

RECORDS PROVIDED BY GEMINI

Case Information

Branden Moore vs. ABERCROMBIE PIPELINE SERVICES
SSN: 366111170
DOB: 05/12/1990
Case Number: SIF13339678
Claim Number: SIF13339678

Ship To:

Attn: Qualified Med Eval
3435 E Thousand Oaks Blvd #3157
Thousand Oaks CA 91359

Record Information

Request Number: 1552032
Copy Date: 01/30/2025
Record Type(s): Medical

Requested Location

San Gorgonio Memorial Hospital
600 N Highland Springs Ave
Banning CA 92220

Verified Location

San Gorgonio Memorial Hospital
MEDICAL RECORDS
600 N Highland Springs Ave
Banning CA 92220



250 Technology Way, Rocklin, CA 95765
877.739.7481 | clientsupport@gemini.legal



Gemini Legal Support, Inc., a professional photocopier organized and existing under the laws of the State of California has reviewed the attached records and attests that said records consist of 181 pages.

Executed on 02/26/2025, at Rocklin, California.

Respectfully,
Gemini Legal Support, Inc.

DECLARATION OF CUSTODIAN OF RECORDSName of records subject: Branden Moore

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

San Gorgonio Memorial Hospital, Medical Records**(Facility Name)**

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

I certify (Please check all that apply):

- That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.
- That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: _____

Type of Records Located at this Facility _____

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on _____ (date).

Records were produced in the following manner:

- Records were made available to Gemini and/or its affiliate for copying and/or picking up.
- Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on 1/30/25 at Banning (city), State of CA.

CONNIE CORNWALL
HIM MANAGER

Printed name required



Signature of custodian required



250 Technology Way | Rocklin, CA 95765
Phone 877-739-7481

000002

Gemini Legal Support, Inc.
250 Technology Way
Rocklin, CA 95765

San Gorgonio Memorial Hospital
600 N HIGHLAND SPRINGS AVE
BANNING, CA 92220

REC-1552032
01/07/2025

YOU DO NOT HAVE TO APPEAR

Request Information

Records Subject:	Branden Moore	AKA:	
Date of birth:	05/12/1990	SSN:	366-11-1170
Dates Requested:	05/12/1990 - Present	Records :	Medical
Location:	San Gorgonio Memorial Hospital Medical Records	(see Attachment 3)	

How to Comply

Step 1

Provide confirmation you have received this request. To do so, please call 877-739-7481 and choose option 1. Please reference Request Number REC-1552032

Step 2

Refer to the 'Attachment 3' page to confirm which records are needed.

Step 3

Once you have compiled all of the necessary records, please sign and date the 'Declaration of Custodian of Records' page.

Step 4

Once all of the records and the declaration are complete, please upload directly to Gemini's Secure Portal <https://geminiduplication.com/public/records>

Alternatively, you can send records to us via email records@geminiduplication.com
If further assistance is needed, please call us at 877-739-7481

DECLARATION OF CUSTODIAN OF RECORDS

Name of records subject: Branden Moore

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

San Gorgonio Memorial Hospital, Medical Records

(Facility Name)

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

I certify (Please check all that apply):

That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.

That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: _____

Type of Records Located at this Facility: _____

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on _____ (date).

Records were produced in the following manner:

Records were made available to Gemini and/or its affiliate for copying and/or picking up.

Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on _____ at _____ (city), State of _____.

Printed name required

Signature of custodian required



250 Technology Way | Rocklin, CA 95765
Phone 877-739-7481

000004

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

Branden Moore

Claimant/Applicant,

VS.

**ABERCROMBIE PIPELINE SERVICES/
Subsequent Injuries Fund (SIBTF)**

Employer/insurance Carrier/Defendant.

Case No. **SIF13339678**

(IF APPLICATION HAS BEEN FILED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above
case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after
January 1, 1990 and before January 1, 1994, subpoena will
be valid without a case number, but subpoena must be served
on claimant and employer and/or insurance carrier.

See instructions below.*

The People of the State of California Send Greetings to: San Gorgonio Memorial Hospital

600 N Highland Springs Ave Banning, CA 92220 Medical Records

We COMMAND YOU to appear before: Gemini Legal Support, Inc.

at 250 Technology Way Rocklin CA 95765

on the 5th day of February, 2025 at 10 o'clock AM to testify in the above-
entitled matter and to bring with you and produce the following described documents, papers, books and records.

-Please see Attachment 3 for a detailed description of requested records-

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 01/07/2025

**WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA**

Paul DeWeese

Secretary, Assistant Secretary, Workers' Compensation Judge

***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990,
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

**SEE REVERSE SIDE
(SUBPOENA INVALID WITHOUT DECLARATION)**



You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. SIF13339678

STATE OF CALIFORNIA, County of Orange

The undersigned states:

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That San Gorgonio Memorial Hospital, Medical Records

has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

SAID RECORDS ARE RELEVANT TO THE ALLEGATIONS AND DEFENSES BY THE PARTIES IN THE PROSECUTION OF THIS MATTER, TO PROVIDE AN ACCURATE MEDICAL HISTORY OF THE APPLICANT, TO PROVE AN INJURY AND NOTICE THEREOF, TO PROVIDE THE RIGHT TO COMPENSATION, PERMANENT AND TEMPORARY DISABILITY, MEDICAL TREATMENT, AND ANY POSSIBLE PENALTIES. PURSUANT TO LABOR CODE SECTION 5401 FORM DWC 1 HAS BEEN DULY FILED.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

- That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (*Check box if applicable and part of declaration below. See instructions on front of subpoena.*)

I declare under penalty of perjury that the foregoing is true and correct

Executed on 01/07/2025, at VAN NUYS, California.
KOSZDIN FIELDS VAN NUYS
6151 Van Nuys Blvd
Van Nuys CA 91401

/s/ Brett T. Sherry, Esq. _____ Signature _____ Address _____

818-781-1503 _____ Telephone _____

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of _____

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served

Date

Place

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury that the foregoing is true and correct

Executed on _____, at _____, California.

Signature

ATTACHMENT 3

Case Name: vs. ABERCROMBIE PIPELINE SERVICES

Case Number: SIF13339678

Records Subject: Branden Moore

AKA:

Date of Birth: 05/12/1990

Social Security Number: 366-11-1170

Claims #: SIF13339678

Date of Injury: 05/28/2020 -

Employee #:

Records Requested:

Need records from 05/12/1990 - Present

Any and all non-privileged physical, digital and hand-written medical records including records from May 12, 1990 to present, including but not limited to:

1. Both private and industrial records,
2. Doctors note(s)
3. Treatment and evaluation record(s)
4. Nurses note(s)
5. Inpatient and outpatient record(s)
6. Correspondence, lab result(s), diagnostic test result(s)
7. Requests for authorizations (RFAs)
8. Medical and radiology report(s)
9. Phone logs and Sign in sheet(s)
10. Patient note(s)
11. Patient intake form(s)
12. Patient demographics form(s)
13. Physical therapy record(s)
14. Physical therapy progress note(s)
15. Medical history form(s)
16. Occupational records
17. Emergency room records
18. Work Status Report(s)
19. Telephonic recordings
20. Digital appointment recordings
21. Pharmacy and prescription records

MUST INCLUDE RECORDS FROM San Gorgonio Memorial Hospital AT 600 N HIGHLAND SPRINGS AVE, BANNING, CA 92220

Ref #: REC-1552032

000007

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Brett T. Sherry, Esq. KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401 TELEPHONE NO.: 818-781-1503 E-MAIL ADDRESS (Optional): brett@koszdin.com ATTORNEY FOR (Name): Branden Moore		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 1065 N. Link Dr. MAILING ADDRESS: 1065 N. Link Dr. CITY AND ZIP CODE: Anaheim 92806 BRANCH NAME: Workers' Compensation Appeals Board - Anaheim		
PLAINTIFF/ PETITIONER: Branden Moore DEFENDANT/ RESPONDENT: ABERCROMBIE PIPELINE SERVICES/ Subsequent Injuries Fund (SIBTF)		CASE NUMBER: SIF13339678
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)		

NOTICE TO CONSUMER OR EMPLOYEE**TO (name):** Branden Moore1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):** Branden MooreSEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*): 02/05/2025

The records are described in the subpoena directed to **witness** (*specify name and address of person or entity from whom records are sought*): San Gorgonio Memorial Hospital MEDICAL RECORDS 600 N Highland Springs Ave Banning CA 92220 Banning, CA 92220
 A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
- If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
 - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING:** IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 01/07/2025

Brett T. Sherry, Esq.

(TYPE OR PRINT NAME)

► /s/ Brett T. Sherry, Esq.

(SIGNATURE OF REQUESTING PARTY) ATTORNEY**OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS**1. I object to the production of all of my records specified in the subpoena.2. I object only to the production of the following specified records:

3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE)

Page 1 of 2

PLAINTIFF/ PETITIONER: Branden Moore
 DEFENDANT/ RESPONDENT: ABERCROMBIE PIPELINE SERVICES/ Subsequent Injuries Fund (SIBTF)

CASE NUMBER:
 SIF13339678

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (*check either a or b*):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served: Brett T. Sherry, Esq.	(3) Date of mailing: 01/07/2025
(2) Address: 6151 Van Nuys Blvd Van Nuys CA 91401	(4) Place of mailing (<i>city and state</i>): Rocklin, CA

 (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
- c. My residence or business address is (*specify*): 250 Technology Way Rocklin CA 95765
- d. My phone number is (*specify*): 877-739-7481

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 01/07/2025

Leia Glenn

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the *Objection to Production of Records* as follows (*complete either a or b*):
 - a. **ON THE REQUESTING PARTY**
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (<i>city and state</i>):

 (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. **ON THE WITNESS**
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (<i>city and state</i>):

 (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
3. My residence or business address is (*specify*):
4. My phone number is (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

Case No.: **SIF13339678**

Case Name: **vs. ABERCROMBIE PIPELINE SERVICES**

Notice of Service

I am employed in the county of Placer. I am over the age of eighteen years and not a party to the above entitled action. My business address is 250 Technology Way Rocklin, CA 95765

Documents Served: Subpoena Duces Tecum, Declaration for Subpoena Duces Tecum, Attachment 3

On 01/07/2025, the foregoing documents were prepared for service on each interested party in this action and addressed as follows:

Delivered to	Sent to	Method
Brett T. Sherry, Esq.	KOSZDIN FIELDS VAN NUYS cece@koszdin.com	Email
Subsequent Injuries Fund (SIBTF)	Subsequent Injuries Fund (SIBTF) 1750 HOWE AVE SUITE 370 SACRAMENTO, CA 95825	Mail
od legal	od legal 1515 Clay Street Ste 701 Oakland, CA 94612	Mail

I am familiar with Gemini Legal Support, Inc.'s practice of collection and processing correspondence. Under that practice for mail, it will be delivered, same day, via digital delivery to our vendor Kubra who will deposit it with the U.S. Postal Service on the same day with postage thereon fully prepaid in Gardena, California, in the ordinary course of business.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/07/2025, at Rocklin, California.



Leia Glenn

000010

ED Sepsis Screening Tool

1. Are the patient's complaints suggestive of a new infection? NO YES If YES, check below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pneumonia, empyema | <input type="checkbox"/> Bone/joint infection | <input type="checkbox"/> Implantable device |
| <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Wound infection | infection |
| <input type="checkbox"/> Acute abdominal infection | <input type="checkbox"/> Blood stream catheter infection | <input type="checkbox"/> Other infection |

2. Are any two of the following signs and symptoms of Systemic Inflammatory Response Syndrome (SIRS) present? NO YES If YES, check below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hyperthermia greater than 100.9 °F | <input type="checkbox"/> Respiratory Rate greater than 20/minute | <input type="checkbox"/> WBC count greater than 12,000 μ L ⁻¹ |
| <input type="checkbox"/> Hypothermia less than 96.8 °F | <input type="checkbox"/> Heart Rate greater than 90/minute | <input type="checkbox"/> WBC count less than 4,000 μ L ⁻¹ |
| | | <input type="checkbox"/> Normal WBC with greater than 10% bands |

If the answer is yes to both questions 1 and 2, SUSPICION OF SEPSIS is present:

FROM THE SEPSIS NURSING PROTOCOL:

- Obtain Lactic acid, CBC with differential, CMP, Blood Cultures times two, 20 minutes apart from two different sites.
- Repeat Lactic acid level in 3 hours if result is greater than or equal to 2.**
- Administer fluid if hypotensive (SBP less than 90, or MAP less than 65, or a 40mmHg SBP drop) OR Lactic acid level greater than or equal to 4 mmol/L administer an IV fluid bolus equal to 30mL/kg Normal Saline.
- Per Physician order: Broad-spectrum antibiotics.

The goal is for antibiotics to be initiated within one (1) hour of a positive severe sepsis screen.

3. Are any of the following organ dysfunction criteria present at a site remote from the site of the infection that are NOT considered to be chronic conditions? Note: in the case of bilateral pulmonary infiltrates the remote site stipulation is waived.

NO YES If YES, check below:

- SBP less than 90 mmHg or MAP less than 65 mmHg
- SBP decrease greater than 40 mm Hg from baseline
- Creatinine greater than 2.0 mg/dl (176.8 mmol/L) or urine output less than 0.5 ml/kg/hour for 2 hours
- Bilirubin greater than 2 mg/dl (34.2 mmol/L)
- Platelet count less than 100,000 μ L
- Lactic acid greater than 2 mmol/L (18.0 mg/dl)
- Coagulopathy (INR greater than 1.5 or aPTT greater than 60 secs)
- Acute lung injury with PaO₂/FiO₂ less than 250 in the absence of pneumonia as infection source
- Acute lung injury with PaO₂/FiO₂ less than 200 in the presence of pneumonia as infection source

RN Signature: 

Date: 5-28-2020 Time: 1943



SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220
(951) 845-1121

30-0911 (11/16)

PT ID: 1487

MOORE, BRANDEN
MR 536981 ACCT 0010622876 ED ED
05/12/1990 30Y M 05/28/2020 19:06



000011

	OBSERVATION VISIT ID 0010622876										SAN GORGONIO MEMORIAL HOSPITAL	
PATIENT	ADMIT DATE/TM 05/29/2020 00:04	FC INSURANCE (PPO)	DOB 05/12/1990	AGE 30Y	SEX, RACE MS M 10 M	SERVICE A MEDICAL	ROOM 114B	P/T OBSERVATION	ADM BY LCGUTIE RREZ	MED REC 536981		
	ADMITTING DOCTOR SYED M.D., MOHSIN		ATTENDING DOCTOR GHAZAL MD, BAHIJ			SURGEON			ADM TYPE/SOURCE EMERGENCY /			
GUARANTOR	PATIENT MOORE, BRANDEN 292 FINNHORSE ST HEMET, CA 92545 RIVERSIDE		SOC-SEC-NO 366111170 TELEPHONE NO. (313)720-5458		EMPLOYER	PATIENT EMPLOYER BERNARD CONTRUCTION 1025 N HATHAWAY ST BANNING, CA 92220		TELEPHONE NO. (000) 000-0000				
	GUARANTOR MOORE, BRANDEN 292 FINNHORSE ST HEMET, CA 92545		SOC-SEC-NO. 366111170 TELEPHONE NO. (313) 720-5458			GUARANTOR EMPLOYER BERNARD CONTRUCTION 1025 N HATHAWAY ST BANNING, CA 92220		TELEPHONE NO. (000) 000-0000				
INSURANCE	INS CO NAME ADDRESS	INSURANCE 1 VA MED CTR / NON VA CARE 138 11201 BENTON AVE LOMA LINDA, CA 92357			INSURANCE 2			INSURANCE 3				
	POL HOLDER INS SEX REL TO PAT CERT# GROUP# GROUP.NM	MOORE, BRANDEN M PATIENT IS INSURED 366111170 VA										
CONT	EMERGENCY CONTACT FRANCO, MONICA 292 FINNHORSE ST HEMET, CA 92545 (209) 346-1163				NEXT OF KIN / RELATION 0 -			ALLERGIES NKA				
	COMPLAINT AKI, RHABDOMYOLYSIS		ADV DIRECTIVES NO ADVANCE DIRECTIVE, INFO GIVEN		PREV VISIT	MODE OF ARRIVAL SELF		NURSING STATION MS	RELIGION CHRISTIAN			
MISC.	ADMIT DIAGNOSIS PRIVACY NOTICE DATE: 05/28/2020 COMMENTS :				ACCOMMODATION: OBSERVATION			DATE PRINTED: 05/29/2020 11:06 AM				
	PRIMARY CARE PHYSICIAN :				REFERRING PHYSICIAN : ZZ-VA , HOSPITAL,							

000012

Release...

HP LaserJet MFP M227fdw

Fax Confirmation

May-29-2020 10:03

Job	Date	Time	Type	Identification	Duration	Pages	Result
12319	5/29/2020	10:02:03	Send	19094780636	1:14	2	OK



facsimile transmittal

Please Deliver To: VETERAN ADMINISTRATION At Fax Number: 909 478 0636
ATTN: ART/STEPHANIE 909 777 3253

From: Eliza Parsons Fax: 951-769-2191
Re: Authorization Request Phone: 951-769-2190

HOSPITAL NOTIFICATION
TO OBTAIN REVIEW PLEASE CONTACT SGMH CASE MANAGEMENT
DEPARTMENT 951-845-1121 EXT. 6412 OR FAX 951-769-2158

The FAX recipient should be certain to inform SGMH immediately if the FAX number changes.

AUTORIZATION REQUEST

Please reply to this fax with auth, precertification or acknowledgement of receipt.
Thank you

Materials enclosed with this facsimile transmission are private and confidential and are the property of the sender; the information contained in the material is privileged and is intended only for the use of the individual(s) or entities named above. If you are not the intended recipient be advised that any unauthorized disclosure copying distribution or the taking of any action in reference on the contents of this information is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for the return of the forwarded document(s) to us. Thank you.

600 North Highland Springs Avenue • Banning, California 92220-3090
Phone 951-769-2190 • FAX 951-769-2191

000013

Release...

Fax Server

6/1/2020 4:21:36 PM PAGE 2/002 Fax Server

May 29, 2020

Veteran Name (Last, First)	MOORE, BRANDEN EUGENE
Veteran Date of Birth	05/12/1990

Dear Community Provider,

The Department of Veterans Affairs (VA) has received notification of the evaluation/admission of the Veteran referenced above at your facility. VA staff have determined this to be Authorized Emergency Treatment under 38 CFR 17.4020 (c). VA Community Care clinical staff will continue to follow the Veteran and will attempt to transfer the Veteran to the VA at the point of stability, if feasible.

VA will send TriWest Healthcare Alliance (TriWest) a referral, and your claims will be accepted and processed by TriWest Healthcare Alliance (TriWest) as outlined in the authorization. Formal authorization documentation will be sent to your office or made available on the TriWest Provider Portal (<https://appssso.triwest.com/Signin/>). The authorization documentation includes details on how to submit claims to TriWest.

For information on processing Durable Medical Equipment (DME), please review instructions per the following link:

- <https://www.triwest.com/en/VAPC3-Provider/Quick-Reference-Guides/VAPC3-DME-QRG.pdf>

For information on processing prescriptions please review instructions per the following link:

- <https://www.triwest.com/en/va/provider/pharmacy>

TriWest will be processing and paying clean claims within 10 business days in gratitude for your service to our nation's heroes. Thank you for caring for those Veterans who reside in your community!

Sincerely,

Shadai Haynes

000014

Release...

Fax Server

6/1/2020 4:21:36 PM PAGE 1/002 Fax Server



U.S. Department of Veterans Affairs
VA Loma Linda Health Care System

11201 Benton Street
Loma Linda, CA 92357
Tel: 909-542-7084
Fax:

FAX TRANSMITTAL

MISUSE OF THIS INFORMATION IS A FEDERAL CRIME

NOTICE: This fax is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential or protected by law.

All others are hereby notified that receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution or copying of this communication is prohibited.

If you have received this communication in error, please notify us immediately at the telephone number above.

Thank you.

To:	San Gorgonio Memorial Hospital	Date:	Monday, June 1, 2020 4:15:06 PM
Fax:	19517692191	From:	Haynes, Shadae R.
Phone:		Pages Incl. Cover:	62

NOTES:

VA Loma Linda Healthcare System
“Putting Veterans First”

000015

Release...

BATCH COVER SHEET

Date of Service 5-29-20

Batch Label # **MOORE, BRANDEN**
MR 536981 ACCT 0010622876 OBS MS
05/12/1990 30Y M 05/29/2020 00:04
SYED M.D., MOHSIN

Rescan Label # _____



Batch I.D. # _____

Rescan I.D. # _____

Batch Type (circle one):

Single

Multi

Loose

Patient Type (circle one):

IP

OP Surgery

OP

ED

Observation

Encounter Number: (for general batch types only) _____

	<u>Date</u>	<u>Initials</u>
Assembled	<u>6-1-20</u>	<u>JL</u>
Stamped	_____	_____
Prepped	_____	_____
Scanned	_____	_____
Indexed	_____	_____



SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220

PT. ID LABEL

CASE MANAGEMENT PROGRESS NOTE

Patient: MOORE, BRANDEN

D O B : 05/12/1990

R o o m : 114B

A d m i t D a t e : 05/29/2020 00:04

Age: 30Y

Sex: MALE

DOS: 05/29/2020 09:22

MR#: 536981

Visit ID#: 0010622876

Attending: GHAZAL MD, BAHIJ G.

Created By: BISHO, STANLEY D.

Created on(DATE): 05/29/2020 09:22

PROGRESS NOTE

T/C to Drew at LL VAMC re pt. Pt is 90% service connected. Discussed pt transfer to their facility and need tele bed. They will look for same and find accepting MD. Notified Dr Ghazal and he said pt is stable for transfer. Faxed clinical to VA, received call back from Drew asking for our hospitalist contact information and was given same. Notified Dr Ghazal the VA MD would be calling for MD to MD.

CASE MANAGER SIGNATURE*Signature attests that all pages have been reviewed and completed*

STANLEY D. BISHO, RN

05/29/2020 09:27

CASE MANAGER

Date

000017

CASE MANAGEMENT PROGRESS NOTE

Patient: MOORE, BRANDEN

D O B : 05/12/1990

R o o m : 114B

A d m i t D a t e : 05/29/2020 00:04

Age: 30Y

Sex: MALE

DOS: 05/29/2020 13:48

MR#: 536981

Visit ID#: 0010622876

Attending: GHAZAL MD, BAHIJ G.

Created By: BISHO, STANLEY D.

Created on(DATE): 05/29/2020 13:48

PROGRESS NOTE

S/W Dr. Ghazal about pt labs. pt has increased CPK and plans to keep pt re same. Called VAMC transfer center to notify them of same and that pt will not be discharged in case they have a bed for pt to transfer pt.

CASE MANAGER SIGNATURE*Signature attests that all pages have been reviewed and completed*

STANLEY D. BISHO, RN

05/29/2020 13:51

CASE MANAGER

Date

CASE MANAGEMENT DISCHARGE PLAN**Patient:** MOORE, BRANDEN**D O B:** 05/12/1990**R o o m :** 114**Admit Date:** 05/29/2020 00:04**Age:** 30Y**Sex:** MALE**DOS:** 05/29/2020 14:49**MR#:** 536981**Visit ID#:** 0010622876**Attending:** GHAZAL MD, BAHIJ G.**Created By:** BISHO, STANLEY D.**Created on(DATE):** 05/29/2020 14:49**FINAL DISCHARGE DISPOSITION**

Discharge Date: 05/29/2020

Discharging MD: Ghazal

Assigned Nurse: Stephanie

Discharge Coordinator / Nurse: Rosa

Charge Nurse: Peter

Discharge Disposition: Other

Name of Facility: VAMC Loma Linda

Room Number: MICU Room 8

Contact Person and Number: Eric 909.825.7084 x 2580

Medical Transportation: Yes

Medical Transportation Name and Contact Information: VA transport

Pick Up Date and Time: 5/29/20 330pm

Patient transferred: Yes

Transfer Packet Provided: Yes

Transfer Intefacility Report in the Chart: Yes

Additional Notes: Acute to Acute transfer

CASE MANAGER SIGNATURE*Signature attests that all pages have been reviewed and completed*

STANLEY D. BISHO, RN

05/29/2020 14:53

CASE MANAGER

Date

CASE MANAGEMENT DISCHARGE PLAN

Patient: MOORE, BRANDEN **D O B:** 05/12/1990 **R o o m :** 114 **A d m i t D a t e:** 05/29/2020 00:04
Age: 30Y **Sex:** MALE **DOS:** 05/29/2020 15:10 **MR#:** 536981 **Visit ID#:** 0010622876
Attending: GHAZAL MD, BAHIJ G. **Created By:** CASTANEDA, MARIA A. **Created on(Date):** 05/29/2020 15:10

GENERAL INFORMATION

Hospital Utilization Prior 6 Months : No Within 72 Hours : No

Details : First visit to SGMH

Interdisciplinary Team Involved in Discharge Planning: Nursing; Medical Staff; Social Services; Dietary; Pharmacy; Physical Therapy; Occupational Therapy

Social Service Referral: No

Primary Care Physician(PCP) : Patient was not able to recall the name of the PCP at the VA

Last Seen PCP: last year

Next Appointment with PCP: none

Notes : Per patient he goes to the VA annual for his medical check ups

PARTICIPANTS IN DISCHARGE PLANNING

Contact Person / Representative: Monica Franco -spouse- 209-346-1163

Patient is self- responsible: Yes

Refused Family/ Representative involvement: No

Patient/ Family agreeable to CM / SW discharge planning activity: No (see Case Manager or Social Worker progress notes for details)

Notes : Declines HH and SNF at this time, stating he is independent and not homebound

PRIOR LIVING ARRANGEMENT

Prior Living Arrangement: Reside with spouse

Prior Level of Function: Ambulates independently, independent with ADL's lives an active lifestyle and is employed.

