than or equal to 3 seconds: Yes
- PERIPHERAL PULSE - -
Pulses strong and equal bilaterally: Yes
- - CALF INSPECTION - -
Calves symmetrical and pain is absent with dorsiflexion: Yes
- PERIPHERAL EDEMA
Peripheral edema: Present/Exists
Peripheral edema location 1: Leg
Peripheral edema location (L/R) 1: Left
- MECHANICAL PROPHYLAXIS -
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee
Device applied to: Bilateral
PSYCHOSOCIAL
Mood and affect are congruent: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1950 (continued)

220210 Admission/Shift Assessment + (continued)
Thought processes are goal directed and spontaneous: Yes
- - MOOD AND BEHAVIOR -
Mood, behavior appropriate for situation/developmental age: Yes
- THOUGHT PROCESSES - -
Thought processes appropriate for developmental age: Yes
- SPEECH
Speech coherent and conversational: Yes
- - VOCALIZATION - -
Speech/vocalization is appropriate for developmental age: Yes
- - MEMORY -
Short term and long term memory appears intact: Yes
Able to comprehend and follow directions: Yes
- - BODY IMAGE DISTURBANCE - -
Body image disturbance: None
- - PARANOIA AND DELUSIONS -
Paranoid ideation/delusions/hallucinations: None
220220 Safety/Risk/Regulatory + A CP
- Document 12/16/19 1950 SM 12/16/19 1954 SM
SAFETY/RISK/REGULATORY
Isolation status: Standard precautions
- SKIN RISK -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: Yes
Existing wound: Yes
Skin integrity impairment risk: Yes
FALL RISK
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Family presence
Bed exit alarm
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
- SEVERE SEPSIS SCREENING -
Assess sepsis: Yes
Temperature: Yes
Heart rate: Yes
Respirations: No
WBC results: 12/16/19 8.46 0505
Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 2
Suspected/documented infection: Yes
Antibiotic therapy (not prophylaxis): Yes
Screening due to sepsis early warning alert/detection: No
If yes to 1 of the above, proceed to next section: 2

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1950 (continued)

220220 Safety/Risk/Regulatory + (continued)
Respiratory: No
Cardiovascular: No
Renal: No
Metabolic: No
Hematologic: No
Hepatic: No
Central nervous system: No
If yes to 1 of the above, positive for severe sepsis: 0
220235 Pain Assessment + A CP
- Document 12/16/19 1950 SM 12/16/19 1955 SM
- - PAIN ASSESSMENT -
Document objectives for pain management: Yes
Deep breath at/below pain mgmt goal: Yes
Turn at/below pain mgmt goal: Yes
Progressive ambulation at/below pain mgmt goal: Yes
Perform ADLs at/below pain mgmt goal: Yes
Patient goal for pain management: Mild pain-1
Pain scale utilized: Verbal numeric
Numeric pain scale: Moderate pain-4
Pain intensity: 4
Pain location: Hip left
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
Exacerbating factors for pain: Mobility
Position
220415 Routine Daily Care + A .on going CP
- Document 12/16/19 1950 SM 12/16/19 1955 SM
- - DAILY CARE ROUTINE - -
Activity: Commode
Level of assistance: 2 person assist
Assistive devices: Walker, front wheel
Head of bed elevation: HOB 30 degrees
Appetite: Good
220425 Lines/Drains/Airways + A CP
- Document 12/16/19 1950 SM 12/16/19 1956 SM
LINES, DRAINS, AIRWAY - -
- - PERIPHERAL INTRAVENOUS/OTHER - -
IV type: Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1950 (continued)

220425 Lines/Drains/Airways + (continued)
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>

220430 Teach/Educate + A CP
- Document 12/16/19 1950 SM 12/16/19 1956 SM
- - PATIENT/FAMILY TEACHING -
Primary learner: Patient
Other learner: Family
Barriers to communication/learning: Language barrier
Pain level
drowsiness
Primary learners preferred spoken language: ENG ENGLISH
Person(s) educated: Patient
Family
Readiness to learn: Eager to learn
Method of education: Verbal discussion
Responsiveness to learning: Verbalized understanding

220700 Plan of Care+ A CP
- Document 12/16/19 1950 SM 12/16/19 1958 SM
- CARDIAC ALTERATION - -
Cardiac alteration problem expected to: Improve/Resolve
Target date: 12/17/19
Cardiac alteration problem is: Improving/Resolving
Cardiac alteration problem has: Stabilized/Maintained
- - MUSCULOSKELETAL ALTERATION
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date: 12/17/19
Musculoskeletal alteration problem is: Improving/Resolving
Musculoskeletal alteration problem has: Stabilized/Maintained
- - SKIN INTEGRITY ALTERATION -
Skin integrity alteration problem expected to: Improve/Resolve
Target date: 12/17/19
Skin integrity alteration problem is: Improving/Resolving
Skin integrity alteration problem has: Stabilized/Maintained
- - ENDOCRINE ALTERATION - -
Endocrine alteration problem expected to: Improve/Resolve
Target date: 12/17/19
Endocrine alteration problem is: Improving/Resolving
Endocrine alteration problem has: Stabilized/Maintained
- - INFECTION ALTERATION - -
Infection alteration problem expected to: Improve/Resolve
Target date: 12/17/19
Infection alteration problem is: Improving/Resolving
Infection alteration problem has: Stabilized/Maintained
- COMFORT ALTERATION - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1950 (continued)

220700 Plan of Care+ (continued)
Comfort alteration problem expected to: Improve/Resolve
Target date: 12/17/19
Comfort alteration problem is: Improving/Resolving
Comfort alteration problem has: Stabilized/Maintained
- - PAIN PROBLEM - -
Pain problem expected to: Improve/Resolve
Target date: 12/17/19
Pain problem is: Improving/Resolving
Pain problem has: Stabilized/Maintained
- TOILETING DEFICIT PROBLEM - -
Toileting deficit problem expected to: Improve/Resolve
Target date: 12/17/19
Toileting deficit problem is: Improving/Resolving
Toileting deficit problem has: Stabilized/Maintained
- - ANXIETY ALTERATION - -
Anxiety alteration problem expected to: Improve/Resolve
Target date: 12/17/19
Anxiety alteration problem is: Improving/Resolving
Anxiety alteration problem has: Stabilized/Maintained
- - FAMILY COPING IMPAIRMENT - -
Family coping impairment problem expected to: Improve/Resolve
Target date: 12/17/19
Family coping impairment problem is: Improving/Resolving
Family coping impairment problem has: Stabilized/Maintained
- - FAMILY PROCESSES ALTERATION - -
Family processes alteration problem expected to: Improve/Resolve
Target date: 12/17/19
Family processes alteration problem is: Improving/Resolving
Family processes alteration problem has: Stabilized/Maintained
- - BLEEDING RISK PROBLEM - -
Bleeding risk problem expected to: Improve/Resolve
Target date 12/17/19
Bleeding risk problem is: Improving/Resolving
Bleeding risk problem has: Stabilized/Maintained
- - INJURY RISK PROBLEM -
Injury risk problem expected to: Stabilize/Maintain
Target date: 12/17/19
Injury risk problem is: Improving/Resolving
Injury risk problem has: Stabilized/Maintained
- - HOME MAINTENANCE ALTERATION - -
Home maintenance alteration problem expected to: Improve/Resolve
Target date: 12/17/19
Home maintenance alteration problem is: Improving/Resolving
Home maintenance alteration problem has: Stabilized/Maintained
- - MAIN SCREEN SELECTIONS
Physiological problem/alteration in: Cardiac
Endocrine

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/16/19 Time: 1956 (continued)

220700 Plan of Care+ (continued)
Infection
Musculoskeletal
Skin integrity
Functional problem/alteration in: Comfort
Pain
Toileting
Psychological problem/alteration in: Anxiety
Family coping
Family processes
Health behavior problem/risk: Bleeding risk
Home maintenance
Injury risk

Activity Date: 12/16/19 Time: 2246

Patient Notes: NURSE NOTES *
Create 12/16/19 2246 SM 12/16/19 2251 SM
Abnormal? N Confidential? N
PT STABLE.PM MEDS WERE GIVEN PER MD ORDERS.HE
WAS ASSISTED EARLIER TO THE BSC WITH THE HELP OF OTHERS STAFF
MEMBERS AND BACK TO THE BED.BED UNDER PADS WERE CHANGED.DRESSING TO INCISION
SITE SATURATED WAS ALSO CHANGED.CONDOM FOLEY APPLIED PER DAUGHTER REQUEST AND
SCROTUM WAS ELEVATED IN A SOFT MATERIAL CUSHION TO DECREASE EDEMA.
Note Type Description
No Type None

Activity Date: 12/16/19 Time: 2325

220402 Vitals Welch Allyn Monitor + A MO
Document 12/16/19 2325 SP 12/16/19 2326 SP
Temperature C: 36.5
Temperature source: Axillary
Blood pressure: 129/65
Blood pressure location: Arm upper left
Vital signs position: Lying
Pulse: 89
Pulse location: Radial
Pulse source: Monitor
Respiratory rate: 18
Respiratory source: Observed
SPO2 %: 94
Oxygen delivery devices: Room air
LOC: Alert
MEWS score: 1

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0000

220210 Admission/Shift Assessment + A CP
Document 12/17/19 0000 SM 12/17/19 0041 SM
BODY SYSTEM ASSESSMENT
Choose body systems to document: Neurological
NEUROLOGICAL ASSESSMENT
RASS/LOC
Alert and oriented Yes
FACIAL SYMMETRY
Facial symmetry: Intact
PUPIL VARIANCE
Pupils equal round reactive to light and accommodation: Yes
TONGUE
Tongue: Midline
VOCALIZATION
Vocalization: Appropriate
REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Leg right motor strength: Weak
Foot left motor strength: Weak
Foot right motor strength: Weak
GAIT/BALANCE
Gait, strength, balance: Gait unsteady
Generalized weakness
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
NUMB/TINGLING/PARALYSIS
Numbness/tingling, paresis/paralysis, tremors: None
SEIZURE ACTIVITY
Current seizure activity: None
Nuchal rigidity: No

Activity Date: 12/17/19 Time: 0006

Patient Notes: NURSE NOTES *
Create 12/17/19 0006 SM 12/17/19 0006 SM
Abnormal? N Confidential? N
URINE SAMPLE SENT PER MD ORDERS.
Note Type Description
No Type None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0246

Patient Notes: NURSE NOTES *
Create 12/17/19 0246 SM 12/17/19 0246 SM
Abnormal? N Confidential? N
CALL CT TO VERIFY STATUS BUT NO ANSWER AT THIS TIME.
Note Type Description
No Type None

Activity Date: 12/17/19 Time: 0339

220210 Admission/Shift Assessment + A CP
Document 12/17/19 0339 SM 12/17/19 0340 SM
BODY SYSTEM ASSESSMENT
Choose body systems to document: Neurological
NEUROLOGICAL ASSESSMENT
RASS/LOC
Alert and oriented: Yes
FACIAL SYMMETRY
Facial symmetry: Intact
- - PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
- - TONGUE
Tongue: Midline
- - VOCALIZATION
Vocalization: Appropriate
- - REFLEXES
Reflexes present and appropriate: Yes
UPPER EXTREMITY
Upper extremities equal and strong bilaterally: Yes
LOWER EXTREMITY
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Leg right motor strength: Weak
Foot left motor strength: Weak
Foot right motor strength: Weak
- - GAIT/BALANCE - -
Gait, strength, balance: Gait unsteady
Generalized weakness
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- NUMB/TINGLING/PARALYSIS
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY -
Current seizure activity: None
Nuchal rigidity: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0340

220420 Intake and Output + A CP
Document 12/17/19 0340 SM 12/17/19 0342 SM
INTAKE AND OUTPUT - -
- - ORAL INTAKE -
Oral ml: 240
- - MEALS CONSUMED INTAKE
HS snack: 75%
- - URINE -
Void ml: 300
Number of times incontinent urine: 1
- STOOL -
WBC results: 12/16/19 8.46 0505
Criteria met for C.diff: No
Stool count: 0

Activity Date: 12/17/19 Time: 0357

220402 Vitals Welch Allyn Monitor + A MO
Document 12/17/19 0357 SP 12/17/19 0358 SP
Temperature C: 37.0
Temperature source: Axillary
Blood pressure: 127/66
Blood pressure location: Arm upper left
Vital signs position: Lying
Pulse: 94
Pulse location: Radial
Pulse source: Monitor
Respiratory rate: 16
Respiratory source: Observed
SPO2 %: 94
Oxygen delivery devices: Room air
LOC: Alert
MEWS score: 1

Activity Date: 12/17/19 Time: 0507

Patient Notes: NURSE NOTES *
Create 12/17/19 0507 SM 12/17/19 0509 SM
Abnormal? N Confidential? N
PT WAS REPOSITIONED IN BED USING PILLOWS DURING ROUNDS TO PREVENT PRESSURE ULCERS.NOW HE IS RESTING COMFORTABLY WITH UNDERPADS DRY AND DRESSING ALSO DRY.
Note Type Description
No Type None

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0621

220420 Intake and Output + A CP
- Document 12/17/19 0621 SP 12/17/19 0622 SP
- - INTAKE AND OUTPUT
- - URINE - -
Number of voids: 1
- - STOOL
WBC results: No results past 24 hrs
Criteria met for C.diff: No
Stool count: 1

Activity Date: 12/17/19 Time: 0705

Patient Notes: NURSE NOTES *
- Create 12/17/19 0705 VV 12/17/19 1748 VV
Abnormal? N Confidential? N
RECEIVED PT ALERT AND ORIENTED SITTING UP IN BED. PT COMPLAINING OF PAIN OF THE LEFT HIP. FAMILY PRESENT AT BEDSIDE. CALL BELL WITHIN REACH AND SIDE RAILS RAISED.
Note Type Description
No Type None

Activity Date: 12/17/19 Time: 0800

220210 Admission/Shift Assessment + A CP
- Document 12/17/19 0800 VV 12/17/19 1655 VV
- - BODY SYSTEM ASSESSMENT - -
- - NEUROLOGICAL ASSESSMENT - -
- - RASS/LOC - -
Alert and oriented: Yes
- - FACIAL SYMMETRY - -
Facial symmetry: Intact
- - PUPIL VARIANCE - -
Pupils equal round reactive to light and accommodation: Yes
- - TONGUE -
Tongue: Midline
- - VOCALIZATION - -
Vocalization: Appropriate
- - REFLEXES - -
Reflexes present and appropriate: Yes
- - UPPER EXTREMITY - -
Upper extremities equal and strong bilaterally: No
Arm left motor strength: Weak
Arm right motor strength: Weak
Hand left motor strength: Weak
Hand right motor strength: Weak
- - LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Moves against resistance
Leg right motor strength: Weak
Foot left motor strength: Weak
Foot right motor strength: Weak
Moves against resistance
- - GAIT/BALANCE - -
Gait, strength, balance: Extremity weakness
Generalized weakness
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- - NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No
- - CARDIOVASCULAR ASSESSMENT - -
- - HEART SOUNDS/MURMUR - -
Heart sounds normal (S1,S2): Yes
- - JUGULAR DISTENTION - -
Jugular distension: None
- - HEART RHYTHM - -
Cardiac monitor: Present/Exists
Monitored heart rhythm: Normal sinus rhythm
- - PACING/AICD - -
Cardiac pacer/AICD: None
Ventricular assist device: None
- - RESPIRATORY - -
- - RESPIRATORY EFFORT/PATTERN - -
Respirations even and unlabored: Yes
- - BREATH SOUNDS - -
Bilateral lungs sounds clear, equal and undiminished: Yes
Airway: Patent
Chest expansion: Symmetrical
Trachea: Midline
Oral membranes: Pink and moist
- - OXYGEN THERAPY - -
Oxygen therapy: None
- - COUGH/SPUTUM - -
Cough/sputum/secretions: None
- - EENT - -
- - EYE ABNORMALITIES - -
Eye physical abnormalities or drainage: None
- - EAR ABNORMALITIES - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Ear physical abnormalities or drainage: None
- - NOSE ABNORMALITIES - -
Nose physical abnormalities or drainage: None
- - MOUTH/THROAT ABNORMALITIES - -
Mouth/throat physical abnormalities or drainage: None
Mucous membranes: Intact
Moist
Pink
- - GASTROINTESTINAL - -
Nausea: None
- VOMITING - -
Vomiting/Dry heaving: None
- - ABDOMEN - -
Abdomen is soft, symmetrical, and non-tender: Yes
- - BOWEL SOUNDS - -
Bowel sounds normal-active in all 4 quadrants: No
Bowel sounds LUQ: Hyperactive
Bowel sounds RUQ: Hyperactive
Bowel sounds LLQ: Hyperactive
Bowel sounds RLQ: Hyperactive
Passing flatus: Yes
- - STOOL - -
Document stool: Normal for patient
- - GENITOURINARY - -
- - URINE CHARACTERISTICS - -
Urine clear, yellow to amber in color: No
Characteristics obtained by: Visualization
Urine characteristics: Dark amber
Continent of urine for developmental age without catheter: No
Abnormal urinary conditions: Incontinence
- - FISTULA/GRAFT - -
Fistula/graft present: No
- - ABNORMAL GENITALIA - -
Abnormal genitalia: None
- - URETHRAL DISCHARGE/LESIONS - -
Urethral discharge: None
Urethral lesions: None
Scrotal swelling: None
- - SIGNS/SYMPTOMS - INJURY/TRAUMA - -
Signs or symptoms of recent injury or trauma: None
- - MUSCULOSKELETAL - -
Full range of motion appropriate for developmental age: No
- - GAIT - -
Developmentally age appropriate gait: No
Gait impairment: Weakness
Unsteady
- - AMBULATION - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Developmentally appropriate independent ambulation: No
Ambulation: 1 person assist
- - PARESTHESIA - -
Paresthesia: None
- - ACUTE CONDITION - -
Musculoskeletal acute condition: Present/Exists
Acute condition: - - Fracture Proximal Hip left - -
Instance list status: Active
Sensations: Painful
Motor strength: Weak, Moves against resistance
Immobilization comment:
LEFT LEG IMMOBILIZER
<End>
- - TRACTION - -
Traction: None
- - POSITIONING AIDS - -
Positioning aids: Present/Exists
Positioning aids: Pillows
Contractures: None
- - INTEGUMENTARY - -
Skin condition: Warm and dry
- - SKIN COLOR - -
Color within expectations for ethnicity: Yes
Skin turgor-tenting less than 1 second: Yes
- - SKIN PIERCINGS - -
Skin piercings: None
- - SKIN ALTERATION - -
Skin alteration/Procedure site: Present/Exists
Skin alteration: - - Blister Posterior Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related
Tissue type-worst: Opaque/serum fill blister
Wound base visible: No
Intact skin: No
Any open areas: No
Altered level/stage: Partial Thickness
Staples/sutures: Staples intact
Wound exudate amount/type: Serous, Moderate amount, Yellow
Date of last dressing change: 12/17/19
Time of last dressing change: 1410
Dressing/reinforcement type: MEPILEX
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 2
Intact value score: 0

- - Bruise Lateral Thigh left - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Purple/maroon/deep red
Wound base visible: No
Intact skin: No
Any open areas: No
Altered level/stage: No staging necessary
Date of last dressing change: 12/17/19
Time of last dressing change: 1410
Dressing/reinforcement type: MEPILEX
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 5
Intact value score: 0

- - Bruise Posterior Arm right upper - -
Instance list status: Active
Related clinical factors: Trauma related
Tissue type-worst: Purple/maroon/deep red
Wound base visible: No
Intact skin: No
Any open areas: No
Altered level/stage: No staging necessary
Wound edges: Not approximated
Dressing/reinforcement type: MEPILEX
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 5
Intact value score: 0

- - Other redness Posterior Coccyx - -
Instance list status: Active
Related clinical factors: Moisture related
Tissue type-worst: Pink/red/erythema/intact
Wound base visible: No
Intact skin: Yes
Intact skin blanchable Yes
Any open areas: No
Altered level/stage: Superficial
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0

- - Procedural site Lateral Thigh left - -
Instance list status: Active
Related clinical factors: Procedure related

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Tissue type-worst: Edges approximated
Wound base visible: No
Intact skin: No
Any open areas: No
Altered level/stage: Closed
Wound edges: Approximated
Staples/sutures: Staples intact
Wound exudate amount/type: Serous, Yellow
Date of last dressing change: 12/17/19
Time of last dressing change: 1410
Dressing/reinforcement type: MEPILEX
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Intact value score: 0

- - Other hematoma Anterior Scrotum bilateral - -
Instance list status: Inactive
Tissue type-worst: Pink/red/erythema/intact
Wound base visible: No
Intact skin: Yes
Intact skin blanchable: Yes
Any open areas: No
Altered level/stage: Superficial
Document advanced wound measurements: No
cm2 area: Cannot Calculate Area Yet
Worst tissue type score: 1
Intact value score: 0
<End>

Document skin test monitor: No
- - VASCULAR - -
- - CAP REFILL DELAY - -
Capillary refill less than or equal to 3 seconds: Yes
- - PERIPHERAL PULSE - -
Pulses strong and equal bilaterally: Yes
- - CALF INSPECTION - -
Calves symmetrical and pain is absent with dorsiflexion: Yes
- - PERIPHERAL EDEMA - -
Peripheral edema: Present/Exists
Peripheral edema location 1: Foot
Peripheral edema location (L/R) 1: Left
Peripheral edema location (A/P) 1: Circumferential
Peripheral edema turgor description 1: Tight
Peripheral edema type 1: Pitting edema 2+
- - MECHANICAL PROPHYLAXIS - -
Nailbeds: Pink/No signs of clubbing
Clubbing: None
Mechanical prophylaxis in place: Int pneumat comp - knee

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0800 (continued)

220210 Admission/Shift Assessment + (continued)
Device applied to: Right
- - PSYCHOSOCIAL -
Mood and affect are congruent: Yes
Thought processes are goal directed and spontaneous: Yes
- MOOD AND BEHAVIOR - -
Mood, behavior appropriate for situation/developmental age: Yes
- - THOUGHT PROCESSES -
Thought processes appropriate for developmental age: Yes
- - SPEECH -
Speech coherent and conversational: Yes
- VOCALIZATION -
Speech/vocalization is appropriate for developmental age: Yes
- - MEMORY -
Short term and long term memory appears intact: Yes
Able to comprehend and follow directions: Yes
- - BODY IMAGE DISTURBANCE - -
Body image disturbance: None
- - PARANOIA AND DELUSIONS -
Paranoid ideation/delusions/hallucinations: None
220220 Safety/Risk/Regulatory + A CP
- Document 12/17/19 0800 VV 12/17/19 1655 VV
- SAFETY/RISK/REGULATORY -
Isolation status: Standard precautions
- - SKIN RISK - -
Assess adult skin risk: Yes
Able to comprehend and follow directions: Yes
Able to ambulate: No
Incontinent: Yes
Existing wound: Yes
Skin integrity impairment risk: Yes
- - FALL RISK -
Assess fall risk: Yes
Able to comprehend and follow directions: Yes
Fall interventions in use: Bed exit alarm
Family presence
Supervised/assist ambulat
CALL BELL WITHIN REACH
Fall precautions observed: Yes
Is patient at high risk for falls: Yes
- SEVERE SEPSIS SCREENING - -
Assess sepsis: Yes
Temperature: No
Heart rate: Yes
Respirations: No
WBC results: 12/16/19 8.46 0505
Band results: No results past 48 hrs
WBC/Bands: No

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0800 (continued)