Durable Medical Equipment(DME) including Home Oxygen : none

HOME CAREGIVERS

Home Caregivers: No

Family Member / Individual available, willing , and able to provide care ? Yes

Who : spouse/family

Notes : Patient stated he is able to care for himself but in the event that he needs assistance he has good family/friend support

HOME HEALTH RECOMMENDED

YES NO

SKILLED NURSING RECOMMENDED

YES NO

OUTPATIENT DIALYSIS

YES NO

SELF MANAGEMENT RESOURCES

Capacity for Self- Management as evidenced by: Alert and oriented independent with ADL

Primary Care Provider connectedness established at the VA

Established Medication Regimen: VA

Family Involvement: yes

[NAME: MOORE, BRANDEN - MRN: 536981 - Printed: Friday, May 29, 2020 3:18:49 PM - Page 1/3]

Release...

000020

CASE MANAGEMENT DISCHARGE PLAN

Patient: MOORE, BRANDEN

D O B : 05/12/1990

R o o m : 114

A d m i t D a t e : 05/29/2020 00:04

BARRIERS TO SELF - MANAGEMENT

Severity of Illness: AKI Rhabdomyolysis

Access to Medications: no issues with obtaining prescriptions

Transportation: self or spouse

Language: english

STRATEGIES AND PLAN

Patient wishes to return home, declines HH or SNF services stating he is employed and does not have the need for it at this time.
Educated the patient to follow up with PCP once DC, patient acknowledged.

CASE MANAGER ASSISTANT SIGNATURE*Signature attests that all pages have been reviewed and completed*

MARIA A. CASTANEDA, LVN

05/29/2020 15:18

CASE MANAGER ASSISTANT

Date

Documentation Cont. Next Page

CASE MANAGEMENT DISCHARGE PLAN

Patient: MOORE, BRANDEN

D O B: 05/12/1990

R o o m : 114

A d m i t D a t e : 05/29/2020 00:04

Patient ID : 0010622876- MOORE, BRANDEN - MR#-536981 Attending Physician: 7107
Patient Type: OBS Financial Class: 30 Coder: EPEREZ
Gender : Male
Age : 30
Print Date : 06/02/2020 06:54
Disposition : Short Term Hospital (2)
Admit Date : 05/28/2020
Disch Date : 05/29/2020

Claim Type (Medicare APC - HOPD)

99 Other

APC Overall Claim Disposition

21 3M: Only edits present are for line item denial or rejection OCE edit(s), and MUE edit(s).

APC Bill Type

131 Hospital Outpatient; Admit Through Discharge Claim

APC Condition Code

9999 No/Unknown Condition Code

Occurrence Codes

11 ONSET OF SYMPTOMS/ILLNESS
05/28/2020

APC Detailed CPT Procedures

36415 Collj ven bld vnpnxr
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0300 - LABORATORY
Status: N - Items and Services packaged into APC rates.
05/29/2020

36415 Collj ven bld vnpnxr
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0300 - LABORATORY
Status: N - Items and Services packaged into APC rates.
05/28/2020

70450 CT head/brain w/o contrast material
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0351 - CT SCAN/HEAD
Status: N - Items and Services packaged into APC rates.
05/28/2020

71045 Radiologic exam chest single view
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0324 - DX X-RAY/CHEST
Status: N - Items and Services packaged into APC rates.
05/28/2020

80047 Basic metabolic panel calcium ionized
APC: 19950 - Packaged service included in Comprehensive APC rate
Edit: 0040 - OCE- NCCI Edit - Code 2 of a code pair with 80053 that would be allowed if an appropriate NCCI modifier were present. (LIR)
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020

000023

Release...

Patient ID : 0010622876- MOORE, BRANDEN - MR#-536981 Attending Physician: 7107
Patient Type: OBS Financial Class: 30 Coder: EPEREZ
Gender : Male
Age : 30
Print Date : 06/02/2020 06:54
Disposition : Short Term Hospital (2)
Admit Date : 05/28/2020
Disch Date : 05/29/2020

- 80053** Comprehensive metabolic panel
APC: 19950 - Packaged service included in Comprehensive APC rate
Edit: 2040 - Medicare FAC MUE- HCPCS total units exceed daily allowed Medically
Unlikely Edit maximum of 1 based on clinical benchmarks. (LID)
Rptd Units: 2
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020
- 80053** Comprehensive metabolic panel
APC: 19950 - Packaged service included in Comprehensive APC rate
Edit: 3340 - 3M- This comprehensive code is paired with another CPT component
code to trigger OCE edit 0040
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 80305** Drug test prsmv read direct optical obs pr date
APC: 19950 - Packaged service included in Comprehensive APC rate
Edit: 3340 - 3M- This comprehensive code is paired with another CPT component
code to trigger OCE edit 0040
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 81001** Urnls dip stick/tablet reagent auto microscopy
APC: 19950 - Packaged service included in Comprehensive APC rate
Edit: 0040 - OCE- NCCI Edit - Code 2 of a code pair with 80305 that would be
allowed if an appropriate NCCI modifier were present. (LIR)
REV: 0306 - LAB/BACT-MICRO
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 82550-91** Creatine kinase total; (-91 Repeat lab same day)
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 2
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 82550-91** Creatine kinase total; (-91 Repeat lab same day)
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 2
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020

000024

Release...

Patient ID : 0010622876- MOORE, BRANDEN - MR#-536981 Attending Physician: 7107
Patient Type: OBS Financial Class: 30 Coder: EPEREZ
Gender : Male
Age : 30
Print Date : 06/02/2020 06:54
Disposition : Short Term Hospital (2)
Admit Date : 05/28/2020
Disch Date : 05/29/2020

- 82553-91 Creatine kinase mb fraction only; (-91 Repeat lab same day)
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 2
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 82553-91 Creatine kinase mb fraction only; (-91 Repeat lab same day)
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 2
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020
- 83605 Assay of lactate
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020
- 83735 Assay of magnesium
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020
- 84100 Assay of phosphorus inorganic
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020
- 84443 Assay of thyroid stimulating hormone TSH
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020
- 84484-91 Assay of troponin quantitative; (-91 Repeat lab same day)
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 2
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020
- 84484-91 Assay of troponin quantitative; (-91 Repeat lab same day)
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 2
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020

000025

Release...

Patient ID : 0010622876- MOORE, BRANDEN - MR#-536981 Attending Physician: 7107
Patient Type: OBS Financial Class: 30 Coder: EPEREZ
Gender : Male
Age : 30
Print Date : 06/02/2020 06:54
Disposition : Short Term Hospital (2)
Admit Date : 05/28/2020
Disch Date : 05/29/2020

- 85025 Blood count complete auto&auto difrntl WBC
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0305 - LAB/HEMATOLOGY
Status: N - Items and Services packaged into APC rates.
05/29/2020
- 85025 Blood count complete auto&auto difrntl WBC
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0305 - LAB/HEMATOLOGY
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 85610 Prothrombin time
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0305 - LAB/HEMATOLOGY
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 85730 Thromboplastin time partial plasma/whole blood
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0305 - LAB/HEMATOLOGY
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 87070 Cul bact xcpt urine blood/stool aerobic isol
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0306 - LAB/BACT-MICRO
Status: N - Items and Services packaged into APC rates.
05/29/2020
- 87088 Culture bct isol&prsmptv id isolate ea urine
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0306 - LAB/BACT-MICRO
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 93005 ECG routine ECG w/least 12 lds trcg only w/o i&r
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0730 - EKG/ECG
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 96361 Iv infusion hydration each additional hour
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 3
REV: 0450 - EMERG ROOM
Status: N - Items and Services packaged into APC rates.
05/28/2020
- 96374 Ther proph/dx njx iv push single/1st sbst/drug
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0450 - EMERG ROOM
Status: N - Items and Services packaged into APC rates.
05/28/2020

000026

Release...

Patient ID : 0010622876- MOORE, BRANDEN - MR#-536981 Attending Physician: 7107
Patient Type: OBS Financial Class: 30 Coder: EPEREZ
Gender : Male
Age : 30
Print Date : 06/02/2020 06:54
Disposition : Short Term Hospital (2)
Admit Date : 05/28/2020
Disch Date : 05/29/2020

99285 Emergency dept visit high severity&threat func
APC: 08011 - Comprehensive Observation Services
REV: 0450 - EMERG ROOM
Status: J2 - Hospital Part B services that may be paid through a comprehensive APC
05/28/2020

APC Detailed HCPCS Codes

G0378 Hospital observation per hr
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 16
REV: 0762 - OBSERVATION RM
Status: N - Items and Services packaged into APC rates.
05/29/2020

J0696 Ceftriaxone sodium injection
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 4
REV: 0636 - DRUGS/DETAIL CODE
Status: N - Items and Services packaged into APC rates.
05/29/2020

J1650 Inj enoxaparin sodium 10 mg
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 4
REV: 0636 - DRUGS/DETAIL CODE
Status: N - Items and Services packaged into APC rates.
05/29/2020

J2060 Lorazepam injection
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0636 - DRUGS/DETAIL CODE
Status: N - Items and Services packaged into APC rates.
05/28/2020

Admit Dx

N179 Acute kidney failure, unspecified

Dx Reason for Visit

N179 Acute kidney failure, unspecified

Primary Diagnosis

N179 Acute kidney failure, unspecified

Secondary Diagnoses

E860 Dehydration
F17210 Nicotine dependence, cigarettes, uncomplicated
M6282 Rhabdomyolysis
R55 Syncope and collapse

000027

Release...

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Disch Date : 05/29/2020

I456 Pre-excitation syndrome

CPT-4 five-digit codes and/or nomenclature are copyright 2019 American Medical Association.

000028

Release...

Patient ID : 0010622876- MOORE, BRANDEN - MR#-536981 Attending Physician: 7107
Patient Type: OBS Financial Class: 30 Coder: EPEREZ
Gender : Male
Age : 30
Print Date : 06/11/2020 05:06
Disposition : Short Term Hospital (2)
Admit Date : 05/28/2020
Disch Date : 05/29/2020

Claim Type (Medicare APC - HOPD)

99 Other

APC Overall Claim Disposition

21 3M: Only edits present are for line item denial or rejection OCE edit(s), and MUE edit(s).

APC Bill Type

131 Hospital Outpatient; Admit Through Discharge Claim

APC Condition Code

9999 No/Unknown Condition Code

Occurrence Codes

11 ONSET OF SYMPTOMS/ILLNESS
05/28/2020

APC Detailed CPT Procedures

36415 Colij ven bld vnpnxr
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0300 - LABORATORY
Status: N - Items and Services packaged into APC rates.
05/28/2020

36415 Colij ven bld vnpnxr
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0300 - LABORATORY
Status: N - Items and Services packaged into APC rates.
05/29/2020

70450 CT head/brain w/o contrast material
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0351 - CT SCAN/HEAD
Status: N - Items and Services packaged into APC rates.
05/28/2020

71045 Radiologic exam chest single view
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0324 - DX X-RAY/CHEST
Status: N - Items and Services packaged into APC rates.
05/28/2020

80047-XU Basic metabolic panel calcium ionized; (-XU Unusual Non-Overlap Svc)
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020

000029

Release...

Patient ID : 0010622876- MOORE, BRANDEN - MR#-536981 Attending Physician: 7107
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Admit Date : 05/28/2020
Disch Date : 05/29/2020

80053 Comprehensive metabolic panel
APC: 19950 - Packaged service included in Comprehensive APC rate
Edit: 2040 - Medicare FAC MUE- HCPCS total units exceed daily allowed
Medically Unlikely Edit maximum of 1 based on clinical benchmarks. (LID)
Rptd Units: 2
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80305 Drug test prsmv read direct optical obs pr date
APC: 19950 - Packaged service included in Comprehensive APC rate
Edit: 3340 - 3M- This comprehensive code is paired with another CPT component code to trigger OCE edit 0040
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020

81001 Urnls dip stick/tablet reagent auto microscopy
APC: 19950 - Packaged service included in Comprehensive APC rate
Edit: 0040 - OCE- NCCI Edit - Code 2 of a code pair with 80305 that would be allowed if an appropriate NCCI modifier were present. (LIR)
REV: 0306 - LAB/BACT-MICRO
Status: N - Items and Services packaged into APC rates.
05/28/2020

82550 Creatine kinase total
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020

82550-91 Creatine kinase total; (-91 Repeat lab same day)
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
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000030

Release...

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Gender : Male
Age : 30
Print Date : 06/11/2020 05:06
Disposition : Short Term Hospital (2)
Admit Date : 05/28/2020
Disch Date : 05/29/2020

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APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020
82553-91 Creatine kinase mb fraction only; (-91 Repeat lab same day)
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
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Status: N - Items and Services packaged into APC rates.
05/28/2020
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APC: 19950 - Packaged service included in Comprehensive APC rate
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Status: N - Items and Services packaged into APC rates.
05/29/2020
83735 Assay of magnesium
APC: 19950 - Packaged service included in Comprehensive APC rate
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05/29/2020
84100 Assay of phosphorus inorganic
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
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05/29/2020
84443 Assay of thyroid stimulating hormone TSH
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020

000031

Release...

Patient ID : 0010622876- MOORE, BRANDEN - MR#-536981 Attending Physician: 7107
Patient Type: OBS Financial Class: 30 Coder: EPEREZ
Gender : Male
Age : 30
Print Date : 06/11/2020 05:06
Disposition : Short Term Hospital (2)
Admit Date : 05/28/2020
Disch Date : 05/29/2020

84484 Assay of troponin quantitative
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020

84484-91 Assay of troponin quantitative; (-91 Repeat lab same day)
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/28/2020

84484-91 Assay of troponin quantitative; (-91 Repeat lab same day)
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020

84484 Assay of troponin quantitative
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0301 - LAB/CHEMISTRY
Status: N - Items and Services packaged into APC rates.
05/29/2020

85025 Blood count complete auto&auto difrntl WBC
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0305 - LAB/HEMATOLOGY
Status: N - Items and Services packaged into APC rates.
05/29/2020

85025 Blood count complete auto&auto difrntl WBC
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0305 - LAB/HEMATOLOGY
Status: N - Items and Services packaged into APC rates.
05/28/2020

85610 Prothrombin time
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0305 - LAB/HEMATOLOGY
Status: N - Items and Services packaged into APC rates.
05/28/2020

85730 Thromboplastin time partial plasma/whole blood
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0305 - LAB/HEMATOLOGY
Status: N - Items and Services packaged into APC rates.
05/28/2020

87070 Cul bact xcpt urine blood/stool aerobic isol
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0306 - LAB/BACT-MICRO
Status: N - Items and Services packaged into APC rates.
05/29/2020

000032

Release...

Patient ID : 0010622876- MOORE, BRANDEN - MR#-536981 Attending Physician: 7107
Patient Type: OBS Financial Class: 30 Coder: EPEREZ
Gender : Male
Age : 30
Print Date : 06/11/2020 05:06
Disposition : Short Term Hospital (2)
Admit Date : 05/28/2020
Disch Date : 05/29/2020

87088 Culture bct isol&prsmptv id isolate ea urine
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0306 - LAB/BACT-MICRO
Status: N - Items and Services packaged into APC rates.
05/28/2020

93005 ECG routine ECG w/least 12 lds trcg only w/o i&r
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0730 - EKG/ECG
Status: N - Items and Services packaged into APC rates.
05/28/2020

96361 Iv infusion hydration each additional hour
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 3
REV: 0450 - EMERG ROOM
Status: N - Items and Services packaged into APC rates.
05/28/2020

96374 Ther proph/dx njx iv push single/1st sbst/drug
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0450 - EMERG ROOM
Status: N - Items and Services packaged into APC rates.
05/28/2020

99285 Emergency dept visit high severity&threat func
APC: 08011 - Comprehensive Observation Services
REV: 0450 - EMERG ROOM
Status: J2 - Hospital Part B services that may be paid through a comprehensive
APC
05/28/2020

APC Detailed HCPCS Codes

G0378 Hospital observation per hr
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 16
REV: 0762 - OBSERVATION RM
Status: N - Items and Services packaged into APC rates.
05/29/2020

J0696 Ceftriaxone sodium injection
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 4
REV: 0636 - DRUGS/DETAIL CODE
Status: N - Items and Services packaged into APC rates.
05/29/2020

000033

Release...

Patient ID : 0010622876- MOORE, BRANDEN - MR#-536981 Attending Physician: 7107
Patient Type: OBS Financial Class: 30 Coder: EPEREZ
Gender : Male
Age : 30
Print Date : 06/11/2020 05:06
Disposition : Short Term Hospital (2)
Admit Date : 05/28/2020
Disch Date : 05/29/2020

J1650 Inj enoxaparin sodium 10 mg
APC: 19950 - Packaged service included in Comprehensive APC rate
Rptd Units: 4
REV: 0636 - DRUGS/DETAIL CODE
Status: N - Items and Services packaged into APC rates.
05/29/2020
J2060 Lorazepam injection
APC: 19950 - Packaged service included in Comprehensive APC rate
REV: 0636 - DRUGS/DETAIL CODE
Status: N - Items and Services packaged into APC rates.
05/28/2020

Admit Dx

N179 Acute kidney failure, unspecified

Dx Reason for Visit

N179 Acute kidney failure, unspecified

Primary Diagnosis

N179 Acute kidney failure, unspecified

Secondary Diagnoses

E860 Dehydration
F17210 Nicotine dependence, cigarettes, uncomplicated
I456 Pre-excitation syndrome
M6282 Rhabdomyolysis
R55 Syncope and collapse

CPT-4 five-digit codes and/or nomenclature are copyright 2019 American Medical Association.

000034

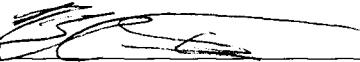
Release...

further understand that I am liable for all deductibles, co-insurance and/or co-payment amounts as determined by my insurance carrier(s). In particular, I accept the terms of the Financial Agreement, Assignment of Insurance Benefits, Health Care Services Plans (Medicare/Medi-cal/HMO/PPO) and Third Party Liability provisions as stated in this document. I agree to promptly pay all the Hospital bills in accordance with the Hospital's regular charges, and if applicable, the Hospital's charity care and discount payment policies and state and federal law. I understand that if any account is referred to an attorney or collection agency for collection, I will pay the actual attorney's fees and collection expenses. All delinquent accounts may bear interest at the legal rate, unless prohibited by law. I authorize the Hospital, any agency representing the Hospital and/or attorneys representing the Hospital to contact me on my cell phone and/or home phone using automatic telephone dialing services or other computer assisted technology. I understand that I may be asked to provide my email address for the purpose of receiving Hospital based surveys, or other correspondence. I understand I may be contacted by email if I have supplied that email address in any method (i.e. written on any document, given in a conversation, or submitted through the Hospital based website or payment system).

I certify that I have read, understand, and agree to the forgoing. I have received a copy of it, and I am the patient, the patient's representative, or the person authorized by the patient to act as the patient's agent to execute this document and to accept its terms.

Date: 5-28-2020 Time: 2000 AM/PM

Name: Moore Branden Visit Number: 0010622876

Signature: 

If signed by anyone other than the patient, please indicate relationship: _____

Print Name (or Patient's representative): _____

Witness Signature: JMB ID # If SGMH Employee: 5222

Date: 5-28-2020 Time: 2000 AM/PM

Secondary Witness Signature: _____ ID # If SGMH Employee: _____

Date: _____ Time: _____ AM/PM

SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220
(951) 845-1121

MOORE, BRANDEN
MR 536981 ACCT 0010622876 ED ED
05/12/1990 30Y M 05/28/2020 19:06



CONDITIONS OF ADMISSION AND TREATMENT

- CONSENT TO MEDICAL AND SURGICAL PROCEDURES:** I consent to the procedures that may be performed during this hospitalization or while I am an outpatient. These may include, but are not limited to, emergency treatment or services, laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, telehealth services, anesthesia, or hospital services provided to me under the general and special instructions of my physician, provider or surgeon. I understand the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this Hospital.
- MATERNITY PATIENTS:** If I deliver an Infant(s) while a patient of this Hospital, I agree that these same Conditions of Admission apply to the infant(s).
- RELEASE OF INFORMATION:** Except in those instances where the Hospital is permitted or required by the state or federal law to release information without the patient's consent and his or her written authorization to release information about the patient, I understand that:

The law provides that the consent of the patient be obtained, to the extent necessary for healthcare operations, to determine liability for payment and to obtain reimbursement, this Hospital and/or its authorized agents may disclose portions of the patient's record, including medical records, to any person or corporation which is or may be liable, for all or any insurance plans or carriers. For continuity of care, relevant clinical records will be provided in the discharge packet for your next care provider.

By signing below I acknowledge consent, or if I am the patient's legal representative or responsible party, I am giving consent on the patient's behalf. Disclosure may be made to any person or corporation that I may be liable to for any of the Hospital's charges. Health care operations may be performed by this Hospital or its authorized agents, who will also have a binding obligation to maintain the confidentiality of the patient information. Special permission may be required to release this information, or other limitations on release may apply, if the treatment provided was for alcohol, drug abuse, or Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), or certain mental-health related services. In the event that another person has been exposed to my body fluids through needle stick, or through other means, I agree to have a sample of my blood tested for HIV or other infectious diseases. Such testing is required to provide appropriate medical care or counseling to the exposed person.

I consent to the taking of pictures and/or videography of my medical or surgical condition or treatment, and the use of pictures and/or videography for scientific, educational or research purposes, and for electronic medical record identification.



Patient, Representative and/or Responsible Party Initials

- NON-SMOKING HOSPITAL:** I understand that all forms of smoking is not permitted within the Hospital according to California State regulations, or on Hospital property.



30-0975 (3/20)

SAN GORGONIO MEMORIAL HOSPITAL
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MOORE, BRANDEN
MR 536981 ACCT 0010622876 ED ED
05/12/1990 30Y M 05/28/2020 19:06



000036

5. **ELECTRONIC RECORDINGS:** Electronic recordings are not permitted in the Hospital unless a consent has been given by all parties being videoed, photographed or audio recorded.
6. **LEGAL RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIAN/PROVIDER:** All providers furnishing services to the patient, including but not limited to radiologists, pathologists, and anesthesiologists, and others, are independent contractors and are not employees, representatives or agents of the Hospital. The patient is under the care and supervision of his or her attending provider(s) and it is the responsibility of the Hospital and its nursing staff to carry out the instructions of that provider and any other consulting provider. It is the responsibility of the patient's provider(s) to obtain the patient's informed consent when required for medical or surgical treatment, specific diagnostic or therapeutic procedures, or Hospital services rendered to the patient under the general and/or special instructions of the patient provider(s).



Patient, Representative and/or Responsible Party Initials

7. **TEACHING PROGRAM:** Unless the Hospital is notified to the contrary in writing, I understand that the Hospital and my attending provider may permit the attendance of nursing and other healthcare students for observation and supervised treatment purposes while under the care of the Hospital.
8. **NURSING CARE:** I understand that the Hospital provides only general duty nursing care unless, upon orders of my provider, I am provided more intensive nursing care.
9. **PERSONAL BELONGINGS:** I understand that this Hospital maintains a fireproof safe for the safekeeping of money and other valuables, and that the Hospital shall not be liable for the loss of such valuables unless they are deposited with the Hospital for safekeeping. Liability of the Hospital for loss or damage is limited by statute to five hundred dollars (\$500.00). I understand that I am responsible for all my personal effects, including but not limited to personal grooming articles, jewelry, clothing, documents, medications, eyeglasses, hearing aids, dentures, cell phones, electronic devices, and other prosthetic devices. I understand that my personal belongings will be searched and inventoried. Items that are considered *illegal, possibly used in an unsafe or disruptive manner* will be removed from my immediate possession and any valuables will be placed in the safe. Medications are not permitted to be kept at my bedside due to this Hospital's patient safety guidelines. Medications will be inventoried and the "Patient's Own Medication (or Home Medication)" will be secured and can be picked up at discharge. Illegal drugs or schedule 2-5 medications found without being identified in their original prescription bottle, or not belonging to the patient, will be destroyed. This Hospital adheres to Federal regulations as it relates to marijuana. Cigarettes, lighters or other smoking paraphernalia will be placed in a secured inventory envelope and held by security until the patient is discharged. Weapons like guns, knives, screwdrivers, or items that could be used in an unsafe manner will be collected by security and will be disposed of or given to law enforcement for proper disposal or disposition.
10. **ASSUMPTION OF RISK:** Should I leave this Hospital before being released or discharged by my attending provider or should I fail to follow instructions given by my provider or other Hospital healthcare professionals, I agree to assume all responsibility for any injury or complications, and further agree to release and hold the providers, their agents, the Hospital, its' employees or agents harmless from any claims, demands or suits for damages from any complications arising therefrom.

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MOORE, BRANDEN
MR 536981 ACCT 0010622876 ED ED
05/12/1990 30Y M 05/28/2020 19:06



- 11. MEDICARE CERTIFICATION, AUTHORIZATION TO RELEASE PAYMENT INFORMATION, AND/OR ASSIGNMENT OF INSURANCE BENEFITS:** I certify that the information given by me in applying for patient under Title XVIII of the Social Security Act (CMS/Medicare) is correct. I authorize the Hospital to release to the Social Security Administration or its intermediaries any information needed for any related Medicare or Medicare Senior Advantage claim. I also certify that I am requesting payment of any allowable and/or authorized benefits be made on my behalf to this Hospital by any insurance plan(s) or carrier(s).
- 12. MEDI-CAL / HMO / PPO PLANS AUTHORIZATION AND PATIENT OBLIGATION:** I understand that if my insurance carrier, HMO/PPO plan or network requires authorization, the Hospital/Provider/Physician is unable to guarantee that my visit will be covered without a written authorization for the services rendered to me or my family members. If the Hospital/Provider/Physician is unable to obtain authorization for my visit, I will be responsible for any unpaid balance of the charges that coincide with any services or procedures not authorized by my insurance/HMO/PPO plan as is allowed by the Knox-Keene Act and Department of Managed Healthcare Services. I understand the Hospital will apply for a Treatment Authorization Request from the State of California Medi-cal program for my stay and will bill Medi-cal or any Medi-cal HMO plan accordingly and that I will be responsible for any unpaid balance due to an unpaid share of cost or eligibility denials. The hospital maintains a list of health plans with which it contracts. A list of such plans is available upon request from the financial office. I understand that the Hospital does not accept financial assignment or liens for third party liability claims and that I will be responsible for these claims until they are satisfied in full. All providers and surgeons, including the radiologist, pathologist, emergency providers, anesthesiologist and others will bill separately for their services. It is my responsibility to determine if the hospital or the providers rendering service to me contract with my health plan.

13. ADVANCE DIRECTIVE INFORMATION, PATIENT RIGHTS AND NOTICE OF PRIVACY PRACTICE

Written information regarding Advance Directive, Patient Rights, and the Notice of Privacy Practice have been provided.



Patient, Representative and/or Responsible Party Initials

- 14. CONSENT TO RELEASE SOCIAL SECURITY NUMBER:** I consent for release of my social security number if receiving an implantable device during surgery, for tracking purposes (Safe Medical Device Act of 1993). If I object, I understand it is my responsibility to inform the surgery department of this Hospital.

ACKNOWLEDGEMENT, CONSENT, AND FINANCIAL RESPONSIBILITY AGREEMENT BY THE PATIENT OR THE PATIENT'S LEGAL REPRESENTATIVE OR AUTHORIZED AGENT:

I irrevocably assign and transfer to the Hospital all rights, benefits, and any other interests in connection with any insurance plan, health benefit plan, or other source of payment for my care. I agree to cooperate with, and take all steps reasonably requested by the Hospital and/or my health insurance plan to facilitate payment. I agree to accept financial responsibility for services rendered. I also understand that if my insurance company, medical group or insurance plan fails to make payment, I am responsible to pay the Hospital's regular charges for services provided. I

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MR 536981 ACCT 0010622876 ED ED
05/12/1990 30Y M 05/28/2020 19:06



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SAN GORGONIO MEMORIAL HOSPITAL
San Gorgonio ED Triage Report


Page 1 of 1

Patient: MOORE, BRANDEN

Visit ID: 0010622876

Age: 30Y DOB:05/12/1990

Sex: M

Acuity: 3

Med Rec: 536981

Chief Complaint: SYNCOPE

Onset: 2 hours

Head Circum.:

Triage D/T 05/28/2020 19:08

EMS:

Room/Bed: Exam 16

EMS Unit:

Arrival D/T: 05/28/2020 19:06

Pre Hospital Care:

Arrived from: Work

[None entered]

Mode of Arrival: Car

Accompanied by: Friend

Informant: Self

Consent to Treat?:

Infection Control:

Screening: Abuse (-), COVID-19 (-), MRSA (-)

Suicide Risk: Screened - No Suicide Risk

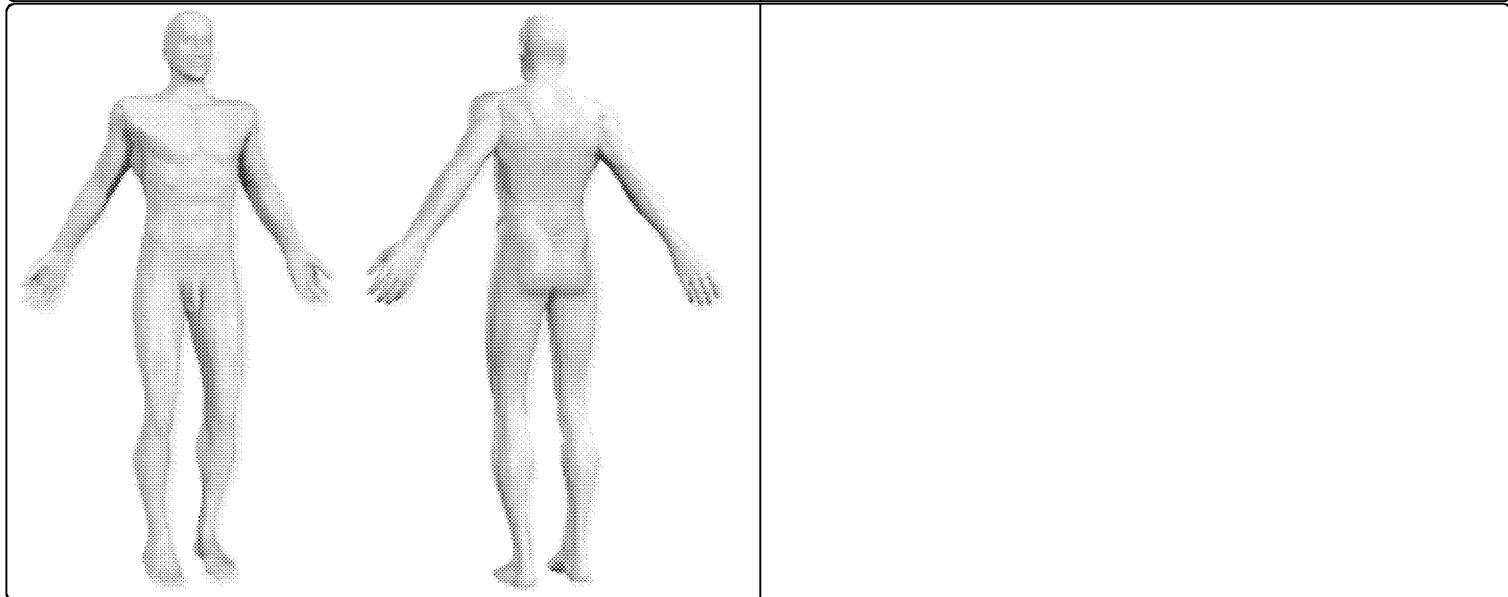
Pregnant?: No LMP:

Patient Narrative:
 pt had syncopal episode 2 hours ago, he also is complaining he is cramping all over and has chest pain, pt very weak
 [WESTBROOK, AMBER D. 05/28/20 19:12]

Stroke Assessment Last Known Well:

NPO since:	Last Intake Solid:	D/T	Last Intake Liquid:	D/T				
BP		Temperature	Pulse	Respirations	SpO ₂	FSBS	GCS	Height
	116/74 mmHg	96.3 F	77 bpm	19	98% O L/m		15	72 in
Site: Pos: Type:	Site: Qly: Type:	Site: Qly: Type:	Qly:	O ₂ Del:	M - 6 V - 5 E - 4	Weight		
							175 lb	

Pain Assessment	Score: 10/10	Scale: Numeric	Location: entire body
Character:	Cramping	Non Verbal Signs:	
Distribution:		Intensified By:	
Radiation:	everywhere	Relieved By:	
Duration:		Goal:	

Dr: ULLON PA-C, ANGELA
PCP: N/AElectronically
Signed By: WESTBROOK, AMBER D.

RN

Dt Signed: 05/28/2020 19:23:11

000039

Release...

SAN GORGONIO MEMORIAL HOSPITAL**Patient Profile report**Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**DOB: **05/12/1990**Admit: **05/29/2020**Location: **MS 114 114B****Demographics**Called Name: **BRANDEN**Sex: **MALE****Primary Address**

292 FINNHORSE ST
HEMET, CA 92545
Country: UNITED STATES

Phone NumbersHOME NUMBER: **(313)720-5458****Contacts**

Name	Type	Next of Kin	Emergency Contact	Guardian	Agent	Phone	Phone Type
FRANCO, MONICA	SPOUSE	N	Y	N	N	(209)346-1163	HOME NUMBER

Highest Education Level:

***NO SCHOOL DATA ***

***NO OCCUPATIONAL HISTORY DATA ***

Patient Education

*** NO PATIENT EDUCATION DATA ***

SAN GORGONIO MEMORIAL HOSPITAL

Patient Profile report

Patient Name: **MOORE, BRANDEN**

Visit ID: **0010622876**

MR Number: **536981**

DOB: **05/12/1990**

Admit: **05/29/2020**

Location: **MS 114 114B**

Patient Detail

Admit Complaint: **AKI, RHABDOMYOLYSIS**

Admit Diagnosis:

Service: **A MEDICAL** Fin Class: **INSURANCE (PPO)** Patient Type: **OBSERVATION**

Discharge Date: **05/29/2020** Discharge Status: **DC/TRN 2 OTH SHRT TRM HOSP** Visit Status: **Discharge AS IP**

Race: **Black or African American** Age: **30 YEARS** BSA: **1.91**

Admit Weight: **175.00 lb** Admit Height: **72 in**

Current Weight: **70.00 Kg Bed** Current Height: **72 in** BMI: **21.1 kg/m²**

Notes:

Smoking Status: **Heavy tobacco smoker (428071000124103)** Code Status:

*****NO ISOLATION CODES DATA *****

Preferred Language: **English**

Language Ability Mode Expressed:

Language Ability Mode Received:

Communication Barrier:

Special Needs:

Organ Donor: **N** Last Menstrual Period: **Lactating:**

Pregnant: **Exp. Delivery (Date):** Gest. Age at Birth (Date):
Exp. Delivery (US): Gest. Age at Birth (US):

Advance Directives

Document Name	Doc In Chart	Effective Date/Time	Type	Custodian Name, Address and Phone Number
NO ADVANCE DIRECTIVE, INFO GIVEN N		05/28/2020 21:02		

Note:

Physicians

ADMITTING	- MOHSIN M. SYED M.D.
ATTENDING	- BAHIJ G. GHAZAL MD
ORDERING	- ANGELA ULLON PA-C
ORDERING	- BAHIJ G. GHAZAL MD
ORDERING	- MOHSIN M. SYED M.D.
PHYSICIAN ASSISTANT	- ANGELA ULLON PA-C
Radiologist	- CHUL H. CHAE M.D.
REFERRING	- HOSPITAL ZZ-VA

Allergies

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

Current Allergy	Severity	Onset Date	Reaction	Type	Sensitivity
NKA	UNKNOWN	05/28/2020		Drug Allergy	

Note:

Last Documented by: AMBER D. WESTBROOK, RN on 05/28/2020 19:11

SAN GORGONIO MEMORIAL HOSPITAL

Patient Profile report

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admit: 05/29/2020

Location: MS 114 114B

Pre-arrival Medications

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

None Reported Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:40

***** NO PRE-ARRIVAL MEDICATION DATA *****

Home Medications

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

None Reported Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:41

Drug Description and Form	Dose	Route	Frequency	PRN	Duration	Start Date	Stop Date	Last Date Taken
---------------------------	------	-------	-----------	-----	----------	------------	-----------	-----------------

Immunizations

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

Immunization	Dose / Units	Route	Site	Admin Date Time	Lot #	Exp Date	Manufacturer
UP TO DATE							

Immunization Condition

None Given Reason:

Comments:

Administered By:

Consent Status	Consent Date Time	Consent Relationship	Consent Name
----------------	-------------------	----------------------	--------------

VIS Given Date Time VIS Version

Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:40

Problem List - Current Visit

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

Entry Date	Status	Type	Code	Description
------------	--------	------	------	-------------

Problem List - Full

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

Entry Date	Status	Type	Code	Description
05/29/2020	Active	Problem	I45.6	WPW
Laterality		Severity		Start Date Start Time End Date End Time

Unknown

Last Documented by: MOHSIN M. SYED M.D., M.D. on 05/29/2020 06:33

Entry Date	Status	Type	Code	Description
05/29/2020	Completed	Procedure		CARDIAC ABLATION FOR WPW
Laterality		Severity		Start Date Start Time End Date End Time

01/01/2014

Last Documented by: MOHSIN M. SYED M.D., M.D. on 05/29/2020 06:33

Implants

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

None Reported : IMPLANT HISTORY Last Documented By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:40

Date	Description	Size	Quantity	Site	Model #	Serial #	Lot #
------	-------------	------	----------	------	---------	----------	-------

SAN GORGONIO MEMORIAL HOSPITAL

Patient Profile report

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admit: 05/29/2020

Location: MS 114 114B

Patient Reported Problems

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

Description	Type	Status	Treating Provider		
WPW	Problem	Active			
Laterality	Severity	Start Date	Start Time	End Date	End Time
		Unknown			

Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:41

Patient Reported Procedures

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

Description	Treating Provider				
CARDIAC ABLATION FOR WPW					
Laterality	Severity	Start Date	Start Time	End Date	End Time
		2014			

Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

Tobacco Use

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

Tobacco Type	Amount	Frequency	Duration	Start	Quit	Pack years	Total Pack years
Cigarettes	1 Packs	Daily					

Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:39

Alcohol Use

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

None Reported Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:39

Alcohol Type	Amount	Frequency	Duration	Quit

Recreational Drug Use

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

None Reported Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:41

Start Date	Classification	Drug Name	Alt Name	Amount	Frequency	Duration	Quit

Family History

Adopted: N

Relationship	Name	Age	DOB	Race	Ethnicity	Alive / Deceased	Cause of Death

Note:

SAN GORGONIO MEMORIAL HOSPITAL

Patient Profile report

Patient Name: **MOORE, BRANDEN**

Visit ID: **0010622876**

MR Number: **536981**

DOB: **05/12/1990**

Admit: **05/29/2020**

Location: **MS 114 114B**

Patient Detail Documentation

Admit Weight:

Last Documented by: AMBER D. WESTBROOK, RN on 05/28/2020 19:12

Admit Height:

Last Documented by: AMBER D. WESTBROOK, RN on 05/28/2020 19:12

Current Weight:

Last Documented by: RUTH WAITHAKA, RN on 05/29/2020 04:09

Current Height:

Last Documented by: RUTH WAITHAKA, RN on 05/29/2020 04:09

BMI:

Calculated field

BSA:

Calculated field

Preferred Language:

Last Documented by: LUZ C. BUSTAMANTE on 05/28/2020 21:01

Smoking Status:

Last Documented by: JENNIFER E. LINDBERG RN on 05/28/2020 19:40

Organ Donor:

Last Documented by: LUZ C. BUSTAMANTE on 05/28/2020 21:01

NO ADVANCE DIRECTIVE, INFO GIVEN:

Last Documented by: LUZ C. BUSTAMANTE on 05/28/2020 21:02

San Gorgonio Memorial Hospital
Emergency Department Record
Patient: MOORE, BRANDEN
DOB: 1990-05-12, DOS: 2020-05-28 19:06:00.0
Visit#: 0010622876, MR#: 536981

*** These notes were digitally signed by Richard Preci DO on Friday, May 29, 20
20:41 ***

Diagnosis 1: Rhabdo
Diagnosis 2: AKI

Condition on discharge: IMPROVED

CC: Syncope
Time Seen: 1918

HISTORY OF PRESENT ILLNESS: BRANDEN MOORE is a 30 year old male who presented to the ED w/ c/o muscle cramps and syncopal episode x 2 hours PTA. Pt is a power line worker. Pt states he was working outside when at 1600 the pt was on Facetime with his wife and was not feeling well. Pt states that he sat in his car and proceeded to vomit. Pt states that afterward he walked out outside and had a syncopal episode. Pt states that he woke up on the ground with his legs over the forklift. Pt states that shortly after his abdomen, legs, and arms began to cramp. Pt denies prior alcohol, and drug use. Pt denies taking medication PTA. Otherwise: (-) Fever (-) Chills (-) Cough (-) N/D and/or Dysuria.

REVIEW OF SYSTEMS: Other than the symptoms associated with the present events, the following is reported with regard to recent health: General: (-) fever. HENT: (-) congestion. Respiratory: (-) cough. Cardiovascular: (+) chest pain. GI: (+) abdominal pain. GU: (-) urinary complaints. Musculoskeletal: (+) other aches or pains. Endocrine: (-) generalized weakness. Neurological: (-) localized weakness. Psychiatric: (-) emotional stress.

PAST MEDICAL HISTORY: (-) DM, (-) HTN, (-) asthma, (-) COPD, (-) heart disease.

FAMILY HISTORY: (-) known inherited disease

SOCIAL HISTORY: (+) smoking cigarettes .

MEDICATIONS: Verified by nurse, reviewed by me on this visit

ALLERGIES: Verified by nurse, reviewed by me on this visit NKDA

PHYSICAL EXAMINATION:

GENERALIZED APPEARANCE: Patient is alert and awake.

VITAL SIGNS: Per nurse's note, reviewed by me

BP 116/74
Ht 72 in
O2 Sat%, PulseOx 98.0%
Pulse 77
Resp 19
Temp 96.3 Fahrenheit
Wt 175.00 lbs

SKIN: Warm, dry; (-) cyanosis; (-) rash.

HEAD: (-) scalp swelling, (-) tenderness.

EYES: (-) conjunctival pallor, (-) scleral icterus.

ENMT: Pharynx: (-) erythema; airway patent: (-) stridor; mucous membranes moist.

LYMPHATIC/NECK: (-) tenderness, (-) stiffness, (-) lymphadenopathy, (-) thyromegaly.

CHEST AND RESPIRATORY: (-) rales, (-) rhonchi, (-) wheezes; breath sounds equal bilaterally.

HEART AND CARDIOVASCULAR: (-) irregularity; (-) murmur, (-) gallop.

ABDOMEN AND GI: Soft; (-) tenderness, (-) guarding, (-) rebound, (-) palpable masses, (-) CVA tenderness.

MUSCULOSKELETAL/EXTREMITIES: (-) joint swelling, (-) deformity, (-) edema.

NEURO AND PSYCH: Alert, oriented, normal strength. Sensation grossly intact. Moving all extremities.

The diagnostic results contained in this document reflect the information available to the physician at the time of the patient encounter. Final results, when completed, will be found in the patient's permanent hospital medical chart.

DIAGNOSTICS:

PulseOx 98.0% on RA indicating adequate oxygenation.

EKG @ 1807: 61 bpm NSR, no ischemia, no LBBB, no STEMI

000045

Release...

CHEST ONE VIEW

INDICATION: Syncope.

FINDINGS: Cardiomediastinal structures and bronchovascular markings are within normal limits. No obvious lung consolidation or pleural effusion are seen.

IMPRESSION: No acute abnormality of the chest.

Electronically Signed By: CHAE M.D., CHUL H.

Date: 05/28/2020 19:49

CT SCAN OF HEAD WITHOUT CONTRAST

INDICATION: Syncope.

TECHNIQUE: Non-contrast, axial images were obtained through the head. CTDI volume is 55 mGy and total DLP is 1067 mGy cm. CT scan was performed using one of the dose lowering techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction technique.

FINDINGS: There is no intracranial hemorrhage or extra-axial fluid collection. There is normal gray and white matter differentiation of the brain. The ventricles are normal caliber and basilar cisterns are patent. There is no midline shift or mass effect. The calvarium is intact.

IMPRESSION: No acute abnormality of the head.

Electronically Signed By: CHAE M.D., CHUL H.

Date: 05/28/2020 20:13

Cardiac Enzyme Screen TROPONIN I <0.015 (0.010-0.500 ng/mL) **Interpretive Val:
Negative Intermediate Zone
CPK 1160.0 H (39.0-308.0 U/L)
CKMB 6.7 H (0.5-3.6 ng/mL)
CMP (includes LFT, but not DBIL) Sodium 137 (135-145 mmol/L)
Potassium 3.0 L (3.3-5.3 mmol/L)
CHLORIDE 100 (98-107 mmol/L)
CO2 20 L (22-32 mmol/L)
Anion Gap 17 H (5-13 Anion Gap) **Interpretive Val: Anion Gap calculation=Na-(Cl+CO2)
GLUCOSE 121 H (70-110 mg/dL)
BUN 28 H (5-25 mg/dL)
CREATININE 2.8 H (0.5-1.4 mg/dL)
TOTAL PROTEIN 10.0 H (6.0-8.1 g/dL)
ALBUMIN 5.6 H (3.5-5.0 g/dL)
AST (SGOT) 51 H (15-41 U/L)
ALT (SGPT) 47 (17-63 U/L)
Alkaline Phosphatase 108 (45-120 IU/L)
TOTAL BILI 0.7 (0.4-2.0 mg/dL)
CALCIUM 10.3 H (8.5-10.1 mg/dL)
CORRECTED CALCIUM 9.0 (mg/dL)
Glomerular Filtration Rate 28 (ml/min/1.73m2)
Complete Blood Count WBC 13.1 H (4.5-11.0 K/mm3)
RBC 6.01 H (4.50-5.90 M/mm3)
HEMOGLOBIN 16.9 H (12.0-16.0 g/dL)
HEMATOCRIT 49.3 (41.0-52.0 %)
MCV 82.0 (80.0-100.0 fL)
MCH 28.1 (27.0-33.0 pg)
MCHC 34.3 (31.5-36.0 %)
RDW 13.8 (12.0-15.0 %)
PLATELETS 260 (150-450 K/mm3)
NEUTROPHIL % 73.9 H (40.0-70.0 %)
LYMPHOCYTE % 17.0 L (22.0-44.0 %)
MONOCYTES% 8.3 (0.0-12.0 %)
EOSINOPHILS % 0.1 (0.0-7.0 %)
BASOPHILS% 0.4 (0.0-7.0 %)
Immature Granulocyte % 0.3 (%)
ABSOLUTE NEUTROPHIL 9.7 H (1.8-7.7 K/MM3)
ABSOLUTE LYMPHS 2.2 (1.0-4.8)
ABSOLUTE MONOS 1.1 H (0.0-0.6)
ABSOLUTE EOSINOPHILS 0.0 (0.0-0.4)
ABSOLUTE BASOPHILS 0.1
Absolute IG 0.0
Partial Thromboplastin Time PARTIAL THROMBOPLASTIN TIME 24.6 (22.0-34.0 SECONDS)
Prothrombin Time PROTHROMBIN TIME 11.1 (9.0-12.0 SECONDS)
INTERNATIONAL NORMALIZATION RATIO 1.0 (0.8-1.2)

000046

Release...

EMERGENCY DEPARTMENT COURSE AND TREATMENT: Patient's condition improved during Emergency Department evaluation. Decision made to obtain prior medical records. Prior records not found.

1800: Pt treated w/ Ativan, feels much better at this time

2115: case was d/w Dr Charmoz

2300: case was d/w Dr Preci, will f/u on care including repeat CEs and dispo at this time.

2300. Case endorsed to Dr. Preci at 2300, 05/28/30.

2354// Dr. Syed contacted, case discussed and reports he will evaluate patient.

After the evaluation in the Emergency Department, my clinical impression is Rhabdo; AKI.

PLAN AND FOLLOW-UP: Patient will be admitted for further evaluation.

DISPO: 2357

This patient was seen by APP, Ullon, Angela under Dr. Charmoz but was endorsed to Dr. Preci. Dr. Charmoz did not see the patient.

===== Physician

Note=====

The APP, Ullon, Angela, conducted the evaluation, management and treatment of this patient. The orders and the chart were reviewed and approved by me.