220220 Safety/Risk/Regulatory + (continued)
If yes to 2 or more of above, proceed to next section: 1
220235 Pain Assessment + A CP
- Document 12/17/19 0800 VV 12/17/19 1656 VV
- - PAIN ASSESSMENT -
Document objectives for pain management: No
Patient goal for pain management: Mild pain-1
Pain scale utilized: Verbal numeric
Numeric pain scale: Moderate pain-5
Pain intensity: 5
Pain location: Hip left
Relieving factors for pain: Repositioning
Relaxation techniques
Environment dim lights
220415 Routine Daily Care + A .on going CP
- Document 12/17/19 0800 VV 12/17/19 1656 VV
- DAILY CARE ROUTINE - -
Activity: Turn
Bedrest
Chair
Level of assistance: 1 person assist
Assistive devices: Wheelchair
Head of bed elevation: Self-regulated
Transport method: Bed
Appetite: Fair
220425 Lines/Drains/Airways + A CP
- Document 12/17/19 0800 VV 12/17/19 1657 VV
- LINES, DRAINS, AIRWAY - -
- - PERIPHERAL INTRAVENOUS/OTHER - -
IV type: - Venous Left Forearm anterior 18 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
- - Venous Right Forearm anterior 20 g Inserted 12/10/19 0430 - -
Instance list status: Active
IV/IO/Subcutaneous line status: Monitor
IV site dressing: Transparent
IV site dressing clean, dry and intact: Yes
IV site absent of redness, heat or edema: Yes
<End>
220430 Teach/Educate + A CP
- Document 12/17/19 0800 VV 12/17/19 1659 VV
- - PATIENT/FAMILY TEACHING - -
Primary learner: Patient
Other learner: Family

Diagnosis/Problem/Outcome/Intervention/eval. Description | Sts | Directions | From
Activity Type | Occurred Date Time by | Recorded Date Time by | Comment | Documented Units | Change

Activity Date: 12/17/19 Time: 0800 (continued)

220430 Teach/Educate + (continued)
Barriers to communication/learning: Language barrier
Pain level
drowsiness
Primary learners preferred spoken language: ARA ARABIC
Physiological topics: Infection risk
Incision care
Wound care
Bladder care
Diabetic care
Edema control
Functional topics: Acute pain control
Musculoskeletal care
Fracture care
Discharge/Health behavior topics: Safety precautions
Person(s) educated: Patient
Family
Readiness to learn: Asks questions
Cooperative
Method of education: Verbal discussion
Teach back
Responsiveness to learning: Verbalized understanding
Physiological topics needing follow up: Infection risk
Diabetic care
Edema control
Incision care
Wound care
Bladder care
Functional topics needing follow up: Acute pain control
Fracture care
Musculoskeletal care
Discharge/Health behavior topics needing follow up: Safety precautions
Physical regulation topics: Infection control
Metabolic topics: Diabetic care
Skin integrity topics: Incision care
Wound care
Tissue perfusion topics: Edema control
Urinary topics: Bladder care
Activity topics: Musculoskeletal care
Fracture care
Sensory topics: Acute pain control
Safety topics: Safety precautions
220700 Plan of Care+ A CP
Document 12/17/19 0800 VV 12/17/19 1704 VV
URINARY ELIMINATION ALTERATION
Urinary elimination alteration problem expected to: Improve/Resolve
Target date: 12/19/19
Urinary elimination alteration problem is: Stabilizing/Maintaining

Diagnosis/Problem/Outcome/Intervention/eval. Description | Sts | Directions | From
Activity Type | Occurred Date Time by | Recorded Date Time by | Comment | Documented Units | Change

Activity Date: 12/17/19 Time: 0800 (continued)

220700 Plan of Care+ (continued)
MUSCULOSKELETAL ALTERATION
Musculoskeletal alteration problem expected to: Improve/Resolve
Target date 12/19/19
Musculoskeletal alteration problem is: Stabilizing/Maintaining
SKIN INTEGRITY ALTERATION
Skin integrity alteration problem expected to: Improve/Resolve
Target date. 12/19/19
Skin integrity alteration problem is: Stabilizing/Maintaining
TISSUE PERFUSION ALTERATION
Peripheral vascular alteration problem expected to: Improve/Resolve
Target date 12/19/19
Peripheral vascular alteration problem is: Stabilizing/Maintaining
INFECTION ALTERATION
Infection alteration problem expected to: Improve/Resolve
Target date: 12/19/19
Infection alteration problem is: Stabilizing/Maintaining
COMFORT ALTERATION
Comfort alteration problem expected to: Improve/Resolve
Target date 12/19/19
Comfort alteration problem is: Stabilizing/Maintaining
PAIN PROBLEM
Pain problem expected to: Improve/Resolve
Target date: 12/19/19
Pain problem is. Stabilizing/Maintaining
SENSORY PERCEPTUAL ALTERATION
Sensory perception alteration problem expected to: Improve/Resolve
Target date 12/19/19
Sensory perception alteration problem is: Stabilizing/Maintaining
ACTIVITY ALTERATION
Activity alteration problem expected to: Improve/Resolve
Target date 12/19/19
Activity alteration problem is Stabilizing/Maintaining
COMMUNICATION IMPAIRMENT
Communication impairment alteration expected to: Improve/Resolve
Target date: 12/19/19
Communication impairment alteration is: Stabilizing/Maintaining
POST TRAUMA RESPONSE PROBLEM
Post trauma response problem expected to: Improve/Resolve
Target date 12/19/19
Post trauma response problem is: Stabilizing/Maintaining
INJURY RISK PROBLEM
Injury risk problem expected to: Stabilize/Maintain
Target date 12/19/19
Injury risk problem is: Stabilizing/Maintaining
INFECTION RISK
Infection risk problem expected to: Improve/Resolve
Target date. 12/19/19

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 0800 (continued)

220700 Plan of Care+ (continued)
Infection risk problem is: Stabilizing/Maintaining
- - MAIN SCREEN SELECTIONS - -
Physiological problem/alteration in: Skin integrity
Musculoskeletal
Urinary elimination
Peripheral vascular
Infection
Functional problem/alteration in: Comfort
Activity
Pain
Sensory perception
Psychological problem/alteration in: Communication
Post-trauma response
Health behavior problem/risk: Infection risk
Injury risk

Activity Date: 12/17/19 Time: 0812

220402 Vitals Welch Allyn Monitor + A MO
- Document 12/17/19 0812 YM 12/17/19 0812 YM
Temperature C: 36.7
Temperature source: Oral
Blood pressure: 134/71
Blood pressure location: Arm upper left
Vital signs position: Sitting
Pulse: 98
Pulse location: Radial
Pulse source: Monitor
Respiratory rate: 17
Respiratory source: Observed
SPO2 %: 94
Oxygen delivery devices: Room air
LOC: Alert
MEWS score: 1

Activity Date: 12/17/19 Time: 1200

220210 Admission/Shift Assessment + A CP
- Document 12/17/19 1200 VV 12/17/19 1705 VV
- - BODY SYSTEM ASSESSMENT - -
Choose body systems to document: Neurological
- - NEUROLOGICAL ASSESSMENT - -
- - RASS/LOC
Alert and oriented: Yes
- - FACIAL SYMMETRY - -
Facial symmetry: Intact
- - PUPIL VARIANCE - -

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1200 (continued)

220210 Admission/Shift Assessment + (continued)
Pupils equal round reactive to light and accommodation: Yes
- - TONGUE - -
Tongue: Midline
- VOCALIZATION -
Vocalization: Appropriate
- REFLEXES - -
Reflexes present and appropriate: Yes
- - UPPER EXTREMITY -
Upper extremities equal and strong bilaterally: No
Arm left motor strength: Weak
Arm right motor strength: Weak
Hand left motor strength: Weak
Hand right motor strength: Weak
- - LOWER EXTREMITY - -
Lower extremities equal and strong bilaterally: No
Leg left motor strength: Weak
Moves against resistance
Leg right motor strength: Weak
Foot left motor strength: Weak
Moves against resistance
Foot right motor strength: Weak
- GAIT/BALANCE -
Gait, strength, balance: Extremity weakness
Generalized weakness
General weakness: Present/Exists
Dizziness: None
Headache: None
Eye pain: None
Blurred vision: None
Double vision: None
- - NUMB/TINGLING/PARALYSIS - -
Numbness/tingling, paresis/paralysis, tremors: None
- - SEIZURE ACTIVITY - -
Current seizure activity: None
Nuchal rigidity: No

Activity Date: 12/17/19 Time: 1207

220402 Vitals Welch Allyn Monitor + A MO
- Document 12/17/19 1207 YM 12/17/19 1207 YM
Temperature C: 36.2
Temperature source: Oral
Blood pressure: 128/70
Blood pressure location: Arm upper left
Vital signs position: Sitting
Pulse: 91
Pulse location: Radial

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1207 (continued)

220402 Vitals Welch Allyn Monitor + (continued)
Pulse source: Monitor
Respiratory rate: 17
Respiratory source: Observed
SPO2 %: 96
Oxygen delivery devices: Room air
LOC: Alert
MEWS score: 1

Activity Date: 12/17/19 Time: 1251

2060103 B	RT Chg: Oxygen Daily							A	.per standard	PS
- Create	12/17/19	1251	RO	12/17/19	1251	RO				
Document	12/17/19	1251	RO	12/17/19	1251	RO				
220586	RT: Oxygen +							A		PS
- Create	12/17/19	1251	RO	12/17/19	1251	RO				
Document	12/17/19	1251	RO	12/17/19	1251	RO				

RT: OXYGEN
Oxygen treatment: Adult
Oxygen delivery devices: Nasal cannula
O2 Liters per minute: 2.000000

Ed Directs	12/17/19	1251	RO	12/17/19	1251	RO	
							==> 12/17 1251 .nc 2lpm

Activity Date: 12/17/19 Time: 1513

220901	Discharge Instructions+							A		PS
Create	12/17/19	1513		12/17/19	1513					

Activity Date: 12/17/19 Time: 1518

220901	Discharge Instructions+							A		PS
Document	12/17/19	1518	KM	12/17/19	1520	KM				

- DISCHARGE INSTRUCTIONS
Estimated pneumococcal PCV13 vaccine admin date: 12/11/18
Estimated influenza vaccine admin date: 12/01/18
Vaccine status: *NOT A CANDIDATE*
Influenza vaccination status: Pt or caregiver's refusal
Pneumococcal vaccination status: Received in the past
Patient or home caregiver agrees to receive influenza vaccine: No, REFUSES
Physician parameters for discharge: No
Discharge to: SNF
Return to work/school: No
Return to work/school restrictions: No
Currently followed by Care Assure team: Yes
Discharge assessment performed: Yes
Discharge plan reviewed: Yes
Patient can safely comply with plan: Yes

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1518 (continued)

220901 Discharge Instructions+ (continued)
Patient email address: ELAINEAYAD@GMAIL.COM
PCP: UNDEFINED Undefined Provider
PCP special instructions: FOLLOW UP WITH PCP IN REHAB
Attending Physician: SKAAN Skattum,Andrew C DO
Attending physician phone: (407)520-3947
Attending physician follow up timeframe: In 2-3 weeks
Attending physician special instructions:

Discharge Instructions:
Pain Management
Take pain medications only as prescribed
Do not double up or take more than prescribed amounts
Do not take additional Tylenol (acetaminophen) with your pain medicine if it contains acetaminophen.
Taking too much acetaminophen can be harmful to your liver or cause liver failure.
It is acceptable to take additional over-the-counter non steroidal anti inflammatory drugs (NSAIDs) like Ibuprofen, Naprosyn, Alleve, Motrin, etc as directed on the bottle unless you have a history of cardiac disease, renal failure, ulcer or allergy.
Do not drive, drink alcohol, or operate heavy machinery while taking narcotic pain medications such as Vicodin, Norco, Lorcet, Lortab, Codeine, Percocet, Oxycontin, Oxycodone, Morphine, Dilaudid, etc. Also, do not sign legal documents while taking these medications
Narcotic pain pills can be constipating. Make sure you drink plenty of fluids and eat fiber.
If you find that you are constipated, over-the counter stool softeners or laxatives such as Colace, Ducolax, Correctol, Senokot, Ex-Lax, Fleets, Milk of Magnesia, lactulose, or mineral oil may be beneficial. Take as directed on the package. Enemas and suppositories may also be helpful. If you had sigmoid colon or rectal surgery, please do not take any rectal temperatures or rectal medications, including enemas or suppositories.
What to Look For:
Please call your physician's office or return to the emergency department (ED) for:
Fevers greater than 101 F (38.3 C).
Nausea and vomiting that is severe and doesn't go away.
Severe pain not relieved by the prescribed pain medicine or worsening after your discharge from the hospital.
Severe diarrhea or constipation
If you have a cut or a wound, you should watch for any bright red bleeding from your wound.
If you have a cut or wound, you should call if there is redness around your wound or drainage from your wound that

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1518 (continued)

220901 Discharge Instructions+ (continued)
smells bad or looks like pus.
If you have a splint, it should firmly hold the injured bone or joint. If it is too tight, you may get swelling, numbness, color changes or increased pain.
For any other symptoms that you might find abnormal or distressing, please call your physician's office for clarification or return to emergency department (ED). In the case of an emergency, call 911.
Call your physicians the day of discharge for follow up appointments.
Consulting provider 1: MEZTH Mezzanotte,Thomas MD
Specialty: ORTHOPEDIC, TRAUMA
Consult phone: (407)476-0780
Consult follow up timeframe: In 2-3 wks
Consult special instructions: ORTHOPEDIC FOLLOW UP
Diet: diabetic Encourage high protein
Oral fluid restriction: No
Check weight: No
Weight Monitoring: Not Required
Activity: as tolerated TTWB LLE
Equipment/supplies: Walker
Wound/dressing care: change dressing prn
KEEP DRY
Notify phys of these s/s: chest pain, shortness of breath, uncontrollable pains
Does this patient qualify for Comprehensive Care for Joint Replacement: No

Activity Date: 12/17/19 Time: 1617

571030 PT: Physical Therapy Management+ A .per standard AS
- Document 12/17/19 1617 RH 12/17/19 1631 RH
<< PHYSICAL THERAPY PROGRESS NOTE >>
Date: 12/17/19
START STOP TOTAL
1ST TREATMENT SESSION: 1020
: 1113
: 0 Hr 53 Mins
2ND TREATMENT SESSION: 1350
: 1420
: 0 Hr 30 Mins
: 0 Hr 00 Mins
: 0 Hr 00 Mins
Daily Treatment Total: 1 Hr 23 Mins
Charges Entered: TA x 4
THERAPEUTIC EXERCISE
NME
Patient Remarks: Pt agreed to therapy.

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Comment	Sts	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1617 (continued)

571030 PT: Physical Therapy Management+ (continued)
Comments: Pt was supine in bed upon arrival. Family presents in room. L knee immobilizer in place. Pt awake and was waving hi. Appears more oriented but still confused and inconsistent with following commands. Pt with hx of stroke recently. L sided weakness??
PREVIOUS TX LEVEL CURRENT TX LEVEL
Bed Mobility Training: Y
Scooting: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%
Rolling from side to side: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%
Bridging: 3-MOD ASST/PERFRM 50-75%
: 2-MAX ASST/PERFRM 25-50%
Supine to sit: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%
Sit to supine: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%
Comments: MAX CUES FOR INITIATION AND SEQUENCING. MAX A OF 2 FOR SUPPORT.
Wt Bearing Restrictions: Y
LLE: TOE TOUCH WEIGHT BEARING
PREVIOUS TX LEVEL CURRENT TX LEVEL
Transfers Training: Y
Sit<->Stand: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25 50%
Bed<->Chair: 2-MAX ASST/PERFRM 25-50%
: 2-MAX ASST/PERFRM 25-50%
Comments: SIT<>STAND WITH RW. MAX A OF 2 FOR SUPPORT. MAX CUES FOR TTWB ON LLE. POOR STANDING BALANCE. FORWARD BENT POSTURE. HIGH FALL RISK. BED<>WHEELCHAIR VIA STAND PIVOT TRANSFER ON RLE WITH MAX A. TACTILE CUES FOR SEQUENCING AND LIMB POSITIONINGS.
PREVIOUS TX LEVEL CURRENT TX LEVEL
Gait Training/Locomotion? N
Assistance needed: 2-MAX ASST/PERFRM 25-50%
Assistive device: ROLLING WALKER
TTWB LLE DIFFICULTY
Distance: 2 PIVOT SIDESTEPS
Comments: UNABLE 2/2 WEAKNESS AND POOR CARRYOVER OF WB RESTRICTION UNDERSTANDING
PREVIOUS TX LEVEL CURRENT TX LEVEL
Stairs Management: N
# of Steps: 17
PREVIOUS TX LEVEL CURRENT TX LEVEL
Balance Training: Y
Sitting balance - Static: FAIR

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1617 (continued)

571030 PT: Physical Therapy Management+ (continued)
: Fair
Dynamic: FAIR
: Poor
Standing balance - Static: POOR
: Poor
: Poor
Comments: Pt IS STIFF AND FORWARD IN SITTING POSITION, ABLE
TO SIT UP WITHOUT SUPPORT BUT CONSTANT CUES FOR
POSTURAL CORRECTIONS AND SAFETY.
RANGE OF MOTION:
All major extremity joints within functional limits? N
UE Deficit:
WFL
LE Deficit: LLE W/ KNEE IMMOBILIZER
RLE WFL
Independent SLR: N
TKR Protocol? N
THR Protocol? Y
Back Protocol Exercises? N
Therapeutic Exercises/Modalities: SEATED THER-EX PROGRAM
CONSISTING OF LLE AAROM
IN ALL PLANES. RLE AROM
AND ISOMETRIC EXS.
Reps: 15
Document Interdisciplinary Education? Y
PT Assessment: Pt CONTINUES TO PRESENTS WITH COGNITIVE DEFICITS,
POOR CARRY OVER, REPORTING LLE PAIN (BUT UNABLE TO
QUANTIFY PAIN LEVEL), GENERALIZED WEAKNESS, AND WB
RESTRICTIONS SEVERELY LIMITING FUNCTIONAL MOBILITY
AT THIS TIME. REQUIRED 2 PERSON MAX A FOR SUPPORT
WITH MOBILITY. UNABLE TO INITIATE GAIT TRAINING AT
THIS TIME DUE TO SEVERE PAIN AND WEAKNESS ON LLE.
FAMILY EDUCATED ON THER-EX PROGRAM AND POSITIONING
OF Pt. 2ND VISIT WAS TO TRANSFER Pt BACK TO BED
FROM W/C AND REINFORCED EDUCATION ON HEP WITH
FAMILY. RECOMMENDATION ONGOING FOR REHAB.
SHORT TERM GOALS:
The patient will:
1. MOD ASSIST W/ BED MOB<>EOB SITTING
Status: ONGOING
Time Frame: 12/18/19
2. IMPROVE TRANSFERS W/ MOD ASSIST 1 PERSON ASSIST W/ RW
Status: ONGOING
Time Frame: 12/18/19
3. IMPROVE AMBULATION MOD A W/ RW TTWB ON LLE > 5 FEET
Status: ONGOING
Time Frame: 12/18/19

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1617 (continued)

571030 PT: Physical Therapy Management+ (continued)
4. IMPROVE STANDING BALANCE TO FAIR W/ RW
Status: ONGOING
Time Frame: 12/18/19
LONG TERM GOALS
The patient will:
1. N/A
Barriers to Progress Medical Condition
Physical Impairment
Cognitive Limitations
Language Barrier
Pain
Discharge Planning Recommendations: REHAB
G Code: N
Severity Modifier determined by Objective Clinical Findings.
Plan: CONTINUE PLAN OF CARE
<< TEACHING & EDUCATION >>
Department: REHABILITATION SERVICES
Setting: BEDSIDE
Learner: PATIENT
DAUGHTER
X2
FAMILY
Readiness to Learn: NEEDS ENCOURAGEMENT
Preferred Method: DEMONSTRATION
EXPLANATION
Barriers: MEDICAL CONDITION
LANGUAGE BARRIER
PAIN
COGNITIVE LIMITATION
Education Content:
Dx/Condition: L FEMUR FX S/P FALL
Procedure/Test: Physical Therapy
Equipment: Walker
Hospital Care: Physical Therapy
Safety Issues
Fall Precautions
Home Care: Patient Safety
Fall Precautions
Rehabilitation
Strategies: DEMONSTRATION
EXPLANATION
Evaluation: NEEDS REINFORCEMENT
Community Resources/Referral: REHAB FACILITY

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/17/19 Time: 1623									
2060103 B	RT Chg: Oxygen Daily						D	.per standard	PS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220215	*Quick Start +						D		AS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220216	Neurovascular Checks +						D		PS
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220402	Vitals Welch Allyn Monitor +						D		MO
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220411	Clinical Monitor Interface +						D		MO
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220417	Hygiene Care+						D		PS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220470	BCTA Transfusion Documentation +						D		PS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220475	BCTA Blood Bank Product I&O +						D		PS
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220586	RT: Oxygen +						D	.nc 2lpm	PS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220800	SURG: Plan of Care Intra op +						D		AS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220801	SURG: Plan of Care Pre op +						D		AS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220802	SURG: Plan of Care PACU +						D		AS
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220804	SURG: Lines, Drains, Airways Pre op +						D		AS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220805	SURG: Lines, Drains, Airways PACU +						D		AS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220822	SURG: Pre Procedure Checklist, Prep +						D		AS
	Pre operative Form to be completed prior to patient procedure								
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220827	SURG: Core Measures Intra op +						D		AS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220832	SURG: Packing Intra op +						D		AS
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220843	SURG: Teach/Educate Pre op +						D		AS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220895	SURG: Assessment PAC						D		AS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220901	Discharge Instructions+						D		PS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220910	Care Assure +						D		PS
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220910	Care Assure +						D		PS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/17/19 Time: 1623									
28017	z:Assess Bleeding						D		OE
	Press (ENTER) for Order Details below								
	.								
	Comment: ANY SIGNS of bleeding, STOP HEPARIN, check aPTT and notify physician immediately, this includes if Platelets decreased less than 100,000 or by greater or equal to 50% from baseline								
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
28023	z:Assess Neurologic Status						D		OE
	.								
	Nursing Frequency: OTHER (SEE BELOW)								
	Other Frequency with Vital Signs								
	Comment:								
	Please do not use to enter medications								
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
28026	z:Assess Respiratory Status						D		OE
	Press (ENTER) for Order Details below								
	.								
	Comment: If respiratory rate <9, not arousable and O2 sat's >90%, notify anesthesiologist and give Naloxone/Narcan 0.1 mg IV x 1 dose								
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
28028	z:Assess Signs and Symptoms						D		OE
	Press (ENTER) for Order Details below								
	.								
	Comment: If patient is shaking, sweating, confused, or if patient/caregiver thinks patient is having a hypoglycemic reaction, then obtain STAT fingerstick glucose.								
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
28028	z:Assess Signs and Symptoms						D		OE
	Press (ENTER) for Order Details below								
	.								
	Comment: If patient is shaking, sweating, confused, or if patient/caregiver thinks patient is having a hypoglycemic reaction, then obtain STAT fingerstick glucose. Treatment if glucose is < 70 mg/dL: Apple OR orange juice 1/2 cup (120 ml) OR skim milk 1 cup (240ml) DO NOT ADD SUGAR - if patient is on fluid restrictions, give 1 Tablespoon of jelly or honey (do not spread on crackers) OR give 1/2 cup applesauce if patient is NPO, stuperous or comatose, give 50 ml (1amp) of 50% Dextrose IV if patient is NPO and NO IV access, give 1 mg glucagon subcutaneously (may cause vomiting). Treatment if glucose is < 60 mg/dl:								