I scribed for Alexander Charmoz, MD signed by Cindy Campos on Thursday, May 28, 2020 at 20:01.

Digitally signed by Angela Ullon, PA on Thursday, May 28, 2020 at 22:48.

I scribed for Richard Preci, DO signed by Michelle Mosqueda on Friday, May 29, 2020 at 00:38.

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. Richard Preci, DO, Friday, May 29, 2020 at 02:41.

Digitally signed by Richard Preci, DO on Friday, May 29, 2020 at 02:41.

000047

Release...

ID:

Vent. rate 61 bpm
 PR interval 142 ms
 QRS duration 92 ms
 QT/QTc 392/394 ms
 P-R-T axes 73 67 55

Technician:
 Test ind:

MOORE, BRANDEN
 MR 536981 ACCT 00106222876 ED ED
 05/12/1990 30Y M 05/28/2020 19:06

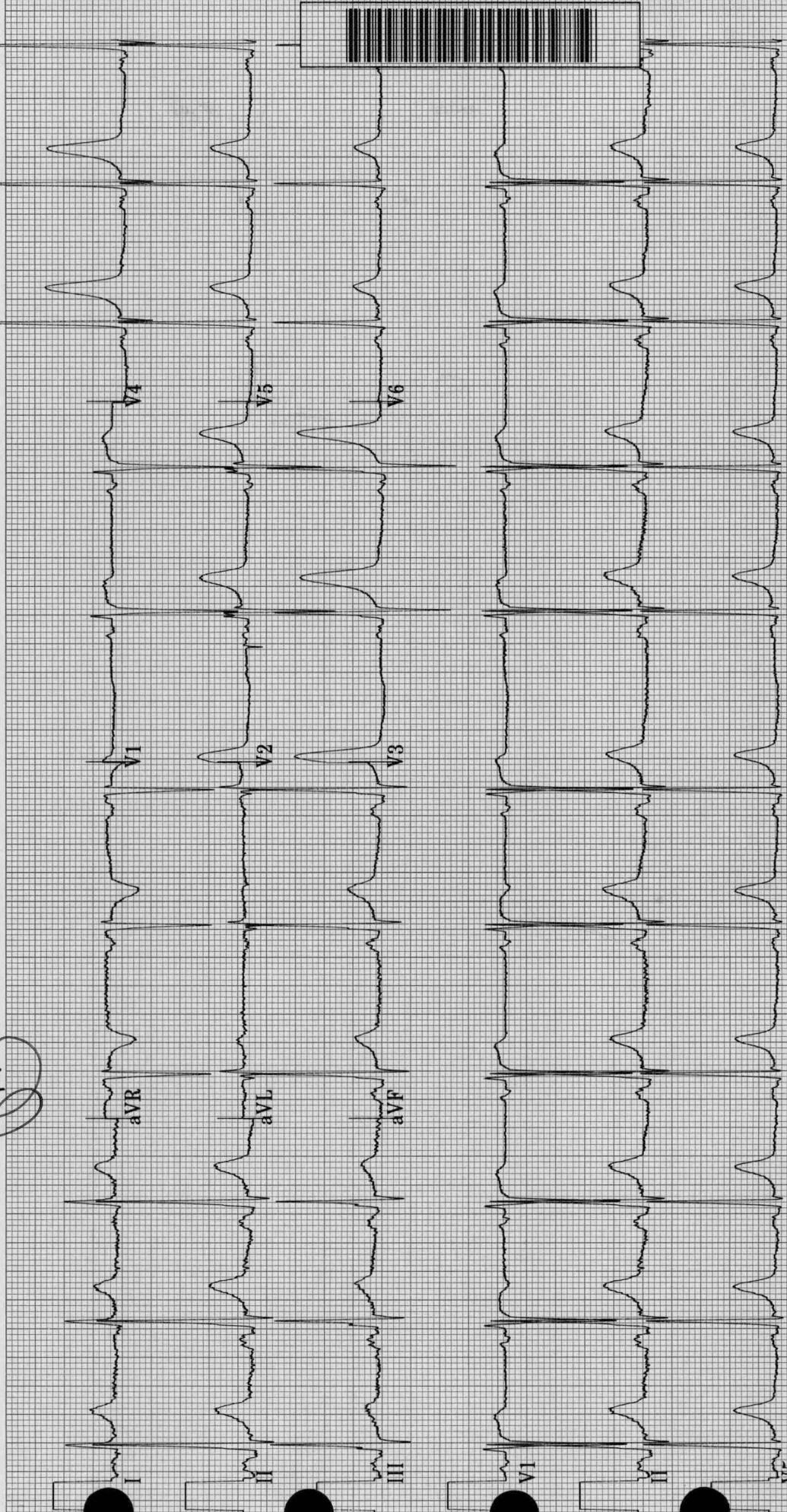
ANGELA ULLON, PAC

Visit:

Referred by:

Unconfirmed

Unconfirmed



Release...

000048

150 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm ds

MAC55 010A1 2 12SI,™ v241

ER NURSING RECORD: ADULT GENERAL

209-346-1163
Monica

TIME TO ROOM:	ROOM: 16	
TIME	INITIAL ACTIONS	INT
1914	ID band verified / applied allergy band applied	
1914	bed low position / HOB elevated / side rails x1	
	CODE BLUE / STROKE CALLED / OB CALLED	
INITIAL ASSESSMENT DATE 5-28-2014 TIME 1914		
GENERAL APPEARANCE		
<input type="checkbox"/> no acute distress <input type="checkbox"/> mild / moderate / severe distress <input type="checkbox"/> alert <input type="checkbox"/> anxious / decrease LOC		
FUNCTIONAL / NUTRITIONAL		
<input type="checkbox"/> independent ADL <input type="checkbox"/> assisted / total care <input checked="" type="checkbox"/> appears well nourished / hydrated <input type="checkbox"/> obese / malnourished <input type="checkbox"/> clear / equal bilat <input type="checkbox"/> recent weight loss / gain <input type="checkbox"/> no respiratory distress <input type="checkbox"/> limited ROM / contractures <input type="checkbox"/> clear / equal bilat <input type="checkbox"/> mild / moderate / severe distress <input type="checkbox"/> no respiratory distress <input type="checkbox"/> wheezing / crackles / stridor <input type="checkbox"/> clear / equal bilat <input type="checkbox"/> decreased breath sounds <input type="checkbox"/> no respiratory distress <input type="checkbox"/> accessory muscle use / tripod / orthopnea / exertional SOB <input type="checkbox"/> clear / equal bilat <input type="checkbox"/> tachypnea / bradypnea <input type="checkbox"/> no respiratory distress <input type="checkbox"/> tachycardia / bradycardia <input type="checkbox"/> clear / equal bilat <input type="checkbox"/> irregular rhythm <input type="checkbox"/> no respiratory distress <input type="checkbox"/> pulse deficit <input type="checkbox"/> clear / equal bilat <input type="checkbox"/> pale / cool / diaphoretic / cyanotic <input type="checkbox"/> no respiratory distress <input type="checkbox"/> skin breakdown <input type="checkbox"/> clear / equal bilat <input type="checkbox"/> pedal edema <input type="checkbox"/> no respiratory distress <input type="checkbox"/> extremity tenderness <input type="checkbox"/> clear / equal bilat <input type="checkbox"/> disoriented person / place / time <input type="checkbox"/> no respiratory distress <input type="checkbox"/> confused / memory loss <input type="checkbox"/> clear / equal bilat <input type="checkbox"/> pupils unequal <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> no respiratory distress <input type="checkbox"/> pinpoint / dilated <input type="checkbox"/> no respiratory distress <input type="checkbox"/> weakness / sensory loss <input type="checkbox"/> no respiratory distress <input type="checkbox"/> gait unsteady / fall risk band applied <input type="checkbox"/> no respiratory distress <input type="checkbox"/> tremors <input type="checkbox"/> no respiratory distress <input type="checkbox"/> facial droop / tongue deviated		
RESPIRATORY		
<input type="checkbox"/> CVS <input checked="" type="checkbox"/> regular rate / rhythm <input type="checkbox"/> pulses strong / equal <input type="checkbox"/> skin warm / dry <input type="checkbox"/> skin intact <input type="checkbox"/> no pedal edema <input type="checkbox"/> non-tender edema		
NEURO		
<input checked="" type="checkbox"/> oriented x 3 <input checked="" type="checkbox"/> PERRL <input checked="" type="checkbox"/> moves all extremities <input type="checkbox"/> steady gait		
<i>MUSCLE CRAMP</i> <i>CRAMP</i> <i>MUSCLE</i> <i>body</i>		
ABDOMEN/GU		
<input type="checkbox"/> nml inspection <input type="checkbox"/> soft / non-tender <input type="checkbox"/> bowel sounds nml <input checked="" type="checkbox"/> no discharge <input checked="" type="checkbox"/> no bleeding <input type="checkbox"/> nml genital exam <input type="checkbox"/> FHTs		
EENT		
<input checked="" type="checkbox"/> nml eye inspection <input checked="" type="checkbox"/> nml ENT inspection		
PSYCH		
<input type="checkbox"/> affect appropriate <input type="checkbox"/> cooperative <input type="checkbox"/> maintains eye contact <input checked="" type="checkbox"/> nml speech		
<i>Grunting and</i> <i>extreme movement</i>		
RN Signature:		



SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220
(951) 845-1121

MOORE, BRANDEN
MR 536981 ACCT 0010622876 ED ED
05/12/1990 30Y M 05/28/2020 19:06

000049

ACTIONS

TIME		INT
1910	cardiac monitor	
1910	pulse oximeter O ₂ L via R	
	Accu-check	
	ready for Dr. eval / notified Dr. / seen by Dr.	
	restraints per policy see documentation	
	suicide precaution per policy	
	seizure precaution per policy	

PROCEDURES

TIME		INT
1801	12 lead EKG performed	
1810	Dr. notified	
2204	Repeat labs drawn and sent	
1935	lab drawn / sent by EMS / nurse / lab results back	
	awaiting physician review	
	cultures obtained blood / sputum / wound	
0103	MRSA swab obtained / sent	
	ABGs drawn by RT / nurse	
	BioFire / Flu / RSV	
	urine sample obtained clean catch / cath	
2204	urine dip / sent	
	urine pregnancy test results	
1130	X-ray monitor / RN / O ₂ / RT / tech / portable returned to room	
	CT monitor / RN / O ₂ / RT tech	
	ultrasound tech / at bedside	
	returned to room	
	pelvic exam assisted / witnessed by:	
	cultures / wet mount sent	
	foley fr. ml return	
	straight cath / drainage bag to gravity / leg bag	
	NG fr. ml return	
	location	
	placement confirmed suction low / intermittent	
2200	50ML UME output	
	SIGNATURE	INITIAL

ADDITIONAL NOTES

DATE: 5-28-2020 TIME: 1914
 A40x4. Grunting and noisy breathing on bed. C/O body cramping. Obvious cramping of legs and abdominal muscles. Pt states he works outside and had been drinking water but had not eaten or taken a break. States he vomited 1 time and felt body cramping at 1600. Woke up on ground and did not know how he got there. Pt relaxed and awake in bed. Appear drowsy. States the cramps has lessened and he is feeling better. Pt wife provided glove in WR per Opt request
 2200 - Raisable to voice. States he feels better and is going to keep sleepy.
 DISPOSITION provided blankets for patient

TIME		INT
	admit orders rc'd / Dr.	
	bed assignment rc'd	
0004	transfer accepted / Dr.	14B Syed
	transport notified	
	transferred to	
	transfer documentation completed	
0120	report to Rush	

- discharged home / police / SNF / coroner / mortuary
- verbal / written instructions / RX given to patient
- verbalized understanding
- learning barriers addressed
- accompanied by / driver
- notified family / caregiver / police / agency time
- left AMA / LWBS signed AMA sheet / refused / eloped
- physician notified time Mode: walk / crutches / WC / stretcher / ambulance

INTAKE 3100 ml OUTPUT 50ml
 IV / saline lock discontinued catheter intact
 TIME _____ INITIALS _____

PROPERTY

- patient family security safe transport
- coroner see patient belongings

DISCHARGE VITALS

BP 151/62 HR 81 RR 19 TEMP 98.3 SaO₂ 99
 Pain level at discharge / 10

CONDITION

- unchanged improved stable others

Discharge Nurse Signature

DEPART TIME 0130

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MOORE, BRANDEN
 MR 536981 ACCT 0010622876 ED ED
 05/12/1990 30Y M 05/28/2020 19:06



<u>Time</u>	<u>LABS:</u>
1919	OBC
	BMP
	CMP
	<u>CARDIAC enzymes</u>
	CE 2nd set (3 hours after 1st)/ with ECG
	CK
	Troponin
	D-dimer
	BNP
	Lipase
1919	PT/PTT
	CRP/ESR
	Serum hCG Quant Qual
1919	Urine Drug Screen
	Drug Levels:
	<input type="checkbox"/> Digoxin <input type="checkbox"/> Dilantin
	<input type="checkbox"/> Phenobarb
	<input type="checkbox"/> Valproic Acid
	<input type="checkbox"/> Carbamazepine:
	<input type="checkbox"/> ASA <input type="checkbox"/> Tylenol <input type="checkbox"/> ETOH
	BHB
	Ammonia
	ABG/VBG
	Lactic Acid
	Procalcitonin
	Type & Screen
	Type & Cross units x _____ unit(s)
	Stool hemoccult
	Stool leukocytes
	C. Diff by EIA with reflex to Biofire if negative
	BioFire GI Panel
	BioFire Respiratory
	CM/SW Consult:
	Reason _____

<u>Time</u>	<u>STANDARD PANELS:</u>
	<input type="checkbox"/> CARDIAC <input type="checkbox"/> DKA
	<input type="checkbox"/> ABD PAIN <input type="checkbox"/> AMS
	<input type="checkbox"/> SEPSIS <input type="checkbox"/> LP
	<input type="checkbox"/> STROKE
	<input type="checkbox"/> SOB
	<input type="checkbox"/> OB/GYN
	<input type="checkbox"/> PSYCH
	<input type="checkbox"/> HIP (R/L) w/ECG
	<input type="checkbox"/> THYROID
	<u>Syncopal pain</u>
	X-RAYS: MED NEC:
<u>Time</u>	
1919	CXR: <input type="checkbox"/> Portable <input type="checkbox"/> PA & Lat
	Abdomen: <input type="checkbox"/> KUB (flat) <input type="checkbox"/> upright
	Spine: <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L
	Other: _____
	Ultrasound: MED NEC:
<u>Time</u>	
	<input type="checkbox"/> Abd <input type="checkbox"/> RUQ <input type="checkbox"/> Renal
	<input type="checkbox"/> Pelvic <input type="checkbox"/> OB
	<input type="checkbox"/> Venous Doppler <input type="checkbox"/> RLE
	<input type="checkbox"/> LLE <input type="checkbox"/> BLE
	<input type="checkbox"/> Other: _____
	CT: MED NEC: Syncopal
	<input checked="" type="checkbox"/> Head <input type="checkbox"/> Chest
	<input type="checkbox"/> C-Spine <input type="checkbox"/> Abd/Pelvis
	<input type="checkbox"/> T-Spine
	<input type="checkbox"/> L-Spine
	Contrast <input type="checkbox"/> IV <input type="checkbox"/> PO
	CT Angio MED NEC _____
	<input type="checkbox"/> Head <input type="checkbox"/> Neck
	<input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelvis
	NM: <input type="checkbox"/> Lung VQ

CULTURES:	MRI: MED NEC _____
<u>Time</u>	<u>Time</u>
Blood x _____	<input type="checkbox"/> Head <input type="checkbox"/> Neck
Urine	<input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> L-Spine
Stool	<input type="checkbox"/> Other: _____
Sputum	Contrast <input type="checkbox"/> w/IV contrast

INITIAL NURSING ORDERS

Time Noted
 1919 Cardiac Monitor
 Pulse Ox
 O₂ @ _____ L/min
 titrate to keep sat at > 95%
 Orthostatic VS
 1919 IV: Fluid Bolus TENS

P19 Maintenance rate _____
 ECG Repeat EKG Time: _____
 POC Glucose Done
 repeat at _____ intervals
 Urine Dip Urine HCG
 Foley Cath MED NEC: _____
 NG Tube
 BIPAP @ _____
 CPAP @ _____

TREATMENT ORDERS:

Time Orders Noted
 1919 Advair Dose 200
 2012 - checked CT's C & BMP 2200
 repeat TENS below off

*Date and time below reflects initial orders. Please time all add-ons.

APP Signature

5/28/2020 1919
Date Time

Print Name

ANGELA ULLON, PAC

Physician Signature

Date Time

Print Name

PT. ID LABEL

MOORE, BRANDEN
 MR 536981 ACCT 0010622876 ED ED
 05/12/1990 30Y M 05/28/2020 19:06

000051



SAN GORGONIO MEMORIAL HOSPITAL
 600 NORTH HIGHLAND SPRINGS AVENUE
 BANNING, CALIFORNIA 92220



CONSULTANT / ATTENDING NOTE Date: _____ Time: _____

ADDITIONAL PHYSICIAN ORDERS

Date Time Orders Noted

APP Signature Date Time

Print Name

Physician Signature _____ Date _____ Time _____

Print Name

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600 NORTH HIGHLAND SPRINGS AVENUE
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MOORE, BRANDEN
MR 536981 ACCT 0010622876 ED ED
05/12/1990 30Y M 05/28/2020 19:06



27-0065 (8/18)

PHYSICIAN ORDER SHEET Pg 2 of 2

Release...

	EMERGENCY DEPARTMENT VISIT ID 0010622876										SAN GORGONIO MEMORIAL HOSPITAL		
PATIENT	ADMIT DATE/TM 05/28/2020 19:06	FC INSURANCE (PPO)	DOB 05/12/1990	AGE 30Y	SEX RACE MS M 10 M	SERVICE A EMERGENCY	ROOM Exam16	P/T EMERGENCY DEPARTMENT	ADM BY LCGUTIE RREZ	MED REC 536981			
	ADMITTING DOCTOR CHARMOZ M.D., ALEXANDER		ATTENDING DOCTOR ULLON PA-C, ANGELA			SURGEON ,			ADM TYPE/SOURCE EMERGENCY /				
GUARANTOR	PATIENT MOORE, BRANDEN 292 FINNHORSE ST HEMET, CA 92545 RIVERSIDE		SOC-SEC-NO 366111170 TELEPHONE NO. (313)720-5458		EMPLOYER	PATIENT EMPLOYER BERNARD CONTRUCTION 1025 N HATHAWAY ST BANNING, CA 92220		TELEPHONE NO. (000) 000-0000					
	GUARANTOR MOORE, BRANDEN 292 FINNHORSE ST HEMET, CA 92545		SOC-SEC-NO. 366111170 TELEPHONE NO. (313) 720-5458			GUARANTOR EMPLOYER BERNARD CONTRUCTION 1025 N HATHAWAY ST BANNING, CA 92220		TELEPHONE NO. (000) 000-0000					
INSURANCE	INS CO NAME ADDRESS	INSURANCE 1 VA MED CTR / NON VA CARE 136 11201 BENTON AVE LOMA LINDA, CA 92357			INSURANCE 2 ,			INSURANCE 3 ,					
	POL HOLDER INS SEX REL TO PAT CERT# GROUP# GROUP NM	MOORE, BRANDEN M PATIENT IS INSURED 366111170 VA											
CONT	EMERGENCY CONTACT FRANCO, MONICA 292 FINNHORSE ST HEMET, CA 92545 (209) 346-1163				NEXT OF KIN / RELATION ,			ALLERGIES NKA					
					()								
MISC	COMPLAINT SYNCOPE		ADV DIRECTIVES NO ADVANCE DIRECTIVE, INFO GIVEN		PREV VISIT	MODE OF ARRIVAL SELF		NURSING STATION ED2	RELIGION CHRISTIAN				
	ADMIT DIAGNOSIS PRIVACY NOTICE DATE: 05/28/2020				ACCOMMODATION				DATE PRINTED: 05/28/2020 9:23 PM				
	COMMENTS :												
	PRIMARY CARE PHYSICIAN : ,				REFERRING PHYSICIAN : ZZ-VA , HOSPITAL,								

Release...

000053

	OBSERVATION VISIT ID 0010622876									
PATIENT	ADMIT DATE/TM 05/29/2020 00:04	FC INSURANCE (PPO)	DOB 05/12/1990	AGE 30Y	SEX RACE MS M 10 M	SERVICE A MEDICAL	ROOM 114B	P/T OBSERVATION	ADM BY LCGUTIE RREZ	MED REC 536981
	ADMITTING DOCTOR SYED M.D., MOHSIN		ATTENDING DOCTOR SYED M.D., MOHSIN			SURGEON ,			ADM TYPE/SOURCE EMERGENCY /	
GUARANTOR	PATIENT MOORE, BRANDEN 292 FINNHORSE ST HEMET, CA 92545 RIVERSIDE		SOC-SEC-NO 366111170 TELEPHONE NO. (313)720-5458		EMPLOYER	PATIENT EMPLOYER BERNARD CONTRUCTION 1025 N HATHAWAY ST BANNING, CA 92220		TELEPHONE NO. (000) 000-0000		
	GUARANTOR MOORE, BRANDEN 292 FINNHORSE ST HEMET, CA 92545		SOC-SEC-NO. 366111170 TELEPHONE NO. (313) 720-5458			GUARANTOR EMPLOYER BERNARD CONTRUCTION 1025 N HATHAWAY ST BANNING, CA 92220		TELEPHONE NO. (000) 000-0000		
INSURANCE	INS CO NAME ADDRESS	INSURANCE 1 VA MED CTR / NON VA CARE 136 11201 BENTON AVE LOMA LINDA, CA 92357		INSURANCE 2 ,			INSURANCE 3 ,			
	POL HOLDER INS SEX REL TO PAT CERT# GROUP# GROUP NM	MOORE, BRANDEN M PATIENT IS INSURED 366111170 VA								
CONT	EMERGENCY CONTACT FRANCO, MONICA 292 FINNHORSE ST HEMET, CA 92545 (209) 346-1163			NEXT OF KIN / RELATION ,			ALLERGIES NKA			
MISC	COMPLAINT AKI, RHABDOMYOLYSIS		ADV DIRECTIVES NO ADVANCE DIRECTIVE, INFO GIVEN	PREV VISIT	MODE OF ARRIVAL SELF		NURSING STATION MS	RELIGION CHRISTIAN		
	ADMIT DIAGNOSIS PRIVACY NOTICE DATE: 05/28/2020 COMMENTS :			ACCOMMODATION OBSERVATION				DATE PRINTED: 05/29/2020 12:46 AM		
	PRIMARY CARE PHYSICIAN : ,			REFERRING PHYSICIAN : ZZ-VA , HOSPITAL,						

000054

Release...

RN ORDER SET INFLUENZA VACCINATION

Physician: Your patient will be vaccinated on date of discharge if the patient meets criteria and does not refuse. If you do not want your patient vaccinated, write an order and include reason why patient is not to be vaccinated.

RN: Assess using both inclusion and exclusion criteria. Complete all 3 sections below:

VACCINATION SCREENING — INFLUENZA VACCINATION

Exclusion Criteria (mark appropriate exclusion criteria)

- April through September (unless extended by CDC or local Public Health)
 Age less than 6 months
 Vaccine sensitivity (including neurological symptoms)
 Egg allergy
 Received vaccine for the current flu season Date if known _____
 Patient refused

Inclusion Criteria – All inclusion criteria must be met to administer vaccine

- October through March – may extend per CDC or local public health recommendations if influenza outbreak continues
 6 months of age and older
 No influenza vaccination received the current flu season
 No exclusion criteria / contraindication to influenza vaccination identified

VACCINATION ADMINISTRATION ORDERS:

- VACCINATE** with Influenza Vaccine IM on date of discharge per inclusion criteria.
If 65 years of age or older **VACCINATE with Influenza Vaccine High Dose if available.
 Influenza Vaccination **NOT INDICATED** – per exclusion criteria

RN SIGNATURE

Ruth Wittenberg

DATE: 5/28/20

TIME: 0145

PRINT RN NAME

Ruth Wittenberg



SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220
(951) 845-1121

30-0818 (6/18)

PT. IN LAMP:

MOORE, BRANDEN
MR 536981 ACCT 0010622876 OBS MS
05/12/1990 30Y M 05/29/2020 00:04
SYED M.D., MOHSIN

000055

RN ORDER SET – PNEUMONIA VACCINATION

Physician: Your patient will be vaccinated within 48 hours of discharge if the patient meets criteria and does not refuse. If you do not want your patient vaccinated, write an order and include reason why patient is not to be vaccinated.