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/17/19 Time: 1623 (continued)

28028 z:Assess Signs and Symptoms (continued)
-Apple OR orange juice 1 cup (240ml) OR skim milk 2 cups (480ml). DO NOT ADD SUGAR
-if patient is on fluid restrictions, give 2 Tablespoons of jelly or honey (do not spread on cracker) OR give 1 cup applesauce
-if patient is NPO, stuperous or comatose, give 50 ml (1amp) of 50% Dextrose IV
-if patient is NPO and NO IV access, give 1 mg glucagon subcutaneously (may cause vomiting)
Hypoglycemia Management
Repeat fingerstick glucose 15 minutes after any treatment for hypoglycemia. Repeat hypoglycemia treatmnet for any glucose < 70 mg/dl until glucose > 100 mg/dl. Do not fee solid food until blood sugar is over 100 mg/dl.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28040 z:Blood Glucose Monitoring D OE
Press ENTER for Order Details Below

Frequency: ZOTHER
Additional instructions: Prior to discharge to home. Notify anesthesia if blood sugar <90 or >200.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28040 z:Blood Glucose Monitoring D OE
Press ENTER for Order Details Below

Frequency: Q4HRS
Additional instructions:
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28040 z:Blood Glucose Monitoring D OE
Press ENTER for Order Details Below

Frequency: Q4HRS
Additional instructions:
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28047 z:Cardiac Monitor: Telemetry D OE
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28047 z:Cardiac Monitor: Telemetry D OE
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28070 z:Dressing Change D OE
Press ENTER for Order Details Below

Type: Dry
Wet to dry: Damp to dry:
Apply to: affected areas
Cover with:

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type | Occurred Date Time by | Recorded Date Time by | Sts Comment | Directions Documented Units | From Change

Activity Date: 12/17/19 Time: 1623 (continued)

28070 z:Dressing Change (continued)
Frequency: QS +
Additional Instructions:
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28111 z:Intake & Output D OE

Frequency:
Comments: Strict
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28136 z:Notify Vital Sign Parameters D OE
Press (ENTER) for Order Details below

Notify Physician:
Temperature >: 38.6 degrees C HR <: 50 HR >: 110
Oxygen Saturation <: 92 percent SBP <: 90 mmhg SBP >: 160 mmHg
RR <: 12 RR >: 28 MAP <: 60 mmHg DBP >: 100 mmHg
Comment:
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28136 z:Notify Vital Sign Parameters D OE
Press (ENTER) for Order Details below

Notify Physician:
Temperature >: 38.3 degrees C HR <: 50 HR >: 110
Oxygen Saturation <: 92 percent SBP <: 90 mmhg SBP >: 170 mmHg
RR <: 12 RR >: 28 MAP <: 60 mmHg DBP >: 100 mmHg
Comment:
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28139 z:Obtain Patient Consent D OE
Press ENTER for Order Details Below

Authorize Dr(s): Mezzanotte
Prepare Consent for: Open reduction internal fixation of left femur
Anticipated date of Procedure: 12/10/19
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28143 z:Oral Hygiene D OE
Press <ENTER> for additional order detail

Oral Hygiene Frequency: EVERY 8 HOURS
Comment:
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28175 z: Incentive Spirometry D OE
Press ENTER for Order Details Below

Frequency: EVERY 1 HOUR WHILE AWAKE X 10 deep breaths and cough
Comments:
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1623

28190 z:Seq Compression Device D OE
.
Placement: Knee High
Comment:
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28222 z:Vital Signs D OE
.
Nursing Frequency: OTHER (SEE BELOW)
Other Frequency: Every 1 hour X 4, then every 4 hours X 24 hours then per unit standard
Comment:
Please do not use to enter medications
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28222 z:Vital Signs D OE
.
Nursing Frequency: OTHER (SEE BELOW)
Other Frequency: Q15min x 4, Q30min x 2 and Q1h x 2.
Comment:
Please do not use to enter medications
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28224 z:Weight Bearing Status D OE
.
Weight Bearing Status: TTWB to LLE with walker and assist
Mobility Restrictions: LLE knee immobilizer in place
Details:
(FREE TEXT)
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28415 z:Initiate ICU MRSA Protocol D OE
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28431 z:Notify - Blood Glucose D OE
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28431 z:Notify - Blood Glucose D OE
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28445 z:Insulin Sliding Scale Protoc D OE
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28448 z:Monitor Core Temperature D OE
.
Comments: Maintain temperature no less than 36C.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28456 z:Notify - Results D OE
Press (ENTER) for Order Details below
.
Comment: Notify physician for Potassium levels less than 4.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28458 z:Education - VTE D OE
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1623

28609 z:No IM Injections D OE
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28622 z:PRN LAB TEST D OE
Press (ENTER) for Order Details below
.
Comment: Repeat potassium serum level 1 hour after dose complete and in AM. Obtain STAT magnesium level from blood already drawn with second replacement dose of potassium.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28622 z:PRN LAB TEST D OE
Press (ENTER) for Order Details below
.
Comment: Repeat Fingerstick blood suger PRN for treatment or suspicion of hypoglycemia.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28622 z:PRN LAB TEST D OE
Press (ENTER) for Order Details below
.
Comment: Repeat Fingerstick blood sugar PRN for treatment or suspicion of hypoglycemia.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28655 z:INIT Electrolyte Protocol D OE
.
Comments: Follow admin criteria for potassium dosing.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28694 z:Meal Monitoring D OE
.
Comments: for changes in glucose sources (NPO, Holding tube feedings, IV/IVPB's with dextrose, TPN, etc.) and any corticosteroid use.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
28749 z:Chlorhexidine Bath D OE
.
Comments: A. 2% Chlorhexidine gluconate (CHG) bathing cloths for all bathing needs (below jaw line) for the entire duration of ICU stay.
B. Discontinue 2% Chlorhexidine (CHG) bathing when patient is discharged or transferred out of ICU.
C. Exclude from CHG bathing intervention patient with known allergy to Chlorhexidine gluconate (CHG).
D. Document bathing exclusion reason in Meditech.
- Ed Status 12/17/19 1623 his 12/17/19 1623 his A => D
30757 z:Post Procedure Release Instruction D OE
Press (ENTER) for Order Details below
.
Comment: Discharge to nursing unit or home per following

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

Activity Date: 12/17/19 Time: 1623 (continued)

30757 /:Post Procedure Release Instruction (continued)
criteria: Blood pressure stable, O2 sat >90%. Notify anesthesiologist if patients doe not meet criteria.

Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
571000	PT: Assessment+						D	.per standard	AS

A physical therapy evaluation will be performed per policy. The following parameters are considered not appropriate for therapeutic intervention, whose results are "within functional limits". If a patient falls within defined parameters for a physical therapy component, the Physical Therapist may answer "Y" (yes) to the "WFL" query and move on to the next component. A response of "UTA" (unable to assess) and "NA" (not assessed) will allow the Physical Therapist to move on to the next component. If the therapist answers "N" (no), he/she must complete the full component assessment before moving on to the next component.

Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
571030	PT: Physical Therapy Management+						D	.per standard	AS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
572062	OT: Acute Care Progress Note+						* D	.per physician order	AS
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
573000	ST: Assessment+						D	.per standard	CP

An evaluation of a patient's speech/language/voice/cognition/swallow status will be performed per policy. The following parameters are considered not appropriate for therapeutic intervention, whose results are "within functional limits" (WFL). If a patient falls within defined parameters for a speech/language/voice/cognition/swallow component, the speech/language pathologist may answer "Y" to the "WFL" query and move on to the next component. A response of "UTA" (unable to assess) and "NA" (not assessed) will also allow the speech/language pathologist to move on to the next component. If the speech/language pathologist answers "N", he/she must complete the full component assessment before moving on to the next

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Time	by	Recorded Date	Time	by	Sts Comment	Directions Documented Units	From Change

573000 ST: Assessment+ (continued)
component.

ORAL MOTOR MOVEMENTS
Range of motion/coordination/strength is appropriate for age and support speech function and oral phase of swallow.

AUDITORY COMPREHENSION
Comprehends information presented verbally at a level appropriate for age and situation.

READING COMPREHENSION
Comprehends information presented in a written format at a level appropriate for age and level of education.

VERBAL EXPRESSION
Communicates verbally at a level appropriate for age and situation, intelligible to the listener, and accurate in intent.

WRITTEN EXPRESSION
Communicates in a written format at a level appropriate for age and situation, legibly and accurately.

COGNITIVE SKILLS
Attention, orientation, memory, organizational skills, judgment, reasoning, problem solving is at a level appropriate for age and situation.

PRAGMATICS/COMMUNICATION BEHAVIORS
Topic shift, eye contact, facial expression, gestural cues, turn taking, social skills, preassumption, topic maintenance, communication behaviors are at a level appropriate for age and situation.

VISUOSPATIAL ORGANIZATION
Response to visual stimuli is at a level appropriate for age, situation and visual acuity limitions.

SPEECH PRODUCTION

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
573000	ST: Assessment+ (continued)								
	Speech is of sufficient clarity, rate and volume to be understood by the listener.								
	SWALLOWING								
	Food is ingested in a manner appropriate for age and situation. Diet is tolerated without signs and symptoms of aspiration.								
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
573003	ST: Clinical Dysphagia Eval+						D	.per physician order	CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
573020	ST: Dysphagia Therapy Management+						D	.per standard	CP
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
573025	ST: Speech Therapy Management+						D	.per physician order	CP
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: STANDARD: Critical Care							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: Standard for Critical Care							D	12/20/19	
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220410	Critical Care Flow Record +						D		CP
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220411	Clinical Monitor Interface +						D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220440	IV Drip Titration +						D		CP
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Bleeding Risk							D		
	Increased chance of loss of blood volume								
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: REHAB:Impaired Rehabilitative Functions*D									
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: REHAB: Maintain/Improve Rehab Functions*							D	12/19/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
572000	OT: Assessment+						* D	.per standard	CP
	An occupational therapy evaluation will be performed per policy. The following parameters are considered not appropriate for therapeutic intervention whose results are "within functional limits" (WFL). If a patient falls within defined parameters for an occupational therapy component, the Occupational Therapist may answer "Y" (yes) to the "WFL" query and move on to the next component. A response of "UTA" (unable to assess) and "NA" (not assessed) will allow the Occupational Therapist to move on to the next								

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
572000	OT: Assessment+							* (continued)	
	component. If the therapist answers to "N" (no), he/she must complete the full component assessment before moving on to the next component.								
	MEMORY								
	Patient demonstrates the ability to carry over new information such as instructions from session or therapy schedule. Patient able to relay an accurate history of illness according to information on the chart.								
	ATTENTION								
	Patient should be able to attend to tasks throughout treatment session without redirection.								
	PROBLEM SOLVING								
	Patient demonstrates ability to recognize problems, choose a strategy for resolution and evaluate the results.								
	SEQUENCING								
	Patient demonstrates ability to sequence functional tasks throughout the session.								
	FOLLOWS COMMANDS								
	Patient demonstrates ability to follow 1,2,3 step directions								
	SAFETY AWARENESS								
	Patient demonstrates awareness of safety issues, insight into present limitation(s) and ability to use cues in the environment to guide actions.								
	VISUAL/PERCEPTUAL								
	Patient demonstrates the ability to use primary visual system throughout the evaluations process. The patient is able to attend to environmental stimuli in both right and left fields and is able to visually track through all four quadrants.								
	HEARING								
	Patient demonstrates ability to								

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
572000	OT: Assessment+						* (continued)		

respond appropriately to normal conversation.

UE AROM
Patient demonstrates both the muscle strength and the available joint range to touch the top of the head, back of the neck, small of the back, the shoulders, extend arms in front of body, turn palms up & down, extend & flex wrists, make a fist and spread fingers.

UE PROM
Patient demonstrates above functions with passive assistance

LE AROM
Patient has the power and endurance to perform those tasks identified with the life role of the patient.