RN: Assess using both inclusion and exclusion criteria. Complete sections below:

VACCINATION SCREENING – PNEUMONIA VACCINATION

Exclusion Criteria: (mark appropriate exclusion criteria)

- Ages less than 19
- Vaccine sensitivity/allergy
- Pregnant or Lactating
- Chemo or Radiation within last 2 weeks or currently receiving or received during this admission
- Bone Marrow Transplant within the past year
- Received shingles vaccine within last 4 weeks _____ date if known
- Received Prevnar 13 (PCV13) in past _____ date if known; if PCV13 was given before age 65, no additional PCV13 is needed.
- Received Pneumovax 23 (PPSV23) within past 12 months _____ date if known; do not vaccinate; see inclusion
- Patient refused

Inclusion Criteria: (mark appropriate inclusion criteria)

Adult Ages 19-64: With an underlying medical condition or comorbidity

- A. Comorbidity: heart disease, chronic lung disease, liver disease, diabetes, chronic kidney disease, alcoholism, smoker
 - Vaccinate with PPSV23**
- B. Comorbidity: HIV, CKD, Nephrotic syndrome, Asplenia, CSF Leaks, Cochlear Implants
 - Vaccinate with PCV13**
- C. In patient has one comorbidity from group A and one comorbidity from group B
 - Vaccinate with PCV13**

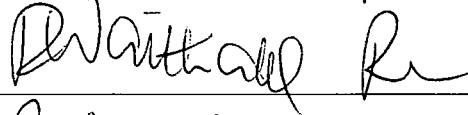
Adult Ages 65 or older: Routine vaccination for all adults 65 years or older

- A. PCV13 should be administered to all previously unvaccinated adults age 65 or older**
 - Vaccinate with PCV13 if no history of PCV13
 - Vaccinate with PCV13 if received PPSV23 more than 12 months ago
- B. PPSV23 received more than 12 months ago and after age 65**
 - Vaccinate with PCV13

VACCINATION ADMINISTRATION ORDERS:

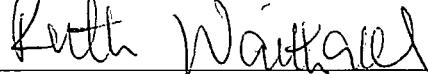
- Vaccinate** with PCV13 0.5ml IM within 48 hours of discharge per inclusion criteria
- Vaccinate** with PPSV23 0.5ml IM within 48 hours of discharge per inclusion criteria
- Pneumonia Vaccination **NOT INDICATED** per exclusion criteria
- Pneumonia Vaccination **NOT INDICATED** as patient does not meet either inclusion or exclusion criteria

RN SIGNATURE



DATE: 5/29/20 TIME: 01:45

PRINT RN NAME:



SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220
(951) 845-1121

30-0960 (1/19)

PT ID LABEL

MOORE, BRANDEN
MR 536981 ACCT 0010622876 OBS MS
05/12/1990 30Y M 05/29/2020 00:04
SYED M.D., MOHSIN



000056



Department of
Veterans Affairs



SERVICE CONNECTED

000057

MOORE, BRANDEN EUGENE
Release...

For Questions Concerning Medical Benefits:

1-877-222-VETS (8387)

www.myhealth.va.gov

If found, drop in nearest
U.S. mail box.



**POSTMASTER—RETURN TO:
Health Eligibility Center
2957 Clairmont Road, Suite 200
000058**

This card is not a credit card or an insurance card
Release...

InterQual® Review Summary

Patient Name/ID	MOORE, BRANDEN - 536981		
Patient Gender	Male		
Patient Date of Birth	05-12-1990		
Criteria Status	ACUTE MET	Review Number	
Requested Date/Time	05-29-2020 08:40 AM	Location	All Locations
Requesting Provider	GHAZAL, BAHIJ G.		
Owned By	Bisho, Stanley Case Manag RN		

Review Comments

ER for cc of syncope, bp 116/74, p 77, rr 19, sao2 98 on room air, pain 10/10, t 96.3, IVF bolus x 3L, IV rocephin 1gm, IV Ativan 1gm, BUN 28, CR 2.8, K 3.0, CPK 1160, WBC 13.1, Admit to M/S tele OBSERVATION, IVF 200ml/hr, IV rocephin 1gm q24h,

1. Acute kidney injury secondary to dehydration, volume loss, also resulting in rhabdomyolysis. Patient will be admitted for IV fluid resuscitation and follow-up his labs which have been improving, except for CPK. Patient should stay well hydrated and out of the sun to prevent heat exhaustion or stroke
2. Syncope, likely secondary to above. Patient will have a remote history of Wolff-Parkinson-White syndrome but has been in sinus rhythm entirely here, we will monitor him on telemetry and does not appear he is having syncope due to this but rather due to his dehydration as mentioned above

Review Details

Review Type	Admission	Current Level of Care	Observation
Service Date	05-29-2020		
Admit Date	05-29-2020		

Primary Review Outcome

Outcome	Outcome Date/Time	Primary Reviewer
Product: LOC:Acute Adult Version: InterQual® 2019	Subset: Acute Kidney Injury	

(Symptom or finding within 24h)
(Excludes PO medications unless noted)

✓ Select Day, One:
✓ Episode Day 1, One:
✓ ACUTE, One:
✓ Intrinsic kidney disease or vasculitis, actual or suspected, and All:
✓ Finding, ≥ One:
✓ Creatinine, One:
✓ ≥ 2x upper limit of normal (ULN) and unknown baseline
Reviewer's Comments: ---Bisho, Stanley Case Manag RN on 05-29-2020 08:43 AM---
2.8

✓ Diagnostic evaluation, ≥ One:
✓ Diagnosis established

Review Summary for MOORE, BRANDEN -

Date printed 05-29-2020 08:49 AM

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Intervention, ≥ One:

Volume expander ≤ 2d

Reviewer's Comments: ---Bisho, Stanley Case Manag RN on 05-29-2020 08:43 AM--~
IVF 250ml/hr

Reason for Inventory: Admission _____ Unit Items Added or Sent Home from Inventory
 Transferred from _____ unit to _____ unit or from _____ room to _____ room
 Discharge to _____ Expired

Previous Inventory must be checked for missing belongings. Any discrepancies must be accounted for along with documentation to support they were located or taken from facility by Patient Representative.

Suicide contraband secured and valuables placed in safe – Listed below

Q T Y	Clothing: Describe	Q T Y	Personal Items: Describe	Q T Y	Equipment – Devices – Prosthetics, Etc. Describe
1	Underwear		Suitcase		Dentures: <input type="checkbox"/> Upper
	Bra		Bag/Purse/Backpack		<input type="checkbox"/> Lower <input type="checkbox"/> Partial
	Socks		List of contents of Bag-Purse-Backpack		Eyeglasses:
	Undershirt				<input type="checkbox"/> Prescription <input type="checkbox"/> Reading
	T-shirt	1	belt		Contact Lenses/Case
	Blouse				Hearing Aid <input type="checkbox"/> Right <input type="checkbox"/> Left
	Shirt	1	Wallet: list of contents of wallet		Case
	Dress		Revised to list		Prosthetic:
	Skirt	1	Set of keys		Cane
	Pants				Walker
1	Jeans		Electronic Razor		Wheelchair
	Nightgown		Grooming Items		Computer –
	Pajamas	1	Necklace		Mobile Phone
	Robe		Ring(s)	1	<input checked="" type="checkbox"/> Smartphone
	Slippers		Watch(es)		<input type="checkbox"/> Flip phone
	Shoes		Earring(s)		<input type="checkbox"/> Other
			Bracelet(s)		<input type="checkbox"/> Electronic Device

- Medication(s) secured in medication envelope; taken to pharmacy Not applicable
 Valuables placed in safe, secured in valuables envelope Not applicable
 Declined to place valuables in safe ~~(Patient/Representative Initials)~~ (Patient/Representative Initials)
 Advised Patient/Representative to take all belongings/valuables home
 Declined to send belongings/valuables home ~~(Patient/Representative Initials)~~ (Patient/Representative Initials)

I understand that this Hospital maintains a fireproof safe for the safekeeping of money and other valuables, and that the Hospital shall not be liable for the loss of such valuables unless they are deposited with the Hospital for safekeeping. Liability of the Hospital for loss or damage is limited by statute to five hundred dollars (\$500.00). I understand that I am responsible for all my personal effects, including but not limited to personal grooming articles, jewelry, clothing, documents, medications, eyeglasses, hearing aids, dentures, cell phones, electronic devices, and other prosthetic devices. I understand that my personal belongings will be searched and inventoried. Items that are considered illegal, possibly used in an unsafe or disruptive manner will be removed from my immediate possession and any valuables will be placed in the safe. Medications are not permitted to be kept at my bedside due to Hospital patient safety guidelines. Medications will be inventoried and the "Patient's Own Medication (or Home Medication)" will be secured and can be picked up at discharge. Illegal drugs or schedule 2-5 medications found without being identified in their original prescription bottle, or not belonging to the patient, will be destroyed. Cigarettes, lighters or other smoking paraphernalia will be placed in a secured inventory envelope and held by security until the patient is discharged. Weapons like guns, knives, screwdrivers, or items that could be used in an unsafe manner will be collected by security and will be disposed of or given to law enforcement for proper disposal or disposition. *[Signature]* Initials of Patient/Patient Representative

- Current Inventory/Patient Belongings
 Hospital Lost and Found

- Returned to Patient/Patient Representative
 Transportation/Ambulance

[Signature]
 Signature and Print Name of Patient/Responsible Person or Person assuming control of inventory

5/29/20

Date/Time

Signature of Staff

[Signature]
 Print Name of Staff

PT. ID: 1A81

MOORE, BRANDEN
 MR 536981 ACCT 0010622876 ED ED
 05/12/1990 30Y M 05/28/2020 19:06

000061



Reason for Inventory: Admission Med-Surg Unit Items Added or Sent Home from Inventory
 Transferred from ER unit to Med-Surg unit or from _____ room to _____ room
 Discharge to _____ Expired

Previous Inventory must be checked for missing belongings. Any discrepancies must be accounted for along with documentation to support they were located or taken from facility by Patient Representative.

Suicide contraband secured and valuables placed in safe – Listed below

Q T Y	Clothing: Describe	Q T Y	Personal Items: Describe	Q T Y	Equipment – Devices – Prosthetics, Etc. Describe
	Underwear		Suitcase		Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Partial
	Bra		Bag/Purse/Backpack		Eyeglasses:
	Socks		List of contents of Bag-Purse-Backpack		<input type="checkbox"/> Prescription <input type="checkbox"/> Reading
	Undershirt	1	<i>set of keys</i>		Contact Lenses/Case
	T-shirt				Hearing Aid <input type="checkbox"/> Right <input type="checkbox"/> Left
	Blouse				
	Shirt	1	Wallet: list of contents of wallet		Case
	Dress	1	<i>27 x \$20.00 = \$540</i>		Prosthetic:
	Skirt	1	<i>1 x \$1.00</i>		Cane
1	Pants				Walker
	Jeans		Electronic Razor		Wheelchair
	Nightgown		Grooming Items		Computer –
	Pajamas	1	Necklace <i>& Pendant</i>	1	Mobile Phone
	Robe		Ring(s)		<input checked="" type="checkbox"/> Smartphone <i>Iphone</i>
	Slippers		Watch(es)		<input type="checkbox"/> Flip phone
	Shoes		Earring(s)		<input type="checkbox"/> Other
1	<i>Belt</i>		Bracelet(s)		<input type="checkbox"/> Electronic Device

- Medication(s) secured in medication envelope; taken to pharmacy Not applicable
 Valuables placed in safe, secured in valuables envelope Not applicable
 Declined to place valuables in safe *BR* (Patient/Representative Initials)
 Advised Patient/Representative to take all belongings/valuables home
 Declined to send belongings/valuables home _____ (Patient/Representative Initials)

I understand that this Hospital maintains a fireproof safe for the safekeeping of money and other valuables, and that the Hospital shall not be liable for the loss of such valuables unless they are deposited with the Hospital for safekeeping. Liability of the Hospital for loss or damage is limited by statute to five hundred dollars (\$500.00). I understand that I am responsible for all my personal effects, including but not limited to personal grooming articles, jewelry, clothing, documents, medications, eyeglasses, hearing aids, dentures, cell phones, electronic devices, and other prosthetic devices. I understand that my personal belongings will be searched and inventoried. Items that are considered illegal, possibly used in an unsafe or disruptive manner will be removed from my immediate possession and any valuables will be placed in the safe. Medications are not permitted to be kept at my bedside due to Hospital patient safety guidelines. Medications will be inventoried and the "Patient's Own Medication (or Home Medication)" will be secured and can be picked up at discharge. Illegal drugs or schedule 2-5 medications found without being identified in their original prescription bottle, or not belonging to the patient, will be destroyed. Cigarettes, lighters or other smoking paraphernalia will be placed in a secured inventory envelope and held by security until the patient is discharged. Weapons like guns, knives, screwdrivers, or items that could be used in an unsafe manner will be collected by security and will be disposed of or given to law enforcement for proper disposal or disposition. *BR* Initials of Patient/Patient Representative

- Current Inventory/Patient Belongings
 Hospital Lost and Found

- Returned to Patient/Patient Representative
 Transportation/Ambulance

BR
 Signature and Print Name of Patient/Responsible Person or Person assuming control of inventory

Date/Time

Signature of Staff

Print Name of Staff



SAN GORGONIO MEMORIAL HOSPITAL
 600 NORTH HIGHLAND SPRINGS AVENUE
 BANNING, CALIFORNIA 92220

MOORE, BRANDEN
 MR 536981 ACCT 0010622876 OBS MS
 05/12/1990 30Y M 05/29/2020 00:04
 SYED M.D., MOHSIN



114B

Reason for Inventory: Admission _____ Unit Items Added or Sent Home from Inventory
 Transferred from _____ unit to _____ unit or from _____ room to _____ room
 Discharge to VA Expired

Previous Inventory must be checked for missing belongings. Any discrepancies must be accounted for along with documentation to support they were located or taken from facility by Patient Representative.

Suicide contraband secured and valuables placed in safe – Listed below

Q T Y	Clothing: Describe	Q T Y	Personal Items: Describe	Q T Y	Equipment – Devices – Prosthetics, Etc. Describe
1	Underwear Grey		Suitcase		Dentures: <input type="checkbox"/> Upper
	Bra		Bag/Purse/Backpack		<input type="checkbox"/> Lower <input type="checkbox"/> Partial
1	Socks Black Pair		List of contents of Bag-Purse-Backpack		Eyeglasses:
	Undershirt	1	Set of Keys & Car Key		<input type="checkbox"/> Prescription <input type="checkbox"/> Reading
1	T-shirt Black				Contact Lenses/Case
	Blouse				Hearing Aid <input type="checkbox"/> Right <input type="checkbox"/> Left
	Shirt	1	Wallet: list of contents of wallet (Black)		Case
	Dress		\$20.00 x 27 = \$540.00		Prosthetic:
	Skirt		\$1.00 x 1 = \$1.00		Cane
1	Pants Blue & Brown Belt				Walker
	Jeans		Electronic Razor		Wheelchair
	Nightgown		Grooming Items		Computer –
	Pajamas	1	Necklace Yellow metal & G Pendant		Mobile Phone
	Robe		Ring(s)	1	<input checked="" type="checkbox"/> Smartphone iPhone 8plus Black
	Slippers		Watch(es)		<input type="checkbox"/> Flip phone
1	Shoes Brown Pair		Earring(s)	1	<input checked="" type="checkbox"/> Other Charger (Red Cord)
1	Hoodie (Grey)		Bracelet(s)		<input type="checkbox"/> Electronic Device

Medication(s) secured in medication envelope; taken to pharmacy Not applicable

Valuables placed in safe, secured in valuables envelope Not applicable

Declined to place valuables in safe _____ (Patient/Representative Initials)

Advised Patient/Representative to take all belongings/valuables home

Declined to send belongings/valuables home _____ (Patient/Representative Initials)

I understand that this Hospital maintains a fireproof safe for the safekeeping of money and other valuables, and that the Hospital shall not be liable for the loss of such valuables unless they are deposited with the Hospital for safekeeping. Liability of the Hospital for loss or damage is limited by statute to five hundred dollars (\$500.00). I understand that I am responsible for all my personal effects, including but not limited to personal grooming articles, jewelry, clothing, documents, medications, eyeglasses, hearing aids, dentures, cell phones, electronic devices, and other prosthetic devices. I understand that my personal belongings will be searched and inventoried. Items that are considered illegal, possibly used in an unsafe or disruptive manner will be removed from my immediate possession and any valuables will be placed in the safe. Medications are not permitted to be kept at my bedside due to Hospital patient safety guidelines. Medications will be inventoried and the "Patient's Own Medication (or Home Medication)" will be secured and can be picked up at discharge. Illegal drugs or schedule 2-5 medications found without being identified in their original prescription bottle, or not belonging to the patient, will be destroyed. Cigarettes, lighters or other smoking paraphernalia will be placed in a secured inventory envelope and held by security until the patient is discharged. Weapons like guns, knives, screwdrivers, or items that could be used in an unsafe manner will be collected by security and will be disposed of or given to law enforcement for proper disposal or disposition.

X Initials of Patient/Patient Representative

Current Inventory/Patient Belongings

Returned to Patient/Patient Representative

Hospital Lost and Found

Transportation/Ambulance

Signature and Print Name of Patient/Responsible Person or Person assuming control of inventory

5/29/2020

Date/Time

15:15 PM

Signature of Staff

Raqeeb Umar

Print Name of Staff



SAN GORGONIO MEMORIAL HOSPITAL
 600 NORTH HIGHLAND SPRINGS AVENUE
 BANNING, CALIFORNIA 92220

PT. ID LABEL

MOORE, BRANDEN
 MR 536981 ACCT 0010622876 OBS MS
 05/12/1990 30Y M 05/29/2020 00:04
 SYED M.D., MOHSIN

000063



SAN GORGONIO MEMORIAL HOSPITAL
600 N. HIGHLAND SPRINGS AVE.
BANNING, CA 92220

Final Cumulative Report

Patient Name: MOORE, BRANDEN

MRN: 536981

Visit ID: 0010622876

Patient Sex: MALE

DOB: 05/12/1990

Attend Phys: GHAZAL MD, BAHIJ G.

Primary Diag:

HEMATOLOGY

Collected	05/29/2020		05/28/2020		REFERENCE RANGE
		06:30		19:35	
WBC		9.6		13.1 H	4.5-11.0 K/mm3
RBC		4.79		6.01 H	4.50-5.90 M/mm3
HGB		13.4 D		16.9 H	12.0-16.0 g/dL
HCT		39.6 LD		49.3	41.0-52.0 %
MCV		82.7		82.0	80.0-100.0 fl
MCH		28.0		28.1	27.0-33.0 pg
MCHC		33.8		34.3	31.5-36.0 %
RDW		13.9		13.8	12.0-15.0 %
PLT		235		260	150-450 K/mm3
NEU%		75.9 H		73.9 H	40.0-70.0 %
LYM%		14.5 L		17.0 L	22.0-44.0 %
MONO%		9.2		8.3	0.0-12.0 %
EOS %		0.1		0.1	0.0-7.0 %
BASO%		0.2		0.4	0.0-7.0 %
NEU		7.3		9.7 H	1.8-7.7 K/MM3
LYM		1.4		2.2	1.0-4.8
MONO		0.9 H		1.1 H	0.0-0.6
EOS		0.0		0.0	0.0-0.4
BASO		0.0		0.1	
MANDIFF		NOT INDICATED		NOT INDICATED	NOT INDICATED

CHEMISTRY

Collected	05/29/2020		05/29/2020		05/28/2020	REFERENCE RANGE
		12:07		06:30	22:04	
Na		139		138	139	135-145 mmol/L
CL		108 H		109 H	109 H	98-107 mmol/L
C02		27		24	25	22-32 mmol/L
Anion Gap		4 L		5	5	5-13 Anion Gap
GLU		89		93	79	70-110 mg/dL
BUN		18 D		23	24	5-25 mg/dL
CREATININE		1.2		1.3	1.9 H	0.5-1.4 mg/dL
CA		7.9 L		7.8 L	8.2 L	8.5-10.1 mg/dL

Continued On Next Page...

Patient Name: MOORE, BRANDEN

MARK BECK, MD, PATHOLOGIST

Visit ID: 0010622876

MR No: 536981

Legend: L = Low, H = High, C = Critical, * = Abnormal, ^ = Corrected, P = Preliminary

000064

Release...

SAN GORGONIO MEMORIAL HOSPITAL
600 N. HIGHLAND SPRINGS AVE.
BANNING, CA 92220

Final Cumulative Report

Patient Name: MOORE, BRANDEN
Patient Sex: MALE
Attend Phys: GHAZAL MD, BAHIJ G.
Primary Diag:

MRN: 536981 Visit ID: 0010622876
DOB: 05/12/1990

CHEMISTRY

	05/29/2020	05/29/2020	05/28/2020	22:04	REFERENCE RANGE
Collected	12:07	06:30			
CORRECTED CA	8.0	8.0	8.3		mg/dL
GFR	76	69	44		ml/min/1.73m ²

KIDNEY DISEASE QUALITY OUTCOME INITIATIVE

STAGE CHRONIC KIDNEY DISEASE

>90	1
60 - 89	2
30 - 59	3
15 - 29	4
<= 14	5

*** This is an estimate of GFR.***

Age and sex factors are considered.

For Afr. Amer., multiply the calc. GFR by 1.21. For

Pat. with body surface areas significantly lower or
higher than average, a manual Cockcroft-Gault
calculation should be performed:

(140 - age) x (wght in kg)/Creatx72 (x0.85 for Fem)

TROP I	<0.015	<0.015	<0.015	0.010-0.500 ng/mL
CPK	3434.0 HD	2574.0 HD	1266.0 H	39.0-308.0 U/L
CKMB	11.5 H	9.3 H	6.7 H	0.5-3.6 ng/mL
ALBUMIN	3.9	3.7		3.5-5.0 g/dL
TOTAL PROTEIN	6.8	7.1		6.0-8.1 g/dL
AST (SGOT)	72 H	58 H		15-41 U/L
ALT (SGPT)	39	38		17-63 U/L
Alkaline Phosphatase	79	78		45-120 IU/L
T-BIL	0.5	0.4		0.4-2.0 mg/dL
TSH		0.783		0.340-5.600 uIU/mL
K	4.0	3.7	3.5	3.3-5.3 mmol/L
Lactate		1.3		0.5-2.0 mg/dL
MG		2.3		1.6-2.3 mg/dL
PHOSPHORUS		2.5		2.5-4.6 mg/dL
METH/AMPHETAMINES			NEG	NEG
BARBITURATES			NEG	NEG

Continued On Next Page...

Patient Name: MOORE, BRANDEN

MARK BECK, MD, PATHOLOGIST

Visit ID: 0010622876

MR No: 536981

Legend: L = Low, H = High, C = Critical, * = Abnormal, ^ = Corrected, P = Preliminary

000065

Release...

SAN GORGONIO MEMORIAL HOSPITAL
600 N. HIGHLAND SPRINGS AVE.
BANNING, CA 92220

Final Cumulative Report

Patient Name: MOORE, BRANDEN
 Patient Sex: MALE
 Attend Phys: GHAZAL MD, BAHIJ G.
 Primary Diag:

MRN: 536981 Visit ID: 0010622876
 DOB: 05/12/1990

CHEMISTRY

	05/29/2020	05/29/2020	05/28/2020	
Collected	12:07	06:30	22:04	REFERENCE RANGE
BENZODIAZEPINE				NEG
COCAINE				NEG
METHADONE				NEG
OPIATE				NEG
PCP				NEG
THC				NEG
ECSTASY				NEG

Threshold Concentrations:

Acetaminophen	5 ug/ml
Amphetamines	1000 ng/ml
Methamphetamines	1000 ng/ml
Barbiturates	300 ng/ml
Benzodiazapines	300 ng/ml
Cocaine	300 ng/ml
Methadone	300 ng/ml
Opiates	300 ng/ml
Phencyclidine	25 ng/ml
THC	50 ng/ml
Tricyclic Antidepress	1000 ng/ml

This test provides only a preliminary result.

Clinical consideration and professional judgement must be applied to any drug of abuse test result, particularly in evaluating a preliminary positive result. In order to obtain a confirmed result, a more specific alternate method is needed.

Interpretive Value(s):-----

05/29/2020 12:07 - (Anion Gap) Anion Gap calculation=Na-(Cl+CO₂)

05/29/2020 06:30 - (Anion Gap) Anion Gap calculation=Na-(Cl+CO₂)

05/28/2020 22:04 - (Anion Gap) Anion Gap calculation=Na-(Cl+CO₂)

05/29/2020 12:07 - (TROP I) Intermediate Zone

*****Continued On Next Page...*****

Patient Name: MOORE, BRANDEN

MARK BECK, MD, PATHOLOGIST

Visit ID: 0010622876

MR No: 536981

Legend: L = Low, H = High, C = Critical, * = Abnormal, ^ = Corrected, P = Preliminary

000066

Release...