LE PROM
Patient has the ability to perform those tasks identified with the life role of the patient.

TONE
Patient demonstrates muscle tone, tension or resistance in a muscle at rest and in response to stretch.

UE STRENGTH
Patient has the power and endurance to perform those tasks identified with the life role of the patient.

LE STRENGTH
Patient has the power and endurance to perform those tasks identified with the life role of the patient.

GROSS GRASP
Patient demonstrates appropriate grip strength to grasp pick up and hold objects during functional tasks.

COORDINATION
Patient demonstrates appropriate gross and fine motor performance during

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
572000	OT: Assessment+						* (continued)		

functional tasks.

ENDURANCE
Patient tolerates normal activity using maximal resistance and position changes with no signs of fatigue, dyspnea or pain for continuous activity period greater than 30 min.

BALANCE
STATIC - maintains static position against Maximal Resistance.
DYNAMIC - independent in basic dynamic balance

- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Family Coping Impairment							D		
Inadequate family response to problems or difficulties.									
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220730	Family Coping Impairment						D		CP
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Home Maintenance Alteration							D		
Inability to sustain a safe, healthy environment.									
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220744	Home Maintenance Alteration						D		CP
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Endocrine Alteration							D		
Change in or modification of internal secretions or hormones.									
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220704	Endocrine Alteration						D		CP
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Infection							D		
Contamination with disease-producing germs									
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220753	Infection						D		CP
- Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/17/19 Time: 1623									
Diagnosis/Problem: Family Process Alteration Change in or modification of usual functioning of a related group.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220731 Family Process Alteration							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Anxiety Feeling of distress or apprehension whose source is unknown.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: STANDARD: Facility Wide							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: Standard for Facility							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220200 Admission Health History +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220205 Health History Update +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220210 Admission/Shift Assessment +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220220 Safety/Risk/Regulatory +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220230 1st Point of Contact MRSA/TB/RESP +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220235 Pain Assessment +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220316 Sleep Apnea Screening +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220400 Vitals/Ht/ Wt/ Measurements +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220415 Routine Daily Care +							D	on going	CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220420 Intake and Output +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220425 Lines/Drains/Airways +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220430 Teach/Educate +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220445 Manage/Refer/Contact/ Notify +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220450 Language Assistant +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/17/19 Time: 1623									
220455 Transport +							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220700 Plan of Care+							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Cardiac Output Alteration Change in or modification of the pumping action of the heart or blood vessels.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220702 Cardiac Output Alteration							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Injury Risk Increased chance of danger or loss.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220745 Injury Risk							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Toileting Deficit Impaired ability to urinate or defecate for oneself.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220777 Toileting Deficit							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Comfort Alteration Change in or modification of sensation that is distressing.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220719 Comfort Alteration							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Pain Physical suffering or distress; to hurt.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220775 Pain							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Skin Integrity Alteration Change in or modification of skin conditions.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D

Diagnosis/Problem/Outcome/Intervention/eval. Description

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/17/19 Time: 1623									
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220712 Skin Integrity Alteration							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Diagnosis/Problem: Musculoskeletal Alteration Change in or modification of the muscles, bones, or support structures.							D		
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Outcome: See Health Plan of Care							D	12/20/19	
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
220708 Musculoskeletal Alteration							D		CP
Ed Status	12/17/19	1623	his	12/17/19	1623	his			A => D
Activity Date: 12/17/19 Time: 1704									
Diagnosis/Problem: Activity Alteration Change in or modification of energy used by the body.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
220716 Activity Alteration							A		CP
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Posttrauma Response Sustained behavior related to a traumatic event.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
220735 Post Trauma Response							A		CP
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Infection Risk Increased chance of contamination with disease producing germs							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
220754 Infection Risk							A		CP
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Communication Impairment Diminished ability to exchange thoughts, opinions, or information.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Activity Date: 12/17/19 Time: 1704									
220728 Communication Impairment							A		CP
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Sensory Perceptual Alteration Change in or modification of the response to stimuli.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
220726 Sensory Perception Alteration							A		CP
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Peripheral Vascular Alteration Change in or modification of the oxygenation of tissues.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
220709 Peripheral Vascular Alteration							A		CP
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Diagnosis/Problem: Urinary Elimination Alteration Change in or modification of excretion of the waste matter of the kidneys.							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Outcome: See Health Plan of Care							A		
Create	12/17/19	1704	VV	12/17/19	1704	VV			
220714 Urinary Elimination Alteration							A		CP
Create	12/17/19	1704	VV	12/17/19	1704	VV			
Activity Date: 12/17/19 Time: 1735									
Diagnosis/Problem: Activity Alteration Change in or modification of energy used by the body.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
220716 Activity Alteration							D		CP
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Posttrauma Response Sustained behavior related to a traumatic event.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
220735 Post Trauma Response							D		CP
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D

Activity Type	Occurred Date	Occurred Time	by	Recorded Date	Recorded Time	by	Sts Comment	Directions Documented Units	From Change
Activity Date: 12/17/19 Time: 1735									
Diagnosis/Problem: Infection Risk Increased chance of contamination with disease producing germs							D		
- Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
220754 Infection Risk							D		CP
- Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Communication Impairment Diminished ability to exchange thoughts, opinions, or information.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
220728 Communication Impairment							D		CP
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Sensory Perceptual Alteration Change in or modification of the response to stimuli.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
220726 Sensory Perception Alteration							D		CP
- Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Peripheral Vascular Alteration Change in or modification of the oxygenation of tissues.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
- Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
220709 Peripheral Vascular Alteration							D		CP
- Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Diagnosis/Problem: Urinary Elimination Alteration Change in or modification of excretion of the waste matter of the kidneys.							D		
Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
Outcome: See Health Plan of Care							D		
- Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D
220714 Urinary Elimination Alteration							D		CP
- Ed Status	12/17/19	1735	his	12/17/19	1735	his			A => D

Monogram Initials		Name	Nurse Type
	0	System	None
AA	NPGAA3	Ayala,Annette	RN
AEC	NPGAEC	Camacho,Angie I	RN
AKC	NICAKC	Cherian,Abraham K	RN
AMP	NINAMP1	Perrin castro,Annett	RD

Monogram Initials		Name	Nurse Type
ANL	CSS.ANL	LOPEZ,AMARIS N	RN
APB	NSAAPB	Blanton,Alicia P*	PTS
BM	NPGBM2	Morris,Beverly	RN
CJ	NRTCJ	Jordan,Courtney	RTC
DR	PHYRODDA	RODRIGUEZ MORVELI,DA	.
END	NPTO.END	DY,ELAINE N	OT
ES	NSTES	Sherman,Evan	ST
FM	NRTT.FM	MATIAS JR,FRANCISCO	RTC
GV	NICGV	Vagamattathil,Gibbym	RN
HH	NSTHH	Hall,Hannah	ST
JCC	CSS.JCC	COLLINS,JUDY C	RN
JPT	NNUR.JPT	THOMAS,JOSUE P	ORRN
JS	NPTJS1	Smerilson,Judith	PT
JXD	NPTO.JXD	DE RUEDA,JASON	PT
KM	NPGKXM	McBride,Kyle D	RN
KML	NPTKML	Lamb,Katelyn M	PT
LC	AP.CABLI	CABAN,LIANA	.
LM	NRTT.LM	McDUFFIE,LAURA J	RTC
LVH	NLVH	Hernandez,Leslie V	CHAP
MK	NORMK	Kesler baby,Mckenzie	ORRN
MLH	NNUR.MLH	HARRIS,MICHAEL L	RN
MLS	NICMLS	Serrano,Mellani L	RN
MRM	NRTMRM	Mckinley,Marcia R	RTC
PAW	NRCPAW	White,Patricia A	RN
PM	NICPM	Mckinney,Patsy	RN
RCH	AP.HANRL	HANNA,REBECCA C	.
RD	NCHRD	De mel,Ruksha	CHAP
RH	NPTRH	Hoang,Ryan	PTA
RO	NRTT.RO	ORAZI,RAIR	RTC
RR	NICRXR	Raju,Rachel P	RN
RV	NPTRV1	Varghese,Rony	PT
SFG	PHY.GRASA	GRAY,SANJIV F	.
SKL	NNUR.SKL	LARMOND,SONIA M	RN
SM	NPGSM2	Martinezrivera,Sonia	RN
SP	NPGSP	Perrotta,Shavon	CNA
SPM	NRTSPL1	Lorini,Sean P	RTR
SXB	PHY.BAWSH	BAWANY,SHEILA X	.
TT	NICTT1	Troche Echevarria,Ta	RNCA
TXS	NNUR.TXS	AMES,TARA C	LPN
VV	NPGVV	Vanegas rios,Valeria	RN
WXF	NNUR.WXF	FRANCOIS,WISELINE	CNA
YF	NNAYF1	Fernandez borges,Yan	RN
YM	NPGYM1	Matias,Yaneth	CNA
YW	NOTYW	Walker-Besnier,Yazmi	OT
ZB	NPGZB	Brown,Zenovia	CNA
his		automatic by program	

FALL ASSESSMENT TOOL

3rd Tier – High Risk for Injury after Falls *Check all that apply*:

- ☐ Anticoagulants (Including but not limited to: Warfarin, Lovenox treatment dose, Heparin, Agatroban, etc. (Include only patients on treatment dose of Lovenox and Heparin) or taking Coumadin as home medication
- ☐ Post-operative patients (Post op patients with three or more: PCA; IVF running; Open incision of 3cm or more; Joint replacement ; Impaired mobility; SCD's)
- ☐ History of osteoporosis
- ☐ History of recent fall with fracture (within 2 months)

***if any of the above are checked STOP assessment form, no further assessment required patient is HIGH RISK with injury
follow all 3 tier interventions

2nd Tier – High Risk for Falls *Check all that apply*:

- ☐ Age 80 and over
- ☐ Altered Mental Status
- ☐ Syncope, Symptomatic Arrhythmias, Dizziness, Seizures
- ☐ Current CVA or History of CVA with relevant deficit
- ☐ Traumatic brain injury
- ☐ Unsteady Gait
- ☐ Acute Anemia
- ☐ Patient *NOT* following fall prevention directions (noncompliant)
- ☐ Post-operative patients (Post op patients with two or more: PCA; IVF running; Open incision of 3cm or more; Joint replacement ; Impaired mobility; SCD's)
- ☐ 3 or more pharmacological agents that increase risk for falls: ie: Pain Medication's (Opioids/narcotics); sleeping agents, sedative agents; diuretics; anticonvulsants; anti-anxiety, psychotropic agents

if any of the above are checked STOP assessment form, no further assessment required patient is HIGH RISK
follow 2nd and 1st tier interventions

1st Tier – Standard/Universal Fall Precautions *Check all that apply*:

- ☑ All remaining patients

if patient does not meet criteria for tier 3 and 2 then follow 1st tier interventions

3rd Tier Interventions	2nd Tier Interventions	1st Tier Interventions
✓ Education to patient and family on high risk for injury.	✓ Communication with patient and family regarding fall precaution.	✓ Communication with patient and family regarding fall safety.
✓ Communication with patient and family regarding fall precaution.	✓ Yellow "Risk to Fall" band	✓ Remove sources of potential injury: sharp edges
✓ Yellow "Risk to Fall" band	✓ Yellow background fall signage on door	✓ Hourly rounds
✓ Red background fall signage on door	✓ Bed/chair alarm with pads for the bed	✓ Orient patients to room and call light system.
✓ Bed/chair alarm with pads for the bed	o If patient refuses an explanation of the risks and benefits must be given and documented.	✓ Keep top two side rails up.
o If patient refuses an explanation of the risks and benefits must be documented.	✓ Double sided non-skid yellow socks.	✓ Evaluate foot wear of patient and provide non-skid socks.
✓ Double sided non-skid Yellow socks.	✓ A staff member must remain with the patient when assisted to the bathroom.	✓ Ensure adequate lighting at night.
✓ A staff member must remain with the patient when assisted to the bathroom.		✓ Falls education booklet on admission.

Nurse Signature P. McKinney RN Date 12/14/19 Time 19:00

OSCEOLA REGIONAL MEDICAL CENTER

12/10/19 DOB:09/17/50
AYAD,AZIZ 69 /M
N00101730890 N000880775
ATT MD: Block,Ernest F M

"NNS" OSC-815 Fall Assessment Tool (6/2015) Page 1 of 1

EDM.COCOS (FL `B/WP.1 MIS/613/COCOS) - MORRISON,LEGGETT

AYAD,AZIZ - 69/M ADM IN N.ERHMS N.ER/E17
Full Code 157.48 cm 63.636 kg U/A N000880775/N00101730890
Allergies/ADRs: No Known Allergies

Change Order

Admission (ADT) S

Add to Favorites

Start: 12/10 0536

Procedure	Priority	Service Date/Time	Qty	Queries	Providers
Admission (ADT)	S	12/10 0536			

Details | Results | Providers | History

Status	Active
Admitting Physician	BLOER
.	
Expect patient to be here equal to or greater than two midnights:	
.	
Patient Status:	Admit to Inpatient
Assign to Physician:	Block,Ernest F MD
Medical Reason:	Left hip fx
.	
Inpatient CPT Code Present:	
.	

OK | Close | Help

FALL ASSESSMENT TOOL

3rd Tier – High Risk for Injury after Falls *Check all that apply*:

- ☐ Anticoagulants (Including but not limited to: Warfarin, Lovenox treatment dose, Heparin, Agatroban, etc. (Include only patients on treatment dose of Lovenox and Heparin) or taking Coumadin as home medication
- ☐ Post-operative patients (Post op patients with three or more: PCA; IVF running; Open incision of 3cm or more; Joint replacement ; Impaired mobility; SCD's)
- ☐ History of osteoporosis
- ☐ History of recent fall with fracture (within 2 months)

***if any of the above are checked STOP assessment form, no further assessment required patient is HIGH RISK with injury
follow all 3 tier interventions

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- ☐ Age 80 and over
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- ☐ Current CVA or History of CVA with relevant deficit
- ☐ Traumatic brain injury
- ☐ Unsteady Gait
- ☐ Acute Anemia
- ☐ Patient *NOT* following fall prevention directions (noncompliant)
- ☐ Post-operative patients (Post op patients with two or more: PCA; IVF running; Open incision of 3cm or more; Joint replacement ; Impaired mobility; SCD's)
- ☐ 3 or more pharmacological agents that increase risk for falls: ie: Pain Medications (Opioids/narcotics); sleeping agents, sedative agents; diuretics, anticonvulsants; anti-anxiety, psychotropic agents

if any of the above are checked STOP assessment form, no further assessment required patient is HIGH RISK
follow 2nd and 1st tier interventions

1st Tier – Standard/Universal Fall Precautions *Check all that apply*:

- ☑ All remaining patients

if patient does not meet criteria for tier 3 and 2 then follow 1st tier interventions

3rd Tier Interventions	2nd Tier Interventions	1st Tier Interventions
✓ Education to patient and family on *high risk for injury.*	✓ Communication with patient and *family regarding fall precaution.*	✓ Communication with patient and *family regarding fall safety.*
✓ Communication with patient and family regarding fall precaution.	✓ Yellow "Risk to Fall" band	✓ Remove sources of potential injury sharp edges
✓ Yellow "Risk to Fall" band	✓ Yellow background fall signage on door	✓ Hourly rounds
✓ Red background fall signage on door	✓ Bed/chair alarm with pads for the bed	✓ Orient patients to room and call light system.
✓ Bed/chair alarm with pads for the bed	o If patient refuses an explanation of the risks and benefits must be given and documented.	✓ Keep top two side rails up.
o If patient refuses an explanation of the risks and benefits must be documented.	✓ Double sided non-skid yellow socks.	✓ Evaluate foot wear of patient and provide non-skid socks.
✓ Double sided non-skid Yellow socks.	✓ A staff member must remain with the patient when assisted to the *bathroom.*	✓ Ensure adequate lighting at night.
✓ *A staff member must remain with* the patient when assisted to the bathroom.		✓ *Falls education booklet on* admission.

Nurse Signature P. McKinney RN Date 12/14/19 Time 1900

OSCEOLA REGIONAL MEDICAL CENTER

12/13/19 DOB 08/13/74
RIVERA, JASON 45 /M
N99900003863 N000880118
ATT MD: Block, Ernest F M

"NNS" OSC-815 Fall Assessment Tool (6/2016) Page 1 of 1

FALL ASSESSMENT TOOL

3rd Tier – High Risk for Injury after Falls *Check all that apply*:

- ☐ Anticoagulants (Including but not limited to: Warfarin, Lovenox treatment dose, Heparin, Agatroban, etc. (Include only patients on treatment dose of Lovenox and Heparin) or taking Coumadin as home medication
- ☐ Post-operative patients (Post op patients with three or more PCA; IVF running; Open incision of 3cm or more; Joint replacement , Impaired mobility; SCD's)
- ☐ History of osteoporosis
- ☐ History of recent fall with fracture (within 2 months)

***if any of the above are checked STOP assessment form, no further assessment required patient is HIGH RISK with injury
follow all 3 tier interventions

2nd Tier – High Risk for Falls *Check all that apply*

- ☐ Age 80 and over
- ☐ Altered Mental Status
- ☐ Syncope, Symptomatic Arrhythmias, Dizziness, Seizures
- ☐ Current CVA or History of CVA with relevant deficit
- ☐ Traumatic brain injury
- ☐ Unsteady Gait
- ☐ Acute Anemia
- ☐ *Patient NOT following fall prevention directions (noncompliant)*
- ☐ Post-operative patients (Post op patients with two or more: PCA; IVF running; Open incision of 3cm or more; Joint replacement ; Impaired mobility; SCD's)
- ☐ 3 or more pharmacological agents that increase risk for falls: ie: Pain Medications (Opioids/narcotics), sleeping agents, sedative agents; diuretics; anticonvulsants; anti-anxiety, psychotropic agents

if any of the above are checked STOP assessment form, no further assessment required patient is HIGH RISK
follow 2nd and 1st tier interventions

1st Tier – Standard/Universal Fall Precautions *Check all that apply*:

- ☐ All remaining patients

if patient does not meet criteria for tier 3 and 2 then follow 1st tier interventions

3rd Tier Interventions	2nd Tier Interventions	1st Tier Interventions
✓ Education to patient and family on high risk for injury	✓ Communication with patient and family regarding fall precaution.	✓ Communication with patient and family regarding fall safety.
✓ Communication with patient and family regarding fall precaution.	✓ Yellow "Risk to Fall" band	✓ Remove sources of potential injury sharp edges
✓ Yellow "Risk to Fall" band	✓ Yellow background fall signage on door	✓ Hourly rounds
✓ Red background fall signage on door	✓ Bed/chair alarm with pads for the bed	✓ Orient patients to room and call light system.
✓ Bed/chair alarm with pads for the bed	o If patient refuses an explanation of the risks and benefits must be given and documented.	✓ Keep top two side rails up.
o If patient refuses an explanation of the risks and benefits must be documented.	✓ Double sided non-skid yellow socks.	✓ Evaluate foot wear of patient and provide non-skid socks.
✓ Double sided non-skid Yellow socks.	✓ A staff member must remain with the patient when assisted to the bathroom.	✓ Ensure adequate lighting at night.
✓ A staff member must remain with the patient when assisted to the bathroom.		✓ Falls education booklet on admission.

Nurse Signature _____ Date 12/19/19 Time 0125-0

OSCEOLA REGIONAL MEDICAL CENTER

12/20/19 DOB 09/17/50
AYAD AZIZ 69 /M
N00101730890 N000880775
ATT MD. Block Ernest F M

"NNS" OSC-815 Fall Assessment Tool (6/2016) Page 1 of 1

MTP/EMERGENCY RELEASE ADMINISTRATION RECORD

PRBCs		FFP/Liquid Plasma		Platelets (1 bag= 4-6 units)	
Time / Initials	Unit Sticker or write unit number	Time / Initials	Unit Sticker or write unit number	Time / Initials	Unit Sticker or write unit number
1830 / JDR	W0368 19 841551 8	/		/	
1745 / JDR	W0368 19 842263 8	/		Cryoprecipitate (if given)	
/		/		/	
/		/		/	ROTEM drawn & Reassess

PRBCs		FFP/Liquid Plasma		Platelets (1 bag= 4-6 units)	
Time / Initials	Unit Sticker or write unit number	Time / Initials	Unit Sticker or write unit number	Time / Initials	Unit Sticker or write unit number
/		/		/	
/		/		Cryoprecipitate (if given)	
/		/		/	
/		/		/	ROTEM drawn & Reassess

TXA (one-time dose) Given by: Date/Time	Kcentra (one-time dose) Given by: Date/Time

Nurse Signature /Initials CRN

Nurse Signature /Initials _____

Page 1 of 1

OSCEOLA REGIONAL MEDICAL CENTER

12/10/19 008:09/17/50 69 /M
AYAD,AZIZ
N00101730890 N000880775
ATT MD: Block,Ernest F M

"NNS" OSC-980 MTP/Emergency Release Administration Record (REV.05/17) Page 1 of 1

DISCHARGE INSTRUCTIONS

Osceola Regional Med. Center

It has been a pleasure caring for you. If you have questions or concerns, or your symptoms worsen after discharge, please contact your physician.

DISCHARGE INFORMATION

DISCHARGE TO:
SNF

Return to work/school: No
Return to work/school restrictions: No

Currently followed by Care Assure Team:

For your convenience, our hospital provides a free patient navigation service called Care Assure. A registered nurse navigator serves to assist with answering your questions regarding discharge instructions, medications, community resources, and scheduling your follow up appointment(s) If you have any questions before our contact, please feel free to call your nurse navigator at:
Osceola Regional Medical Center: 407-518-3318
407-518-3246

YOUR DIET

diabetic Encourage high protein

Oral fluid restriction: No
Mls allowed per day:

Check Weight: No **Weight monitoring:** Not Required

YOUR ACTIVITY

as tolerated TTWB LLE

EQUIPMENT and/or SUPPLIES

Walker

WOUND / DRESSING CARE

change dressing prn
KEEP DRY

VACCINATION ADMINISTRATION THIS VISIT

Estimated Pneumococcal PCV13 Vaccine: 12/11/18

Estimated Influenza Vaccine: 12/01/18

SIGNS/SYMPTOMS TO NOTIFY PROVIDER

chest pain, shortness of breath, uncontrollable pains

PHYSICIAN FOLLOWUP APPOINTMENTS

PCP: Undefined Provider
Special Instructions: FOLLOW UP WITH PCP IN REHAB

Attending Physician: Skattum,Andrew C DO
Attending Physician Phone: (407)520-3947
Followup Timeframe: In 2-3 weeks
Special Instructions: Discharge Instructions:
Pain Management
Take pain medications only as prescribed
Do not double up or take more than prescribed amounts
Do not take additional Tylenol (acetaminophen) with your pain medicine if it contains acetaminophen.
Taking too much acetaminophen can be harmful to your liver or cause liver failure.
It is acceptable to take additional over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) like Ibuprofen, Naprosyn, Alleve, Motrin, etc. as directed on the bottle unless you have a history of cardiac disease, renal failure, ulcer or allergy.
Do not drive, drink alcohol, or operate heavy machinery while taking narcotic pain medications such as Vicodin, Norco, Lorcet, Lortab, Codeine, Percocet, Oxycontin, Oxycodone, Morphine, Dilaudid, etc. Also, do not sign legal documents while taking these medications.
Narcotic pain pills can be constipating. Make sure you drink plenty of fluids and eat fiber.
If you find that you are constipated, over-the-counter stool softeners or laxatives such as Colace, Ducolax, Correctol, Senokot, Ex-Lax, Fleets, Milk of Magnesia, lactulose, or mineral oil may be beneficial. Take as directed on the package. Enemas and suppositories may also be helpful. If you had sigmoid colon or rectal surgery, please do not take any rectal temperatures or rectal medications, including enemas or suppositories.
What to Look For:
Please call your physician's office or return to the emergency department (ED) for:
Fevers greater than 101 F (38.3 C).
Nausea and vomiting that is severe and doesn't go away.
Severe pain not relieved by the prescribed pain medicine or worsening after your discharge from the hospital.
Severe diarrhea or constipation
If you have a cut or a wound, you should watch for any bright red bleeding from your wound.
If you have a cut or wound, you should call if there is redness around your wound or drainage from your wound that smells bad or looks like pus.
If you have a splint, it should firmly hold the injured bone or joint. If it is too tight, you may get swelling, numbness, color changes or increased pain.
For any other symptoms that you might find abnormal or distressing, please call your physician's office for clarification or return to emergency department (ED). In the case of an emergency, call 911.