SAN GORGONIO MEMORIAL HOSPITAL
600 N. HIGHLAND SPRINGS AVE.
BANNING, CA 92220

Final Cumulative Report

Patient Name: MOORE, BRANDEN

MRN: 536981

Visit ID: 0010622876

Patient Sex: MALE

DOB: 05/12/1990

Attend Phys: GHAZAL MD, BAHIJ G.

Primary Diag:

CHEMISTRY

Interpretive Value(s) (continued):-----

05/29/2020 12:07 - (TROP I) Negative

05/29/2020 06:30 - (TROP I) Negative

05/29/2020 06:30 - (TROP I) Intermediate Zone

05/28/2020 22:04 - (TROP I) Intermediate Zone

05/28/2020 22:04 - (TROP I) Negative

05/28/2020

Collected		19:35	REFERENCE RANGE
Na	137		135-145 mmol/L
CL	100		98-107 mmol/L
C02	20 L		22-32 mmol/L
Anion Gap	17 H		5-13 Anion Gap
GLU	121 H		70-110 mg/dL
BUN	28 H		5-25 mg/dL
CREATININE	2.8 H		0.5-1.4 mg/dL
CA	10.3 H		8.5-10.1 mg/dL
CORRECTED CA	9.0		mg/dL
GFR	28		ml/min/1.73m2

KIDNEY DISEASE QUALITY OUTCOME INITIATIVE

STAGE CHRONIC KIDNEY DISEASE

>90 1

60 - 89 2

30 - 59 3

15 - 29 4

<= 14 5

*** This is an estimate of GFR.***

Age and sex factors are considered.

For Afr. Amer., multiply the calc. GFR by 1.21. For

Pat. with body surface areas significantly lower or

higher than average, a manual Cockcroft-Gault

calculation should be performed:

(140 - age) x (wght in kg)/Creatx72 (x0.85 for Fem)

TROP I | <0.015 | 0.010-0.500 ng/mL

Continued On Next Page...

Patient Name: MOORE, BRANDEN

MARK BECK, MD, PATHOLOGIST

Visit ID: 0010622876

MR No: 536981

Legend: L = Low, H = High, C = Critical, * = Abnormal, ^ = Corrected, P = Preliminary

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Release...

SAN GORGONIO MEMORIAL HOSPITAL
600 N. HIGHLAND SPRINGS AVE.
BANNING, CA 92220

Final Cumulative Report

Patient Name: MOORE, BRANDEN
 Patient Sex: MALE
 Attend Phys: GHAZAL MD, BAHIJ G.
 Primary Diag:

MRN: 536981 Visit ID: 0010622876
 DOB: 05/12/1990

CHEMISTRY

05/28/2020

Collected			REFERENCE RANGE
	19:35		
CPK	1160.0	H	39.0-308.0 U/L
CKMB	6.7	H	0.5-3.6 ng/mL
ALBUMIN	5.6	H	3.5-5.0 g/dL
TOTAL PROTEIN	10.0	H	6.0-8.1 g/dL
AST (SGOT)	51	H	15-41 U/L
ALT (SGPT)	47		17-63 U/L
Alkaline Phosphatase	108		45-120 IU/L
T-BIL	0.7		0.4-2.0 mg/dL
K	3.0	L	3.3-5.3 mmol/L

Interpretive Value(s):-----

05/28/2020 19:35 - (Anion Gap) Anion Gap calculation=Na-(Cl+CO₂)

05/28/2020 19:35 - (TROP I) Negative

05/28/2020 19:35 - (TROP I) Intermediate Zone

COAGULATION

05/28/2020

Collected			REFERENCE RANGE
	19:35		
PT	11.1		9.0-12.0 SECONDS
INR	1.0		0.8-1.2
PTT	24.6		22.0-34.0 SECONDS

URINALYSIS

05/28/2020

Collected			REFERENCE RANGE
	22:04		
COLOR	YELLOW		YELLOW
APPEARANCE	CLEAR		CLEAR
U-GLUCOSE	Negative		NEGATIVE
BILIRUBIN	Negative		NEGATIVE
KETONES	Negative		NEGATIVE mg/dL
U-SPECIFIC GRAVITY	1.010		1.005-1.030

Continued On Next Page...

Patient Name: MOORE, BRANDEN

MARK BECK, MD, PATHOLOGIST

Visit ID: 0010622876

MR No: 536981

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Release...

SAN GORGONIO MEMORIAL HOSPITAL
600 N. HIGHLAND SPRINGS AVE.
BANNING, CA 92220

Final Cumulative Report

Patient Name: MOORE, BRANDEN

MRN: 536981

Visit ID: 0010622876

Patient Sex: MALE

DOB: 05/12/1990

Attend Phys: GHAZAL MD, BAHIJ G.

Primary Diag:

MICROBIOLOGY

Result Status: Final

Observations:-----

NO GROWTH

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR No: 536981

MARK BECK, MD, PATHOLOGIST

Legend: L = Low, H = High, C = Critical, * = Abnormal, ^ = Corrected, P = Preliminary

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Release...

SAN GORGONIO MEMORIAL HOSPITAL
600 N. HIGHLAND SPRINGS AVE.
BANNING, CA 92220

Final Cumulative Report

Patient Name: MOORE, BRANDEN

Patient Sex: MALE

Attend Phys: GHAZAL MD, BAHIJ G.

Primary Diag:

MRN: 536981

DOB: 05/12/1990

Visit ID: 0010622876

Results Appendix

Collected Dt/Tm	Collected by	Accession#	Order Code	Test Abbreviation	Released Dt/Tm	Released by
05/28/2020 19:35 , JL		5592972	CBC	WBC	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		RBC	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		HGB	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		HCT	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		MCV	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		MCH	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		MCHC	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		RDW	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		PLT	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		NEU%	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		LYM%	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		MONO%	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		EOS %	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		BASO%	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		NEU	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		LYM	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		MONO	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		EOS	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		BASO	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592972		MANDIFF	05/28/2020 20:06	JOAQUIN, ROSARIO
05/28/2020 19:35 , JL		5592973	CARDENZ	TROP I	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		CPK	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		CKMB	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973	CMP	Na	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		CL	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		CO2	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		Anion Gap	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		GLU	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		BUN	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		CREATININE	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		CA	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		CORRECTED CA	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		GFR	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		ALBUMIN	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		TOTAL PROTEIN	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		AST (SGOT)	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		ALT (SGPT)	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		Alkaline Phosphatase	05/28/2020 20:54	LESSARD, JOANNE

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR No: 536981

MARK BECK, MD, PATHOLOGIST

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Release...

SAN GORGONIO MEMORIAL HOSPITAL
600 N. HIGHLAND SPRINGS AVE.
BANNING, CA 92220

Final Cumulative Report

Patient Name: MOORE, BRANDEN
 Patient Sex: MALE
 Attend Phys: GHAZAL MD, BAHIJ G.
 Primary Diag:

MRN: 536981 Visit ID: 0010622876
 DOB: 05/12/1990

Results Appendix

Collected Dt/Tm	Collected by	Accession#	Order Code	Test Abbreviation	Released Dt/Tm	Released by
05/28/2020 19:35 , JL		5592973	CMP	T-BIL	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592973		K	05/28/2020 20:54	LESSARD, JOANNE
05/28/2020 19:35 , JL		5592974	PT	PT	05/28/2020 20:20	HL7, INTERFACE
05/28/2020 19:35 , JL		5592974		INR	05/28/2020 20:20	HL7, INTERFACE
05/28/2020 19:35 , JL		5592974	PTT	PTT	05/28/2020 20:20	HL7, INTERFACE
05/28/2020 22:04 , JL		5592975	UA	COLOR	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		APPEARANCE	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		U-GLUCOSE	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		BILIRUBIN	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		KETONES	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		U-SPECIFIC GRAVITY	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		BLOOD	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		pH	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		U-PROTEIN	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		UROBILINOGEN	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		NITRITE	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		LEUK ESTER	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		RBC	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		WBC	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		EPITHELIAL CELLS	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		CASTS	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592975		BACTERIA	05/28/2020 22:31	LESSARD, JOANNE
05/28/2020 22:04 , JL		5592976	TRUDS	METH/AMPHETAMINES	05/28/2020 22:45	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592976		BARBITURATES	05/28/2020 22:45	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592976		BENZODIAZEPINE	05/28/2020 22:45	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592976		COCAINE	05/28/2020 22:45	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592976		METHADONE	05/28/2020 22:45	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592976		OPIATE	05/28/2020 22:45	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592976		PCP	05/28/2020 22:45	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592976		THC	05/28/2020 22:45	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592976		ECSTASY	05/28/2020 22:45	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996	BMP	Na	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		CL	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		C02	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		Anion Gap	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		GLU	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		BUN	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		CREATININE	05/28/2020 23:11	CHUA, YOLANDA

Patient Name: MOORE, BRANDEN

MARK BECK, MD, PATHOLOGIST

Visit ID: 0010622876

MR No: 536981

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Release...

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SAN GORGONIO MEMORIAL HOSPITAL
600 N. HIGHLAND SPRINGS AVE.
BANNING, CA 92220

Final Cumulative Report

Patient Name: MOORE, BRANDEN
 Patient Sex: MALE
 Attend Phys: GHAZAL MD, BAHIJ G.
 Primary Diag:

MRN: 536981 Visit ID: 0010622876
 DOB: 05/12/1990

Results Appendix

Collected Dt/Tm	Collected by	Accession#	Order Code	Test Abbreviation	Released Dt/Tm	Released by
05/28/2020 22:04 , JL		5592996	BMP	CA	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		CORRECTED CA	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		GFR	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		K	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996	CARDENZ	TROP I	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		CPK	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5592996		CKMB	05/28/2020 23:11	CHUA, YOLANDA
05/28/2020 22:04 , JL		5593108		U-CULT	05/30/2020 11:15	WEST, SIFERA
05/29/2020 00:50 , NO		6593138		MRSASCR	05/30/2020 10:44	WEST, SIFERA
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127	CBC	WBC	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		RBC	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		HGB	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		HCT	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		MCV	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		MCH	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		MCHC	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		RDW	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		PLT	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		NEU%	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		LYM%	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		MONO%	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		EOS %	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		BASO%	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		NEU	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		LYM	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		MONO	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		EOS	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		BASO	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593127		MANDIFF	05/29/2020 06:49	CALDERON, ROMINA M
05/29/2020 06:30 RODRIGUEZ, MA G.		6593128	CARDENZ	TROP I	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30 RODRIGUEZ, MA G.		6593128		CPK	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30 RODRIGUEZ, MA G.		6593128		CKMB	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30 RODRIGUEZ, MA G.		6593128	CMP	Na	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30 RODRIGUEZ, MA G.		6593128		CL	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30 RODRIGUEZ, MA G.		6593128		C02	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30 RODRIGUEZ, MA G.		6593128		Anion Gap	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30 RODRIGUEZ, MA G.		6593128		GLU	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30 RODRIGUEZ, MA G.		6593128		BUN	05/29/2020 07:31	NAPOD, JONATHAN F.

Patient Name: MOORE, BRANDEN

MARK BECK, MD, PATHOLOGIST

Visit ID: 0010622876

MR No: 536981

Legend: L = Low, H = High, C = Critical, * = Abnormal, ^ = Corrected, P = Preliminary

Release...

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SAN GORGONIO MEMORIAL HOSPITAL
600 N. HIGHLAND SPRINGS AVE.
BANNING, CA 92220

Final Cumulative Report

Patient Name: MOORE, BRANDEN

MRN: 536981

Visit ID: 0010622876

Patient Sex: MALE

DOB: 05/12/1990

Attend Phys: GHAZAL MD, BAHIJ G.

Primary Diag:

Results Appendix

Collected Dt/Tm	Collected by	Accession#	Order Code	Test Abbreviation	Released Dt/Tm	Released by
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128	CMP	CREATININE	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128		CA	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128		CORRECTED CA	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128		GFR	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128		ALBUMIN	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128		TOTAL PROTEIN	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128		AST (SGOT)	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128		ALT (SGPT)	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128		Alkaline Phosphatase	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128		T-BIL	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128		K	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128	MAGNESI	MG	05/29/2020 07:30	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128	PHOS	PHOSPHORUS	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593128	TSH	TSH	05/29/2020 07:31	NAPOD, JONATHAN F.
05/29/2020 06:30	RODRIGUEZ, MA G.	6593132	LACACID	Lactate	05/29/2020 07:11	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234	CARDENZ	TROP I	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		CPK	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		CKMB	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234	CMP	Na	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		CL	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		CO2	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		Anion Gap	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		GLU	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		BUN	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		CREATININE	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		CA	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		CORRECTED CA	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		GFR	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		ALBUMIN	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		TOTAL PROTEIN	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		AST (SGOT)	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		ALT (SGPT)	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		Alkaline Phosphatase	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		T-BIL	05/29/2020 12:43	NAPOD, JONATHAN F.
05/29/2020 12:07	TAYABA, RONNIE	6593234		K	05/29/2020 12:43	NAPOD, JONATHAN F.

Patient Name: MOORE, BRANDEN

MARK BECK, MD, PATHOLOGIST

Visit ID: 0010622876

MR No: 536981

Legend: L = Low, H = High, C = Critical, * = Abnormal, ^ = Corrected, P = Preliminary

Release...

000074

Medicare Outpatient Observation Notice

Patient name:

Patient number:

You're a hospital outpatient receiving observation services. You are not an inpatient because:

- Your doctor has determined your medical condition does not qualify for an Inpatient stay.
- Your hospital stay will likely be 24 to 48 hours.

Being an outpatient may affect what you pay in a hospital:

- When you're a hospital outpatient, your observation stay is covered under Medicare Part B.
- For Part B services, you general pay:
 - A copayment for each outpatient hospital service you get. Part B copayments may vary by type of service.
 - 20% of the Medicare-approved amount for most outpatient services, after the Part B deductible.

Observation services may affect coverage and payment of your care after you leave the hospital:

- If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you've had a 3-day minimum, medically necessary, inpatient hospital stay for a related illness or injury. An inpatient hospital stay begins the day the hospital admits you as an inpatient based on a doctor's order and doesn't include the day you're discharged.
- If you have Medicaid, a Medicare Advantage plan or other health plan, Medicaid or the plan may have different rules for SNF coverage after you leave the hospital. Check with Medicaid or your plan.

NOTE: Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, Part A will generally cover medically necessary inpatient services if the hospital admits you as an inpatient based on a doctor's order. In most cases, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital.

If you have any questions about your observation services, ask the hospital staff member giving you this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's utilization or discharge planning department.

You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Form CMS 10611-MOON

Expiration 12/31/2022 OMB approval 0938-1308



SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220
(951) 845-1121

30-0910 (2/20)

MOORE, BRANDEN
MR 536981 ACCT 0010622876 OBS MS
05/12/1990 30Y M 05/29/2020 00:04
SYED M.D., MOHSIN



000075

Your costs for medications:

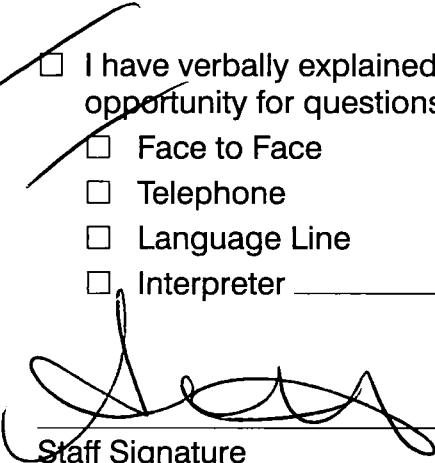
Generally, prescription and over-the-counter drugs, including "self-administered drugs," you get in hospital outpatient setting (like an emergency department) aren't covered by Part B. Self-administered drugs" are drugs you'd normally take on your own. For safety reasons, many hospitals don't allow you to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs. You'll likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

If you're enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage may be different. Check with your plan to find out about coverage for outpatient observation services.

If you're a Qualified Medicare Beneficiary through your state Medicaid program, you can't be billed for Part A or Part B deductibles, coinsurance, and copayments.

Additional Information:

- I have verbally explained the consent of this form to the patient/representative and allowed an opportunity for questions and answers.
- Face to Face
- Telephone
- Language Line
- Interpreter _____



Staff Signature

Abbey Castanell 5/29/2020 9:33AM

Print Name

Date

Time

Please sign below to show you received and understand this notice.



Signature of Patient or Representative

5/29/2020

9:33AM

Date

Time

CMS does not discriminate in its programs and activities. To request this publication in alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.



000076

SAN GORGONIO MEMORIAL HOSPITAL
Medication Administration Record

Patient: MOORE, BRANDEN	Admitted: 05/29/2020 00:04	Attending: GHAZAL MD, BAHIJ G.
Visit ID: 0010622876	Med Rec#: 536981	Location: MS 114B
Gender: M	DOB: 05/12/1990	Age: 30Y

Allergy	Severity	Reaction	Allergy Date
NKA	UNKNOW		05/28/2020

Unscheduled

	Medication	Dose	Brand	Form	Start	Stop	Last Administered
A	cefTRIAxone [1 GRAM] IV PIGGYBACK ONCE [1 X 1 GRAM PER DOSE]	RECON SOLN 1 GRAM	ROCEPHIN	RECON SOLN	05/29/20 00:47	05/29/20 04:46	05/29/2020 01:56/Not Given Charted By: MSRW

DRUG INTERACTION

DEXTROSE 5% 50ML

Drug Intrxn w/calcium-containing products:

*Do not use diluents containing calcium to reconstitute vials

*Must not be administered simultaneously via Ysite w/Calcium containing IV fluids via Ysite (LR, Ringers, TPN, PPN, IVs+CA)

*May admin if flushed thoroughly

BETWEEN infusions w/NS

ADMINISTER OVER 30 MINUTES

**** TIME SENSITIVE MEDICATON ****

MUST BE ADMINISTERED WITHIN 30

MINUTES BEFORE OR AFTER

SCHEDULED DOSE.

Infuse over: 30 MINUTES

RX#: 2278694

Scheduled Meds

	Medication	Dose	Brand	Form	Start	Stop	07:00-18:59	19:00-06:59
D	ENOXAparin [40 MG/0.4 ML] Subcutaneous EVERY TWENTY- FOUR HOURS [1 X 0.4 ML [40 MG/0.4 ML] PER DOSE]	SYRINGE 40 MG/0.4 ML	LOVENOX	SYRINGE	05/29/20 00:44	05/29/20 15:38		00:44/01:58 Admin: MSR 05/29 01:58

Adm. Dose:
40 MGInj. Site: Left
lower quad
abdomen

	Medication	Dose	Brand	Form	Start	Stop	07:00-18:59	19:00-06:59
D	FAMOTidine [20 MG] ORAL TWICE DAILY [1 X 20 MG PER DOSE]	TABLET 20 MG	PEPCID	TABLET	05/29/20 01:00	05/29/20 15:38		01:00/01:58 Admin: MSR 05/29 01:58

Adm. Dose:
20 MG

	Medication	Dose	Brand	Form	Start	Stop	07:00-18:59	19:00-06:59
D	Dextrose 5%-1/2 Normal Saline - STAT - PARENTERAL SOLUTION 200 ML/HRINTRAVENOUS TITRATE AS DIRECTED [1 X 1000 ML PER DOSE]	1,000 ML	DEXTROSE 5%-1/2 NORMAL SALINE	PARENTERAL SOLUTION	05/29/20 00:45	05/29/20 08:21		01:56/01:58 Admin: MSR 05/29 01:58

Adm. Dose:
1,000 ML

	Medication	Dose	Brand	Form	Start	Stop	Last Administered	# of Adm
D	ACETAMINOPHEN [325 MG] ORAL EVERY SIX HOURS AS NEEDED [2 X 325 MG PER DOSE]	TABLET 650 MG	TYLENOL	TABLET	05/29/20 00:45	05/29/20 15:38		

000077

Release...

Patient:	MOORE, BRANDEN	Admitted:	05/29/2020 00:04	Attending:	GHAZAL MD, BAHIJ G.
Visit ID:	0010622876	Med Rec#:	536981	Location:	MS 114B
Gender:	M	DOB:	05/12/1990	Age:	30Y

PRN

Medication	Dose	Brand	Form	Start	Stop	Last Administered	# of Adm
D nitroGLYCERIN [0.4 MG] SUBLINGUAL SUBLINGUAL AS NEEDED [1 X 0.4 MG PER DOSE] RX#: 2278689	TABLET, 0.4 MG	NITROQUICK	TABLET, SUBLINGUAL	05/29/20 00:44	05/29/20 15:38		
D ONDANsetron (PF) [4 MG/2 ML] SOLUTION INTRAVENOUS EVERY EIGHT HOURS AS NEEDED [1 X 2 ML [4 MG/2 ML] PER DOSE] RX#: 2278693	4 MG/2 ML	ZOFRAN	SOLUTION	05/29/20 00:45	05/29/20 15:38		

* Initials Caregiver Names
 MSRW RUTH WAITHAKA, RN

000078

Release...

SAN GORGONIO MEMORIAL HOSPITAL
Medication Administration Record

Patient: MOORE, BRANDEN	Admitted: 05/29/2020 00:04	Attending: GHAZAL MD, BAHIJ G.
Visit ID: 0010622876	Med Rec#: 536981	Location: MS 114B
Gender: M	DOB: 05/12/1990	Age: 30Y

Allergy	Severity	Reaction	Allergy Date
NKA	UNKNOW		05/28/2020

Unscheduled

	Medication	Dose	Brand	Form	Start	Stop	Last Administered
A	cefTRIAxone [1 GRAM] IV PIGGYBACK ONCE [1 X 1 GRAM PER DOSE]	RECON SOLN 1 GRAM	ROCEPHIN	RECON SOLN	05/29/20 00:47	05/29/20 04:46	05/29/2020 01:56/Not Given Charted By: MSRW

DRUG INTERACTION

DEXTROSE 5% 50ML

Drug Intrxn w/calcium-containing products:

*Do not use diluents containing calcium to reconstitute vials

*Must not be administered simultaneously via Ysite w/Calcium containing IV fluids via Ysite (LR, Ringers, TPN, PPN, IVs+CA)

*May admin if flushed thoroughly

BETWEEN infusions w/NS

ADMINISTER OVER 30 MINUTES

**** TIME SENSITIVE MEDICATON ****

MUST BE ADMINISTERED WITHIN 30

MINUTES BEFORE OR AFTER

SCHEDULED DOSE.

Infuse over: 30 MINUTES

RX#: 2278694

Scheduled Meds

	Medication	Dose	Brand	Form	Start	Stop	07:00-18:59	19:00-06:59
D	ENOXAparin [40 MG/0.4 ML] Subcutaneous EVERY TWENTY- FOUR HOURS [1 X 0.4 ML [40 MG/0.4 ML] PER DOSE]	SYRINGE 40 MG/0.4 ML	LOVENOX	SYRINGE	05/29/20 00:44	05/29/20 15:38		00:44/01:58 Admin: MSR 05/29 01:58

Adm. Dose:
40 MGInj. Site: Left
lower quad
abdomen

	Medication	Dose	Brand	Form	Start	Stop	07:00-18:59	19:00-06:59
D	FAMOTidine [20 MG] ORAL TWICE DAILY [1 X 20 MG PER DOSE]	TABLET 20 MG	PEPCID	TABLET	05/29/20 01:00	05/29/20 15:38		01:00/01:58 Admin: MSR 05/29 01:58

Adm. Dose:
20 MG

	Medication	Dose	Brand	Form	Start	Stop	07:00-18:59	19:00-06:59
D	Dextrose 5%-1/2 Normal Saline - STAT - PARENTERAL SOLUTION 200 ML/HRINTRAVENOUS TITRATE AS DIRECTED [1 X 1000 ML PER DOSE]	1,000 ML	DEXTROSE 5%-1/2 NORMAL SALINE	PARENTERAL SOLUTION	05/29/20 00:45	05/29/20 08:21		01:56/01:58 Admin: MSR 05/29 01:58

Adm. Dose:
1,000 ML

	Medication	Dose	Brand	Form	Start	Stop	Last Administered	# of Adm
D	ACETAMINOPHEN [325 MG] ORAL EVERY SIX HOURS AS NEEDED [2 X 325 MG PER DOSE]	TABLET 650 MG	TYLENOL	TABLET	05/29/20 00:45	05/29/20 15:38		

000079

Release...

Patient:	MOORE, BRANDEN	Admitted:	05/29/2020 00:04	Attending:	GHAZAL MD, BAHIJ G.
Visit ID:	0010622876	Med Rec#:	536981	Location:	MS 114B
Gender:	M	DOB:	05/12/1990	Age:	30Y

PRN

Medication	Dose	Brand	Form	Start	Stop	Last Administered	# of Adm
D nitroGLYCERIN [0.4 MG] SUBLINGUAL SUBLINGUAL AS NEEDED [1 X 0.4 MG PER DOSE] RX#: 2278689	TABLET, 0.4 MG	NITROQUICK	TABLET, SUBLINGUAL	05/29/20 00:44	05/29/20 15:38		
D ONDANsetron (PF) [4 MG/2 ML] SOLUTION INTRAVENOUS EVERY EIGHT HOURS AS NEEDED [1 X 2 ML [4 MG/2 ML] PER DOSE] RX#: 2278693	4 MG/2 ML	ZOFRAN	SOLUTION	05/29/20 00:45	05/29/20 15:38		

* Initials Caregiver Names
 MSRW RUTH WAITHAKA, RN

000080

Release...