Call your physicians the day of discharge for follow-up appointments.

Consulting Provider 1: Mezzanotte,Thomas MD
Specialty: ORTHOPEDIC, TRAUMA
Phone: (407)476-0780
Followup Timeframe: In 2-3 weeks

Consult special instructions:
ORTHOPEDIC FOLLOW UP

0 0

For Patients Who Smoke

You should quit. It is the most important thing you can do for your health.

Here are other FREE resources you can use.

The American Cancer Society:	1-800-227-2345
The American Lung Association:	1-800-548-8252
Internet site:	http://smokefree.gov

DISCHARGE MEDICATIONS

Please refer to the discharge medication list provided by the nurse at the time of discharge. Please be sure to take this list with you to your next physician office visit.

If you are prescribed opioid medication (pain medication), please be aware of the following:
- Take this medication exactly as prescribed and do not take beyond the expiration date.
- This medication may cause accidental overdose or death if taken by other adults, children, or pets.
- Store in a secure location and dispose of unused medication through a medicine take-back program or other recommended method.
- Additional information can be found at www.fda.gov or by calling the Food and Drug Administration at 1-800-882-9539.

I understand that a copy of my home medication list as well as the medications I received during this hospital stay will be provided to my next health care provider.

AZIZ AYAD

Osceola_Regional_Med._Center
Name: AYAD,AZIZ
Acct #: N00101730890 Room/Bed: N.A419/1
Unit #: N000880775 Admit date: 12/10/19
Admit Physician: Block,Ernest F MD

Osceola Regional Medical Center
700 West Oak Street
Kissimmee, FL 34741

Case Management Report
*** CONFIDENTIAL PATIENT INFORMATION ***

********** ENCOUNTER DATA **********

Patient Name: AYAD,AZIZ DOB: 09/17/50
Account #: N00101730890 MRN: N000880775
Admin Date: 12/10/19 AGE: 69
Attending Physician: Block,Ernest F MD

HCM SUPPORT SERVICES

HCM Support Services User Fields:

Comments:
TERRACE OF ST CLOUD REHAB

Discharge Disposition: 03 - SNF, Medicare Cert in anticipation of skilled care

Score: 0.16291422

Level: Readmit Risk - Low

Date/Time: 12/12/2019 6:05 AM

Date Entered: 12/11/2019
Service Type: *Case Management
Case Worker: Osceola,PCU
Worklist Date: 12/18/2019

Payer: MEDICARE HMO MISC

Comments:
---12/17/2019 1739 by Kehli Tice---
Pt has dc'd to Terrace of St. Cloud SNF however, when pt arrived at the SNF they called CM because family REFUSED TO LEAVE HIM and refused to allow American Ambulance to leave because they want a private room and also want to be able to say overnight, which SNFs do not allow. A private room is only an option if available and if the insurance covers.
Family also told the SNF that the CM promised them a private room but CM explained this is NOT the case and family never inquired about a private room or spending the night with this CM.
Minutes later call from pt's daughter Angie who is requesting CM "help" to get pt back re-admitted to hospital on PCU and also help get him placed at our inpt rehab (who declined him twice already). CM explained, CM does not admit or place pts in the hospital or in rehab.
They are concerned pt does not have the mental capacity to be left alone at any facility so they will not leave his side at anytime. Pt is doing more with therapy and they will not dc to a SNF and only want rehab here so they can spend the night (and dictate his care, meds, etc.) Daughter is a Medical Assistance who is managing pt and has informed, she will refuse to leave when

they return until pt is able to ambulate.
Trauma has been notified that Terrace is the ONLY accepting SNF and there is no other option for placement so pt can dc HOME with family support and they can purchase DME (because his insurance bought him DME a few months ago therefore, there is a high chance he is not eligible again even though he left it at home in Ohio). Family can obtain DME from Wal-Mart or other retail pharmacy.

---12/17/2019 1337 by Kehli Tice---
Dc today to Terrace of St. Cloud SNF, room 501A. CM arranged transport through One Step (David) for 330pm pick-up.

---12/16/2019 1718 by Kehli Tice---
Per trauma, potential dc tomorrow to SNF. Terrace of St.Cloud has accepted pt (Christina) and has received authorization from insurance (and pt assigned to room 501A.)
Our rehab DECLINED pt today after reviewing him both last week and again today and pt has not made an measurable gains. Rehab rep. Mandee met with pt to explain denial and family appears to understand.
Daughter was adamant about rehab here but is aware this is NOT an option and she can accept SNF or take pt home.

---12/13/2019 1455 by Motieram Nankoo---
Patient's daughter prefer patient go to Osceola Regional Acute Rehab (IRF), they have declined patient since insurance is out of network. Daughter called insurance and they told her that they can approve up to 90 days out of network benefits. Reopen referral to IRF to revisit and call insurance and if accepted can work on out of network benefits. Will follow.

---12/13/2019 1439 by Motieram Nankoo---
Spoke with Daniel at TOK, who said he is waiting for acceptance clinically from nursing and can work with INS for auth. Solaris HC Osceola and Terrace of St Cloud Accepted. Called Ancheryl with Solaris HC Osceola - no answer and Christina with TOSTC - no answer. Will follow.

---12/13/2019 1433 by Motieram Nankoo---
Trauma Notes: GCS 15, pain is controlled, B/P is controlled, no chest pain, off heparin drip due to hematuria, which has resolved and anemia require 3 PRBC yesterday, left thigh is swollen but not tense
ok for heparin subq, cardiology is following but postponing cardiac cath today, continue lisinopril, asa, metoprolol, diet as tolerating
keep Foley since hematuria, if remains clear, dc foley, ok for transfer to PCU, started on ferrous, vit C, vit D.

---12/12/2019 1701 by Motieram Nankoo---
FAMILY IN AGREEMENT TO HAVE REFERRAL SENT TO LOCAL REHAB FOR CONSIDERATION ALTHOUGH THEY WERE INFORMED THAT PATIENT'S INSURANCE IS OUT OF NETWORK AND MAY HAVE NO BENEFITS IN FLORIDA. REFERRAL FAXED. WILL FOLLOW.

---12/12/2019 1419 by Kehli Tice---
Pt/family provided verbal choice for inpt rehab here and referral has been sent. Family has contacted insurance and is under impression pt has up to 90 days of rehab.
CM to follow for rehab's decision and potential dc timeframe.

Patient Name: AYAD,AZIZ Account #: N00101730890

---12/11/2019 1716 by Kehli Tice---
Initial CM screen: completed with pt who is A O but napping and allows his wife and daughter Angie to speak for him. Pt's 1st language is Arabic but he appears fluent in English and his wife does as well. EC is Angie 440-292-6949 or wife Emtesal. Pt and wife here VISITING from Ohio since Thanksgiving holiday (last month) and have a one-way fly but plan to return home after New Year holiday (next month). Pt staying in local area (St.Cloud) with daughter Elaine and his son (where they visit one month, about 4 times a year). Pt has out of state Medicare so CM explained, pt may not have out of state (or out of network) benefits for successful and smooth dc planning. CM explained, even when they call insurance today to inquire, a local HHC and DME provider will STILL have accept him and be willing to work with insurance. PT recommending rehab but pt/family denied and want to dc home (possibly with HHC if insurance allows). Pt has DME insurance provided him after a stroke earlier this year but it is NOT here in FL so CM explained, insurance may NOT approve anymore, so they have already started shopping around and ordering items (and CM provided a local DME resource, Orlando Medical Rental 877-356-9943). Daughters are helping a lot to get what pt needs and communicating with his Ohio insurance CM. CM called CM Natalie Ray 216 334 7951 and requested dc planning support but she did NOT answer. CM left her a detailed message ask about if pt has HHC and DME benefits here and if so who are their contracted providers.
PCP is Sandra Snider in Ohio and family feels she will agree to follow HHC treatment plan here.
CM to follow for dc recs and planning. Pt may NOT have benefits here in Florida for post-acute care but daughter is making calls to assist.

HCM DISCHARGE PLANNING

HCM Discharge Planning Comments:

HCM DISCHARGE PLANNING EVALUATION

Case Workers: Tice,Kehli
Living Status: Spouse-partner
Setting: Home-residence

ADL Limits: Mobility or ambulation

DME: None

HCM Discharge Planning User Fields:

Community Services Prior to Admission: None or NA

Current Mental Status/Cognition: Alert and Oriented

Information obtained from: Patient
Spouse or significant other
Family or relative

Patient Name: AYAD,AZIZ Account #: N00101730890

Discharge Barriers, select all that apply: Uninsured or Underinsured

If Other, explain: out of insurance network

Readmission (unplanned) in the last 90 days: No

Patient goals and preferences after discharge: HHC w/ DME

Based on information gathered, is it likely that the patient's care needs can be met in the environment from which he/she entered the hospital?: Yes

Proposed Discharge Plan, select one: Home

Home Services needed: Home Health

If a caregiver is needed, is there a caregiver available, willing and capable to provide care?: Yes

Community services needed: None

New DME required at discharge: Walker-rolling
Commode bedside 3 in 1

If new DME is required, is patient able to obtain DME?: Yes

Home Modifications required: None or NA

If home modifications are required, is patient able to obtain them?: Yes

Patient concerns about obtaining medications on day of discharge?: None

Transportation needs at discharge: none

Discharge Plan Discussed with: Patient
Family

Have you discussed with the patient how his/her care needs may change over time?: Yes

Patient/representative agrees with discharge plan: Yes

Discussed expected insurance coverage and/or out of pocket expenses: Yes

Comments:: None

Check here to add this encounter to your worklist:: N

Date / Time: 12/11/2019 11:45 AM

Evaluated by: Tice,Kehli

Updated by: INTERFACE,HIS (NCMKDT) - 12/25/2019 2:07 AM

Patient Name: AYAD,AZIZ Account #: N00101730890

AdventHealth

TRANSFER CENTER Fax Cover Sheet

Date:	12/20/19	From:	Advent Health Orlando, TRANSFER CENTER
To:	OSCEOLA REGIONAL MEDICAL CENTER	Phone #:	(407) 303-1946
Phone #:	407-518-3234	Fax #:	(407) 303-0752
Fax #:	407-518-3760	# of pages:	1

PLEASE SEND ALL RELATED FILMS VIA POWERSHARE/PACS FOR PRE-CONFERENCE ON PT:
AYAD, AZIZ

DOB: 09/17/1950

DX: LIVER FAILURE

CURRENTLY AT OSCEOLA REGIONAL MEDICAL CENTER

THANK YOU,
FLORA ROMAIN
EXT: 1123886

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N00101730890

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Ocala **Osceola** **Oviedo** **Poinciana** **Putnam**

Batch Label # N00101730890

Discharge Date 12 17 19

Batch ID # C688

Rescan Label # _____

Rescan ID # _____

Batch Type: (circle one)

Inpatient / IN Single Batch

Observation / INO Single Batch

SDC / SDC Single Batch

Late Chart

POS Missing from: _____ to: _____

PNS Missing from. _____ to: _____

Other: _____

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