SAN GORGONIO MEMORIAL HOSPITAL
Medication Administration Record

05/30/2020 02:09:12

Page 1 of 2

Patient: MOORE, BRANDEN	Admitted: 05/29/2020 00:04	Attending: GHAZAL MD, BAHIJ G.
Visit ID: 0010622876	Med Rec#: 536981	Location: MS 114B
Gender: M	DOB: 05/12/1990	Age: 30Y

Allergy	Severity	Reaction	Allergy Date
NKA	UNKNOW		05/28/2020

Scheduled Meds

Medication	Dose	Brand	Form	Start	Stop	07:00-18:59	19:00-06:59	
D cefTRIAxone [1 GRAM] RECON SOLN 1 GRAM ROCEPHIN INTRAVENOUS EVERY TWENTY- FOUR HOURS [1 X 1 GRAM PER DOSE]		RECON SOLN	ROCEPHIN	RECON SOLN	05/29/20 21:00	05/29/20 15:38	NO DOSE DUE	NO DOSE DUE
DRUG INTERACTION DEXTROSE 5% 50ML DRUG INTRXN W/CALCIUM-CONTAINING PRODUCTS: *DO NOT USE DILUENTS CONTAINING CALCIUM TO RECONSTITUTE VIALS *MUST NOT BE ADMINISTERED SIMULTANEOUSLY VIA YSITE W/CALCIUM CONTAINING IV FLUIDS VIA YSITE (LR, RINGERS, TPN, PPN, IVS+CA) *MAY ADMIN IF FLUSHED THOROUGHLY BETWEEN INFUSIONS W/NS								
ADMINISTER OVER 30 MINUTES **** TIME SENSITIVE MEDICATON **** MUST BE ADMINISTERED WITHIN 30 MINUTES BEFORE OR AFTER SCHEDULED DOSE. Infuse over: 30 MINUTES RX#: 2278747								
D ENOXAparin [40 MG/0.4 ML] SYRINGE 40 MG/0.4 Subcutaneous EVERY TWENTY- FOUR HOURS [1 X 0.4 ML [40 MG/0.4 ML] PER DOSE]	ML	LOVENOX	SYRINGE	05/29/20 00:44	05/29/20 15:38	NO DOSE DUE	NO DOSE DUE	
D FAMOTidine [20 MG] TABLET 20 MG PEPCID ORAL TWICE DAILY [1 X 20 MG PER DOSE]			TABLET	05/29/20 01:00	05/29/20 15:38	09:00/10:34		
Admin: MSSL 05/29 10:34								
Adm. Dose: 20 MG								

IV

Medication	Dose	Brand	Form	Start	Stop	07:00-18:59	19:00-06:59
D Dextrose 5%-1/2 Normal Saline - STAT - PARENTERAL SOLUTION 200 ML/HRINTRAVENOUS TITRATE AS DIRECTED [1 X 1000 ML PER DOSE]	1,000 ML	DEXTROSE 5%-1/2 NORMAL SALINE	PARENTERAL SOLUTION	05/29/20 00:45	05/29/20 08:21	07:39	
D Sodium Chloride 0.9% [0.9 %] PARENTERAL SOLUTION 250 ML/HRINTRAVENOUS IVF RATE [1 X 1000 ML [0.9 %] PER DOSE]	1,000 ML	SODIUM CHLORIDE 0.9 %	PARENTERAL SOLUTION	05/29/20 08:30	05/29/20 15:38	13:56	

000081

Release...

Patient: MOORE, BRANDEN

Admitted: 05/29/2020 00:04 Attending: GHAZAL MD, BAHIJ G.

Visit ID: 0010622876

Med Rec#: 536981

Location: MS 114B

Gender: M

DOB: 05/12/1990

Age: 30Y

Weight: 70.00 kgs

Height: 72.00 in

BMI: 21.1

PRN

Medication	Dose	Brand	Form	Start	Stop	Last Administered	# of Adm
D ACETAMINOPHEN [325 MG] TABLET 650 MG	TYLENOL	TABLET		05/29/20 00:45	05/29/20 15:38		
ORAL EVERY SIX HOURS AS NEEDED [2 X 325 MG PER DOSE] RX#: 2278690							
D nitroGLYCERIN [0.4 MG] TABLET, SUBLINGUAL SUBLINGUAL AS NEEDED [1 X 0.4 MG PER DOSE] RX#: 2278689	0.4 MG	NITROQUICK	TABLET, SUBLINGUAL	05/29/20 00:44	05/29/20 15:38		
D ONDANsetron (PF) [4 MG/2 ML] SOLUTION INTRAVENOUS EVERY EIGHT HOURS AS NEEDED [1 X 2 ML [4 MG/2 ML] PER DOSE] RX#: 2278693	4 MG/2 ML	ZOFRAN	SOLUTION	05/29/20 00:45	05/29/20 15:38		

* Initials

MSSL

Caregiver Names

STEFANIE L. LARSON, RN

000082

Release...

SAN GORGONIO MEMORIAL HOSPITAL
Medication Administration Record

Patient: MOORE, BRANDEN	Admitted: 05/29/2020 00:04	Attending: GHAZAL MD, BAHIJ G.
Visit ID: 0010622876	Med Rec#: 536981	Location: MS 114B
Gender: M	DOB: 05/12/1990	Age: 30Y

Allergy	Severity	Reaction	Allergy Date
NKA	UNKNOW		05/28/2020

Scheduled Meds

Medication	Dose	Brand	Form	Start	Stop	07:00-18:59	19:00-06:59
D cefTRIAxone [1 GRAM] RECON SOLN 1 GRAM ROCEPHIN INTRAVENOUS EVERY TWENTY- FOUR HOURS [1 X 1 GRAM PER DOSE]		RECON SOLN	ROCEPHIN	RECON SOLN	05/29/20 21:00	05/29/20 15:38	NO DOSE DUE NO DOSE DUE
DRUG INTERACTION DEXTROSE 5% 50ML DRUG INTRXN W/CALCIUM-CONTAINING PRODUCTS: *DO NOT USE DILUENTS CONTAINING CALCIUM TO RECONSTITUTE VIALS *MUST NOT BE ADMINISTERED SIMULTANEOUSLY VIA YSITE W/CALCIUM CONTAINING IV FLUIDS VIA YSITE (LR, RINGERS, TPN, PPN, IVS+CA) *MAY ADMIN IF FLUSHED THOROUGHLY BETWEEN INFUSIONS W/NS							
ADMINISTER OVER 30 MINUTES **** TIME SENSITIVE MEDICATON **** MUST BE ADMINISTERED WITHIN 30 MINUTES BEFORE OR AFTER SCHEDULED DOSE. Infuse over: 30 MINUTES RX#: 2278747							
D ENOXAparin [40 MG/0.4 ML] SYRINGE 40 MG/0.4 Subcutaneous EVERY TWENTY- FOUR HOURS [1 X 0.4 ML [40 MG/0.4 ML] PER DOSE] RX#: 2278688	SYRINGE 40 MG/0.4 ML	LOVENOX	SYRINGE	05/29/20 00:44	05/29/20 15:38	NO DOSE DUE	NO DOSE DUE
D FAMOTidine [20 MG] TABLET 20 MG PEPCID ORAL TWICE DAILY [1 X 20 MG PER DOSE] RX#: 2278691	TABLET 20 MG	PEPCID	TABLET	05/29/20 01:00	05/29/20 15:38	09:00/10:34	
Admin: MSSL 05/29 10:34							
Adm. Dose: 20 MG							

IV

Medication	Dose	Brand	Form	Start	Stop	07:00-18:59	19:00-06:59
D Dextrose 5%-1/2 Normal Saline - STAT - PARENTERAL SOLUTION 200 ML/HRINTRAVENOUS TITRATE AS DIRECTED [1 X 1000 ML PER DOSE] RX#: 2278692	1,000 ML	DEXTROSE 5%-1/2 NORMAL SALINE	PARENTERAL SOLUTION	05/29/20 00:45	05/29/20 08:21	07:39	
D Sodium Chloride 0.9% [0.9 %] PARENTERAL SOLUTION 250 ML/HRINTRAVENOUS IVF RATE [1 X 1000 ML [0.9 %] PER DOSE] RX#: 2278829	1,000 ML	SODIUM CHLORIDE 0.9 %	PARENTERAL SOLUTION	05/29/20 08:30	05/29/20 15:38	13:56	

000083

Release...

Patient: MOORE, BRANDEN

Admitted: 05/29/2020 00:04 Attending: GHAZAL MD, BAHIJ G.

Visit ID: 0010622876

Med Rec#: 536981

Location: MS 114B

Gender: M

DOB: 05/12/1990

Age: 30Y

Weight: 70.00 kgs

Height: 72.00 in

BMI: 21.1

PRN

Medication	Dose	Brand	Form	Start	Stop	Last Administered	# of Adm
D ACETAMINOPHEN [325 MG] TABLET 650 MG	TYLENOL	TABLET		05/29/20 00:45	05/29/20 15:38		
ORAL EVERY SIX HOURS AS NEEDED [2 X 325 MG PER DOSE] RX#: 2278690							
D nitroGLYCERIN [0.4 MG] TABLET, SUBLINGUAL	0.4 MG	NITROQUICK	TABLET, SUBLINGUAL	05/29/20 00:44	05/29/20 15:38		
SUBLINGUAL AS NEEDED [1 X 0.4 MG PER DOSE] RX#: 2278689							
D ONDANsetron (PF) [4 MG/2 ML] SOLUTION	4 MG/2 ML	ZOFRAN	SOLUTION	05/29/20 00:45	05/29/20 15:38		
INTRAVENOUS EVERY EIGHT HOURS AS NEEDED [1 X 2 ML [4 MG/2 ML] PER DOSE] RX#: 2278693							

* Initials

MSSL

Caregiver Names

STEFANIE L. LARSON, RN

000084

Release...

SAN GORGONIO MEMORIAL HOSPITAL
Medication Administration History Report

05/30/2020 02:09:13

Page 1 of 2

Patient: MOORE, BRANDEN	Admitted: 05/29/2020 00:04	Attending: GHAZAL MD, BAHIJ G.
Visit ID: 0010622876	Med Rec#: 536981	
Gender: M DOB: 05/12/1990 Age: 30Y	Weight: 70.00 kgs	Height: 72.00 in BMI: 21.1

Allergy	Severity	Reaction	Allergy Date
NKA	UNKNOWN		05/28/2020

Unscheduled

Medication: cefTRIAxone 1 GRAM [ROCEPHIN] (RX# 2278694) Infuse Over: 30 MINUTES

Order Dose: 1 GRAM

Frequency: ONCE

Route: IV PIGGYBACK

Rate:

Ordering Provider: SYED M.D., MOHSIN M.

Start Date: 05/29/2020 00:47

End: 05/29/2020 04:46

Entered By: RXTN

Comments: DRUG INTERACTION DEXTROSE 5% 50ML Drug Intrxn w/calcium-containing products: *Do not use diluents containing calcium to reconstitute vials *Must not be administered simultaneously via Ysite w/Calcium containing IV fluids via Ysite (LR, Ringers, TPN, PPN, IVs+CA) *May admin if flushed thoroughly BETWEEN infusions w/NS ADMINISTER OVER 30 MINUTES *** TIME SENSITIVE MEDICATON *** MUST BE ADMINISTERED WITHIN 30 MINUTES BEFORE OR AFTER SCHEDULED DOSE.

Sched Dt/Tm	Admin Dt/Tm	Charted Dt/Tm	Adm Dose	Site	Adm	CoSig	Witns	Observation
05/29/2020 01:56	05/29/2020 01:57	Not Given			MSRW			

Admin Location: MS 114B
 Not Given: Medical contraindication/ NPO
 05/29/2020 01:57 By: MSRW Note: Just had this dose in ER

Verified Dt/Tm: 05/29/2020 01:49

Verified By: MSRW

2nd Verified By:

Status: Verified

Verification Location: MS 114B

Verification History

05/29/2020 01:49 Therapy Type set to Verified , By: WATHAKA, RUTH.

Scheduled

Medication: cefTRIAxone 1 GRAM [ROCEPHIN] (RX# 2278747) Infuse Over: 30 MINUTES

Order Dose: 1 GRAM

Frequency: EVERY TWENTY- FOUR HOURS

Route: INTRAVENOUS

Rate:

Ordering Provider: SYED M.D., MOHSIN M.

Start Date: 05/29/2020 21:00

End: 05/29/2020 15:38

Entered By: RXTR

Comments: DRUG INTERACTION DEXTROSE 5% 50ML DRUG INTRXN W/CALCIUM-CONTAINING PRODUCTS: *DO NOT USE DILUENTS CONTAINING CALCIUM TO RECONSTITUTE VIALS *MUST NOT BE ADMINISTERED SIMULTANEOUSLY VIA YSITE W/CALCIUM CONTAINING IV FLUIDS VIA YSITE (LR, RINGERS, TPN, PPN, IVS+CA) *MAY ADMIN IF FLUSHED THOROUGHLY BETWEEN INFUSIONS W/NS ADMINISTER OVER 30 MINUTES *** TIME SENSITIVE MEDICATON *** MUST BE ADMINISTERED WITHIN 30 MINUTES BEFORE OR AFTER SCHEDULED DOSE.

Verified Dt/Tm: 05/29/2020 07:37

Verified By: MSSL

2nd Verified By:

Status: Verified

Verification Location: MS 114B

Verification History

05/29/2020 07:37 Therapy Type set to Verified , By: LARSON, STEFANIE L..

000085

Release...

SAN GORGONIO MEMORIAL HOSPITAL
Medication Administration History Report

05/30/2020 02:09:13

Page 2 of 2

Patient: MOORE, BRANDEN	Admitted: 05/29/2020 00:04	Attending: GHAZAL MD, BAHIJ G.
Visit ID: 0010622876	Med Rec#: 536981	
Gender: M DOB: 05/12/1990 Age: 30Y	Weight: 70.00 kgs	Height: 72.00 in BMI: 21.1

Scheduled

Medication: ENOXAparin 40 MG/0.4 ML [LOVENOX] (RX# 2278688)

Order Dose: 40 MG/0.4 ML

Frequency: EVERY TWENTY- FOUR HOURS

Route: Subcutaneous

Rate:

Ordering Provider: SYED M.D., MOHSIN M.

Start Date: 05/29/2020 00:44 **End:** 05/29/2020 15:38

Entered By: RXTN

Comments: CPOE COMMENT: BLACK BOX WARNING EXISTS PLEASE REFER TO BBW MEDICATION GUIDELINES SPINAL/EPIDURAL HEMATOMA RISK WITH SPINAL CATHETER BE AWARE OF EPIDURAL ORDERS WITH PTS ON ENOXAPARIN; ADVISE NURSING TO HOLD UNTIL 12HRS AFTER EPIDURAL REMOVAL.

<u>Sched Dt/Tm</u>	<u>Admin Dt/Tm</u>	<u>Charted Dt/Tm</u>	<u>Adm Dose</u>	<u>Site</u>	<u>Adm</u>	<u>CoSig</u>	<u>Witns</u>	<u>Observation</u>
05/29/2020 00:44	05/29/2020 01:58	05/29/2020 01:58	40 MG	LLQA	MSRW			

Admin Location: MS 114B

Late: Patient Off Unit

Verified Dt/Tm: 05/29/2020 01:49

Verified By: MSRW

2nd Verified By:

Status: Verified

Verification Location: MS 114B

Verfication History

05/29/2020 01:49 Therapy Type set to Verified , By: WAITHAKA, RUTH.

Medication: FAMOTidine 20 MG [PEPCID] (RX# 2278691)

Order Dose: 20 MG

Frequency: TWICE DAILY

Route: ORAL

Rate:

Ordering Provider: SYED M.D., MOHSIN M.

Start Date: 05/29/2020 01:00 **End:** 05/29/2020 15:38

Entered By: RXTN

<u>Sched Dt/Tm</u>	<u>Admin Dt/Tm</u>	<u>Charted Dt/Tm</u>	<u>Adm Dose</u>	<u>Site</u>	<u>Adm</u>	<u>CoSig</u>	<u>Witns</u>	<u>Observation</u>
05/29/2020 01:00	05/29/2020 01:58	05/29/2020 01:58	20 MG		MSRW			

Admin Location: MS 114B

Late: Patient Priority

Verified Dt/Tm: 05/29/2020 01:49

Verified By: MSRW

2nd Verified By:

Status: Verified

Verification Location: MS 114B

Verfication History

05/29/2020 01:49 Therapy Type set to Verified , By: WAITHAKA, RUTH.

IV

Medication: Dextrose 5%-1/2 Normal Saline [DEXTROSE 5%-1/2 NORMAL SALINE] (RX# 2278692)

Order Dose: 1,000 ML

Frequency: TITRATE AS DIRECTED

Route: INTRAVENOUS

Rate: 200 ML/HR

Ordering Provider: SYED M.D., MOHSIN M.

Start Date: 05/29/2020 00:45 **End:** 05/29/2020 08:21

Entered By: RXTN

<u>Sched Dt/Tm</u>	<u>Admin Dt/Tm</u>	<u>Charted Dt/Tm</u>	<u>Adm Dose</u>	<u>Site</u>	<u>Adm</u>	<u>CoSig</u>	<u>Witns</u>	<u>Observation</u>
05/29/2020 01:56	05/29/2020 01:58	05/29/2020 01:58	1,000 ML		MSRW			

Admin Location: MS 114B

Verified Dt/Tm: 05/29/2020 01:49

Verified By: MSRW

2nd Verified By:

Status: Verified

Verification Location: MS 114B

Verfication History

05/29/2020 01:49 Therapy Type set to Verified , By: WAITHAKA, RUTH.

Linked Orders C = Chained, E = Exclusive, J = Joined, S = Simultaneous

Injection Site

LLQA Left lower quad abdomen

Initials

MSRW	RUTH WAITHAKA, RN
MSSL	STEFANIE L. LARSON, RN
RXTN	TOMMY NGUYEN, RXMD
RXTR	TRANG T. NGUYEN RXMD

Release...

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SAN GORGONIO MEMORIAL HOSPITAL
Medication Administration History Report

05/31/2020 02:09:36

Page 1 of 2

Patient: MOORE, BRANDEN	Admitted: 05/29/2020 00:04	Attending: GHAZAL MD, BAHIJ G.
Visit ID: 0010622876	Med Rec#: 536981	
Gender: M DOB: 05/12/1990 Age: 30Y	Weight: 70.00 kgs	Height: 72.00 in BMI: 21.1

Allergy	Severity	Reaction	Allergy Date
NKA	UNKNOWN		05/28/2020

Unscheduled

Medication: cefTRIAxone 1 GRAM [ROCEPHIN] (RX# 2278694) Infuse Over: 30 MINUTES

Order Dose: 1 GRAM

Frequency: ONCE

Route: IV PIGGYBACK

Rate:

Ordering Provider: SYED M.D., MOHSIN M.

Start Date: 05/29/2020 00:47

End: 05/29/2020 04:46

Entered By: RXTN

Comments: DRUG INTERACTION DEXTROSE 5% 50ML Drug Intrxn w/calcium-containing products: *Do not use diluents containing calcium to reconstitute vials *Must not be administered simultaneously via Ysite w/Calcium containing IV fluids via Ysite (LR, Ringers, TPN, PPN, IVs+CA) *May admin if flushed thoroughly BETWEEN infusions w/NS ADMINISTER OVER 30 MINUTES *** TIME SENSITIVE MEDICATON *** MUST BE ADMINISTERED WITHIN 30 MINUTES BEFORE OR AFTER SCHEDULED DOSE.

Sched Dt/Tm	Admin Dt/Tm	Charted Dt/Tm	Adm Dose	Site	Adm	CoSig	Witns	Observation
05/29/2020 01:56	05/29/2020 01:57	Not Given			MSRW			

Admin Location: MS 114B
 Not Given: Medical contraindication/ NPO
 05/29/2020 01:57 By: MSRW Note: Just had this dose in ER

Verified Dt/Tm: 05/29/2020 01:49

Verified By: MSRW

2nd Verified By:

Status: Verified

Verification Location: MS 114B

Verification History

05/29/2020 01:49 Therapy Type set to Verified , By: WATHAKA, RUTH.

Scheduled

Medication: cefTRIAxone 1 GRAM [ROCEPHIN] (RX# 2278747) Infuse Over: 30 MINUTES

Order Dose: 1 GRAM

Frequency: EVERY TWENTY- FOUR HOURS

Route: INTRAVENOUS

Rate:

Ordering Provider: SYED M.D., MOHSIN M.

Start Date: 05/29/2020 21:00

End: 05/29/2020 15:38

Entered By: RXTR

Comments: DRUG INTERACTION DEXTROSE 5% 50ML DRUG INTRXN W/CALCIUM-CONTAINING PRODUCTS: *DO NOT USE DILUENTS CONTAINING CALCIUM TO RECONSTITUTE VIALS *MUST NOT BE ADMINISTERED SIMULTANEOUSLY VIA YSITE W/CALCIUM CONTAINING IV FLUIDS VIA YSITE (LR, RINGERS, TPN, PPN, IVS+CA) *MAY ADMIN IF FLUSHED THOROUGHLY BETWEEN INFUSIONS W/NS ADMINISTER OVER 30 MINUTES *** TIME SENSITIVE MEDICATON *** MUST BE ADMINISTERED WITHIN 30 MINUTES BEFORE OR AFTER SCHEDULED DOSE.

Verified Dt/Tm: 05/29/2020 07:37

Verified By: MSSL

2nd Verified By:

Status: Verified

Verification Location: MS 114B

Verification History

05/29/2020 07:37 Therapy Type set to Verified , By: LARSON, STEFANIE L..

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Release...

SAN GORGONIO MEMORIAL HOSPITAL
Medication Administration History Report

05/31/2020 02:09:36

Page 2 of 2

Patient: MOORE, BRANDEN	Admitted: 05/29/2020 00:04	Attending: GHAZAL MD, BAHIJ G.
Visit ID: 0010622876	Med Rec#: 536981	
Gender: M DOB: 05/12/1990 Age: 30Y	Weight: 70.00 kgs	Height: 72.00 in BMI: 21.1

Scheduled

Medication: ENOXAparin 40 MG/0.4 ML [LOVENOX] (RX# 2278688)

Order Dose: 40 MG/0.4 ML

Frequency: EVERY TWENTY- FOUR HOURS

Route: Subcutaneous

Rate:

Ordering Provider: SYED M.D., MOHSIN M.

Start Date: 05/29/2020 00:44

End: 05/29/2020 15:38

Entered By: RXTN

Comments: CPOE COMMENT: BLACK BOX WARNING EXISTS PLEASE REFER TO BBW MEDICATION GUIDELINES SPINAL/EPIDURAL HEMATOMA RISK WITH SPINAL CATHETER BE AWARE OF EPIDURAL ORDERS WITH PTS ON ENOXAPARIN; ADVISE NURSING TO HOLD UNTIL 12HRS AFTER EPIDURAL REMOVAL.

<u>Sched Dt/Tm</u>	<u>Admin Dt/Tm</u>	<u>Charted Dt/Tm</u>	<u>Adm Dose</u>	<u>Site</u>	<u>Adm</u>	<u>CoSig</u>	<u>Witns</u>	<u>Observation</u>
05/29/2020 00:44	05/29/2020 01:58	05/29/2020 01:58	40 MG	LLQA	MSRW			

Admin Location: MS 114B

Late: Patient Off Unit

Verified Dt/Tm: 05/29/2020 01:49

Verified By: MSRW

2nd Verified By:

Status: Verified

Verification Location: MS 114B

Verfication History

05/29/2020 01:49 Therapy Type set to Verified , By: WAITHAKA, RUTH.

Medication: FAMOTidine 20 MG [PEPCID] (RX# 2278691)

Order Dose: 20 MG

Frequency: TWICE DAILY

Route: ORAL

Rate:

Ordering Provider: SYED M.D., MOHSIN M.

Start Date: 05/29/2020 01:00

End: 05/29/2020 15:38

Entered By: RXTN

<u>Sched Dt/Tm</u>	<u>Admin Dt/Tm</u>	<u>Charted Dt/Tm</u>	<u>Adm Dose</u>	<u>Site</u>	<u>Adm</u>	<u>CoSig</u>	<u>Witns</u>	<u>Observation</u>
05/29/2020 01:00	05/29/2020 01:58	05/29/2020 01:58	20 MG	MSRW				

Admin Location: MS 114B

Late: Patient Priority

Verified Dt/Tm: 05/29/2020 01:49

Verified By: MSRW

2nd Verified By:

Status: Verified

Verification Location: MS 114B

Verfication History

05/29/2020 01:49 Therapy Type set to Verified , By: WAITHAKA, RUTH.

IV

Medication: Dextrose 5%-1/2 Normal Saline [DEXTROSE 5%-1/2 NORMAL SALINE] (RX# 2278692)

Order Dose: 1,000 ML

Frequency: TITRATE AS DIRECTED

Route: INTRAVENOUS

Rate: 200 ML/HR

Ordering Provider: SYED M.D., MOHSIN M.

Start Date: 05/29/2020 00:45

End: 05/29/2020 08:21

Entered By: RXTN

<u>Sched Dt/Tm</u>	<u>Admin Dt/Tm</u>	<u>Charted Dt/Tm</u>	<u>Adm Dose</u>	<u>Site</u>	<u>Adm</u>	<u>CoSig</u>	<u>Witns</u>	<u>Observation</u>
05/29/2020 01:56	05/29/2020 01:58	05/29/2020 01:58	1,000 ML	MSRW				

Admin Location: MS 114B

Verified Dt/Tm: 05/29/2020 01:49

Verified By: MSRW

2nd Verified By:

Status: Verified

Verification Location: MS 114B

Verfication History

05/29/2020 01:49 Therapy Type set to Verified , By: WAITHAKA, RUTH.

Linked Orders C = Chained, E = Exclusive, J = Joined, S = Simultaneous

Injection Site

LLQA Left lower quad abdomen

Initials

MSRW	RUTH WAITHAKA, RN
MSSL	STEFANIE L. LARSON, RN
RXTN	TOMMY NGUYEN, RXMD
RXTR	TRANG T. NGUYEN RXMD

Release...

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SAN GORGONIO MEMORIAL HOSPITAL

Admission Assessment Report

05/28/2020 19:12 through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Allergies

Allergy Date

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

NKA 05/28/2020

SEVERITY: UNKNOWN TYPE: Drug Allergy

Last Documented by: AMBER D. WESTBROOK, RN on 05/28/2020 19:11

Home Meds

Last Dose Taken

Start Date

Stop Date

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

None Reported Last Documented By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:41

Pre-arrival Medications

Last Dose Taken

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

None Reported Last Documented By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:40

Immunizations

Immunization Date

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

UP TO DATE

Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:40

Reported Problems

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

WPW (Wolff-Parkinson-White pattern)

Start Date: Unknown

TYPE: Problem STATUS: Active

Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:41

Implant History

Implant Date

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

Implant Removed

None Reported Last Documented By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:40

Reported Procedures

Last Verified By: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

CARDIAC ABLATION FOR WPW

Start Date: 2014

Last Documented by: JENNIFER E. LINDBERG, RN on 05/28/2020 19:42

Entry Date

Vitals	Entered By: AMBER D. WESTBROOK, RN						
	Pt. Location:	Unknown Location Unknown Bed					
Temp	Pulse	Resp	BP	O2 %	Ht	Wt	
05/28/2020 19:12	96.3 F	77	19	116/74	98.0%	72.00 in	175.00 lbs

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

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Release...

SAN GORGONIO MEMORIAL HOSPITAL

Admission Assessment Report

05/28/2020 19:12 through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Entry Date

Vitals	Entered By: RUTH WAITHAKA, RN						Entry Date
	Pt. Location:	Temp	Pulse	Resp	BP	O2 %	
05/29/2020 02:00						97.0%	05/29/2020 04:07

Assessment Date

Entry Date

Med/Surg	
Entered By:	RUTH WAITHAKA, RN
Pt. Location:	MS 114B

05/29/2020 01:45	Welcome packet reviewed with patient/family who demonstrates understanding. Welcome packet includes but is not limited to:	Smoking Cessation Pain Control Food-Drug Interaction Guide Pneumococcal Vaccine Influenza Vaccine Advance Directive Patient Rights Information on Filing a Complaint or a Grievance	05/29/2020 03:00
	MRSA Screening	MRSA culture obtained	05/29/2020 03:00
	DVT / VTE Prophylaxis Therapy Assessment	Risk assessment completed	05/29/2020 03:00

ADVANCE DIRECTIVE / POLST

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	ADVANCE DIRECTIVE (AD) - WRITTEN	No	05/29/2020 03:00
		Patient does not have an Advance Directive, information provided	
	ADVANCE DIRECTIVE (AD) - ORAL	Yes - Executing an Oral Advance Directive for this hospitalization or 60 days whichever is shorter Physician notified that patient has an Advance Directive via face-to-face communication	05/29/2020 03:00
	POLST	No	05/29/2020 03:00
		Patient does not have a POLST, information provided	
	Name of Physician Notified of Advance Directive Status:	Dr. Syed (face to face)	05/29/2020 03:00
	Written AD - Agent Decision Maker:	No	05/29/2020 03:00
	Oral AD - Surrogate Decision Maker	Yes	05/29/2020 03:00

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

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Release...

SAN GORGONIO MEMORIAL HOSPITAL

Admission Assessment Report

05/28/2020 19:12 through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Assessment Date

Entry Date

ADVANCE DIRECTIVE / POLST

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Oral AD - Surrogate Decision Maker Written AD - Agent Decision Maker Name and Relationship to Patient: Written AD - Agent Decision Maker Phone Number: Oral AD - Surrogate Decision Maker Name and Relationship to Patient: Oral AD - Surrogate Decision Maker Phone Number:	Authorize to make decisions only when I lack capacity n/a n/a Franco, Monica (wife) 209 346 1163	05/29/2020 03:00 05/29/2020 03:00 05/29/2020 03:00 05/29/2020 03:00 05/29/2020 03:00
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Notification

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	1. Per pt, notify Family Member or Patient Representative of hospital admission: Other	Declined	05/29/2020 03:00
05/29/2020 01:45	Group Note: Already spoke to Monica his wife on the cellphone		05/29/2020 03:06
05/29/2020 01:45	2. Per pt, notify Primary Care Provider of Other hospital admission:		05/29/2020 03:00
05/29/2020 01:45	Group Note: goes to VA hospital		05/29/2020 03:07
05/29/2020 01:45	3. Notified of admission by phone per patient request:	Not Applicable	05/29/2020 03:00

Admission/History

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Arrival Mode Arrive From Pt/Fam/S O Instructed In	Wheelchair Emergency Department Bathroom Visiting Bed Position Low Side Rails Call System in Reach Telephone Television	05/29/2020 03:00 05/29/2020 03:00 05/29/2020 03:00
	Reason for Admission - In Patients Own Words	Patient stated'I was working in the sun for many hours, then my muscles started cramping really bad, got weak and couldn't recall simple stuff while talking with my wife"	05/29/2020 03:00
	Patient Profile Completed	Patient Detail Reviewed	05/29/2020 03:00

SAN GORGONIO MEMORIAL HOSPITAL

Admission Assessment Report

05/28/2020 19:12 through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**

Visit ID: **0010622876**

MR Number: **536981**

DOB: **05/12/1990**

Admitted: **05/29/2020 00:04**

Attending: **BAHIJ G. GHAZAL MD**

Admitting Diagnosis:

Assessment Date

Entry Date

Admission/History

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Patient Profile Completed	Advance Directives Reviewed Smoker Reviewed Allergies Reviewed Home Medications Reviewed	05/29/2020 03:00
	Isolation Type	Standard Precautions	05/29/2020 03:00
	Habits	Caffeine Tobacco Alcohol	05/29/2020 03:00
	ID Band On	Yes	05/29/2020 03:00
	Allergy Band On	N/A	05/29/2020 03:00
	Lives With	Family	05/29/2020 03:00
	Smoking History	Yes	05/29/2020 03:00
	Comments	Franco, Monica (Wife) # 209 346 1163	05/29/2020 03:00

Activities of Daily Living

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Functional Screening	Able to perform activities of everyday life Generalized Weakness	05/29/2020 03:00
	Assistive Devices	None	05/29/2020 03:00
	Comments	Reminded patient to call for standby assistance to prevent a syncope episode.	05/29/2020 03:00

Valuables/Info

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Inventory Record	Completed	05/29/2020 03:00
	Belongings / Valuables	Patient Declined to Send Belongings/Valuables Home or Place in Safe.	05/29/2020 03:00

Pain Assessment

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Pain	No complaints or signs/symptoms of pain at this time.	05/29/2020 03:00
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Neurological

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	L O C	alert	05/29/2020 01:45
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05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

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Release...

SAN GORGONIO MEMORIAL HOSPITAL

Admission Assessment Report

05/28/2020 19:12 through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Assessment Date

Entry Date

Neurological

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	L O C	Awake	05/29/2020 01:45
	Oriented to	Oriented to person	05/29/2020 01:45
		Oriented to place	
		Oriented to time	
		Oriented to situation	
	Speech / Communication	No speech problem	05/29/2020 01:45
	Affect	Pleasant	05/29/2020 01:45
		Cooperative	
	R Grip	Strong	05/29/2020 01:45
	L Grip	Strong	05/29/2020 01:45
	Swallowing	Swallow without Difficulty	05/29/2020 01:45
	Signs/Symptoms	Weakness	05/29/2020 01:45
	Right Pupil	Brisk	05/29/2020 01:45
	Left Pupil	Brisk	05/29/2020 01:45
	Comments	Has muscle cramping all over his body.	05/29/2020 01:45

Coma Scale

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Glasgow Coma Scale	Eyes - 4. Spontaneous Verbal - 5. Oriented, Alert, Appropriate Motor - 6. Obeys Commands Total Score: 15/15	05/29/2020 01:45
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Eye, Ear, Nose, Throat

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Eyes	Normal	05/29/2020 01:45
	Ears	Normal	05/29/2020 01:45
	Nasal/Sinus	Normal	05/29/2020 01:45
	Throat	Normal	05/29/2020 01:45
	Gums	Pink	05/29/2020 01:45
	Teeth	Permanent Teeth In Good Repair	05/29/2020 01:45
	Tongue	Pink	05/29/2020 01:45

SAN GORGONIO MEMORIAL HOSPITAL

Admission Assessment Report

05/28/2020 19:12 through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Assessment Date

Entry Date

Cardiovascular

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Rhythm	Normal Sinus Rhythm	05/29/2020 01:45
	Edema	None	05/29/2020 01:45
	Radial Pulse - R	Strong	05/29/2020 01:45
	Radial Pulse - L	Strong	05/29/2020 01:45
	Pedal Pulse - R	Strong	05/29/2020 01:45
	Pedal Pulse - L	Strong	05/29/2020 01:45
	Nail Beds	Normal	05/29/2020 01:45
	Monitor	Telemetry	05/29/2020 01:45
	Apical Pulse	Regular	05/29/2020 01:45
	Capillary Refill Time	Less Than 3 Seconds	05/29/2020 01:45
	Chest Pain Location	None	05/29/2020 01:45
	Chest Pain Description	None	05/29/2020 01:45

Respiratory

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Respirations	Regular	05/29/2020 01:45
		Unlabored	
	Breath Sounds - R	Clear	05/29/2020 01:45
	Breath Sounds - L	Clear	05/29/2020 01:45
	Signs/Symptoms	None	05/29/2020 01:45
	Cough	None	05/29/2020 01:45
	Secretions	None	05/29/2020 01:45
	Suction	No	05/29/2020 01:45
	Home Aids	None	05/29/2020 01:45
	O2 Device	Room Air	05/29/2020 01:45
	O2 %	97	05/29/2020 01:45

Gastrointestinal

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Abdomen	Soft	05/29/2020 01:45
		Flat	
	Stool Description	Formed	05/29/2020 04:24
	Amend Note: Additional Information		
	Last BM	05/28/2020	05/29/2020 04:24
	Amend Note: Additional Information		
	Diet	Regular Diet	05/29/2020 01:45
	Bowel Sounds-UR	Normal Sounds	05/29/2020 01:45

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

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Release...

SAN GORGONIO MEMORIAL HOSPITAL

Admission Assessment Report

05/28/2020 19:12 through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Assessment Date

Entry Date

Gastrointestinal

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Bowel Sounds-LL	Normal Sounds	05/29/2020 01:45
	Bowel Sounds-LR	Normal Sounds	05/29/2020 01:45
	Bowel Sounds-UL	Normal Sounds	05/29/2020 01:45
	Ostomy / Drains	None	05/29/2020 01:45
	Signs/Symptoms	None	05/29/2020 01:45
	NG Tube	N/A	05/29/2020 01:45
	G-Tube	N/A	05/29/2020 01:45
	G-Tube Care	N/A	05/29/2020 01:45

Genitourinary

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Urine Appearance	Clear	05/29/2020 01:45
	Voided within last 12 hours	Yes	05/29/2020 01:45
	Urine Color	Yellow to Amber	05/29/2020 01:45
	Male GU	Normal	05/29/2020 01:45
	Urinary Elimination	Continent	05/29/2020 01:45
	Signs/Symptoms	None	05/29/2020 01:45
	Comments	Patient has AKI with reduced urinary output.	05/29/2020 01:45

Musculoskeletal

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Bilateral Movement	Equal	05/29/2020 01:45
	Mobility	Ambulate with Help	05/29/2020 01:45
		ROM - Normal	
	R. Arm Strength	Strong	05/29/2020 01:45
	L. Arm Strength	Strong	05/29/2020 01:45
	R. Leg Strength	Moderate	05/29/2020 01:45
	L. Leg Strength	Moderate	05/29/2020 01:45
	Signs/Symptoms	Weakness	05/29/2020 01:45
	Supportive Devices	None	05/29/2020 01:45

Integumentary

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Skin	Dry	05/29/2020 03:00
		Warm	

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

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Release...

SAN GORGONIO MEMORIAL HOSPITAL

Admission Assessment Report

05/28/2020 19:12 through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Assessment Date

Entry Date

Integumentary

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Skin Color	Normal for Patient	05/29/2020 03:00
	Mucosa	Moist	05/29/2020 03:00
		Intact	
	Turgor	Normal For Age	05/29/2020 03:00
	Signs/Symptoms	None	05/29/2020 03:00
	Braden© Scale for Predicting Pressure Sore Risk	Sensory Perception - 4. No Impairment Moisture - 4. Rarely Moist Activity - 3. Walks Occasionally Mobility - 3. Slightly Limited Nutrition - 3. Adequate Friction & Shear - 3. No Apparent Problem	05/29/2020 03:00
		Total Score: 20/23	
	Comments	Patient had a presyncope episode at work, requested to call for help, and has bedrest ordered.	05/29/2020 03:00

Record Skin Lesions

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	No Lesions Noted		05/29/2020 03:00
Nutrition			
Entered By:	RUTH WAITHAKA, RN		
Pt. Location:	MS 114B		
05/29/2020 01:45	From Nutrition Issue #2 Box	No	05/29/2020 03:00
	Diet at Home	Regular	05/29/2020 03:00
	Appetite	Good	05/29/2020 03:00
	Actual Patient Height and Weight Entered	Yes	05/29/2020 03:00
Social			
Entered By:	RUTH WAITHAKA, RN		
Pt. Location:	MS 114B		
05/29/2020 01:45	Communication Barriers	None	05/29/2020 03:00
	Language Spoken	English	05/29/2020 03:00
	Patient/Family Concerns	None	05/29/2020 03:00
	Housing Type	House	05/29/2020 03:00

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

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Release...

SAN GORGONIO MEMORIAL HOSPITAL

Admission Assessment Report

05/28/2020 19:12 through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Assessment Date

Entry Date

Social

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Marital Status	Married	05/29/2020 03:00
	Educational Level	Middle/Jr High School	05/29/2020 03:00
	Barriers to Learning	None	05/29/2020 03:00
	Coping Skills	Adequate	05/29/2020 03:00
	Sleep Problems	None	05/29/2020 03:00
	Lives With	Family	05/29/2020 03:00
	Social Service Consult	No	05/29/2020 03:00

Spiritual Needs

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Religious Affiliation	CHRISTIAN	05/29/2020 03:00
	Desires Visit from Spiritual Counselor	No	05/29/2020 03:00

Discharge Planning

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Social Worker Notified	No	05/29/2020 03:00
	Anticipate D/C to	Home	05/29/2020 03:00
	Home Barriers	None	05/29/2020 03:00

Vaccine

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Received Pneumonia Vaccine	RN order set completed	05/29/2020 03:00
	Received Influenza Vaccine	RN order set completed	05/29/2020 03:00

Screening

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Morse Falls Scale	History of Falling - 25. Yes Secondary Diagnosis - 15. Yes Ambulatory Aid - 0. None / Bedrest / Nurse Assist IV Therapy / Heparin Lock - 20. Yes Gait - 10. Weak Mental Status - 0. Oriented to own ability Total Score: 70/125 Score 51 or above Interventions performed	05/29/2020 03:00
		Apply Yellow Fall Risk armband	05/29/2020 03:00

SAN GORGONIO MEMORIAL HOSPITAL

Admission Assessment Report

05/28/2020 19:12 through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Assessment Date

Entry Date

Screening

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Score 51 or above Interventions performed	Uncluttered space Bed rails up x 2 Bed in locked and low position Call light within easy reach Non skid, well fitting footwear when out of bed (yellow non-slip socks) Adequate lighting Toilet offered to patient every 2 hours and prn, with special attention at shift change Reorient patient to surroundings as needed Use assistive devices when ambulating Instruct patient to use the call light Place patient close to the nursing station (ie room change if needed, etc.) Patient refused personal safety alarm and is alert and oriented	05/29/2020 03:00
	Child Abuse	None	05/29/2020 03:00
	Elder Abuse	None	05/29/2020 03:00
	Partner Abuse	None	05/29/2020 03:00
	Comments	Patient promised to call for help with out of bed activities.	05/29/2020 03:00

Sepsis Screen

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Known or Suspected Source of Infection	No - Stop Screening - Negative Sceen	05/29/2020 03:00
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SUICIDE RISK

Entered By: RUTH WAITHAKA, RN

Pt. Location: MS 114B

05/29/2020 01:45	Do You Have Any Plan or Intent of Harming or Killing Yourself? Determination of Lethality	No Suicide risk assessment appears to be negative. Check only if no factors that increase likelihood of suicide are present.	05/29/2020 03:00
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SAN GORGONIO MEMORIAL HOSPITAL

Daily Focus Assessment Report

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**

Visit ID: **0010622876**

MR Number: **536981**

DOB: **05/12/1990**

Admitted: **05/29/2020 00:04**

Attending: **BAHIJ G. GHAZAL MD**

Assessment Date

Entry Date

5th VITAL SIGN

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00 Pain No complaints or signs/sympmtoms of pain at this time. 05/29/2020 04:13

Neurological

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00 Assessment Review No Change From Previous Assessment 05/29/2020 04:13

Coma Scale

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00 Glasgow Coma Scale Eyes - 4. Spontaneous 05/29/2020 04:13
Verbal - 5. Oriented, Alert, Appropriate
Motor - 6. Obeys Commands
Total Score: 15/15

Eye, Ear, Nose, Throat

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00 Assessment Review No Change From Previous Assessment 05/29/2020 04:13

Cardiovascular

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00 Assessment Review No Change From Previous Assessment 05/29/2020 04:13
Chest Pain Location None 05/29/2020 04:13
Chest Pain Description None 05/29/2020 04:13

Respiratory

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00 Assessment Review No Change From Previous Assessment 05/29/2020 04:13
Tracheostomy N/A 05/29/2020 04:13

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

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Release...

SAN GORGONIO MEMORIAL HOSPITAL**Daily Focus Assessment Report**

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**

DOB:

05/12/1990Admitted: **05/29/2020 00:04**Attending: **BAHIJ G. GHAZAL MD****Assessment Date****Entry Date****Gastrointestinal****Entered By:** RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Assessment Review	No Change From Previous Assessment	05/29/2020 04:13
	Deflating and Repositioning Rectal Tube	N/A	05/29/2020 04:13
	G-Tube Care	N/A	05/29/2020 04:13

Genitourinary**Entered By:** RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Assessment Review	No Change From Previous Assessment	05/29/2020 04:13
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Musculoskeletal**Entered By:** RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Assessment Review	No Change From Previous Assessment	05/29/2020 04:13
	Supportive Devices	None	05/29/2020 04:13

Integumentary**Entered By:** RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Assessment Review	No Change From Previous Assessment	05/29/2020 04:13
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Record Skin Lesions**Entered By:** RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00		No Lesions Noted	05/29/2020 04:13
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Psychosocial/Cultural**Entered By:** RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Assessment Review	No Change From Previous Assessment	05/29/2020 04:13
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Treatments**Entered By:** RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Turning Schedule	Self	05/29/2020 04:13
	Treatment	None	05/29/2020 04:13

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000100

Release...

SAN GORGONIO MEMORIAL HOSPITAL**Daily Focus Assessment Report**

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**

DOB:

05/12/1990Admitted: **05/29/2020 00:04**Attending: **BAHIJ G. GHAZAL MD****Assessment Date****Entry Date****Treatments**

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Anti-Breakdown	Pressure Relief Mattress	05/29/2020 04:13
	Anti-Embolism	Intermit pneumatic comp sleev Apply-Bi	05/29/2020 04:13

Fall Risk Evaluation

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Morse Falls Scale	05/29/2020 04:15
	Group Note: No change from previous assessment.	05/29/2020 04:15

Sepsis Screen

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Known or Suspected Source of Infection	No - Stop Screening - Negative Sceen	05/29/2020 04:13
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Patient Education

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Patient Teaching	Pain Control	05/29/2020 04:13
		Disease Process	
		Procedures/Treatments	
		Change in Care	
	Readiness to Learn	Eager to Learn	05/29/2020 04:13
	Method of Teaching	Explained	05/29/2020 04:13
	Plan of Care Discussed	Unchanged	05/29/2020 04:13
		Safety Precautions	
	Response	Verbalize Understanding	05/29/2020 04:13
	Involved in Care Decisions:	Patient	05/29/2020 04:13

Safety & Hygiene

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Safety Checks	Side Rails X 3	05/29/2020 04:13
		Call System in Reach	
		Bed Position Low	
		Wheels Locked	
		Fall Precautions	
	Trach Care	N/A	05/29/2020 04:13

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000101

Release...

SAN GORGONIO MEMORIAL HOSPITAL**Daily Focus Assessment Report**

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**DOB: **05/12/1990**Admitted: **05/29/2020 00:04**Attending: **BAHIJ G. GHAZAL MD****Assessment Date****Entry Date****Safety & Hygiene**

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Ostomy Care	N/A	05/29/2020 04:13
	ID Band On	Yes	05/29/2020 04:13
	Allergy Band On	N/A	05/29/2020 04:13
	Pin Care	N/A	05/29/2020 04:13
	Isolation Type	Standard Precautions	05/29/2020 04:13

SUICIDE RISK

Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Determination of Lethality	Suicide risk assessment appears to be negative. Check only if no factors that increase likelihood of suicide are present.	05/29/2020 04:13
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Assessment Date**Entry Date**

IV Assessment Site: Arm, Left
Entered By: RUTH WAITHAKA, RN
Pt. Location: MS 114B

05/29/2020 03:00	Site Inspection	Clean	05/29/2020 04:13
		Dry	
		Patent	
	Actions	Line Flush	05/29/2020 04:13
	Phlebitis Scale	0 - No symptoms.	05/29/2020 04:13
	Infiltration Scale	0 - No symptoms.	05/29/2020 04:13

Assessment Date**Entry Date**

5th VITAL SIGN
Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45	Pain	No complaints or signs/sympmtoms of pain at this time.	05/29/2020 11:49
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Neurological
Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45	L O C	alert	05/29/2020 11:49
		Awake	
	Oriented to	Oriented to person	05/29/2020 11:49
		Oriented to time	
		Oriented to place	

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000102

Release...

SAN GORGONIO MEMORIAL HOSPITAL

Daily Focus Assessment Report

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB:

05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Assessment Date

Entry Date

Neurological

Entered By: STEFANIE L. LARSON, RN

Pt. Location: MS 114B

05/29/2020 07:45	Oriented to	Oriented to situation	05/29/2020 11:49
	Speech / Communication	No speech problem	05/29/2020 11:49
	Affect	Pleasant	05/29/2020 11:49
	R Grip	Strong	05/29/2020 11:49
	L Grip	Strong	05/29/2020 11:49
	Swallowing	Swallow without Difficulty	05/29/2020 11:49
	Signs/Symptoms	None	05/29/2020 11:49
	Right Pupil	Brisk	05/29/2020 11:49
	Left Pupil	Brisk	05/29/2020 11:49

Coma Scale

Entered By: STEFANIE L. LARSON, RN

Pt. Location: MS 114B

05/29/2020 07:45	Glasgow Coma Scale	Eyes - 4. Spontaneous Verbal - 5. Oriented, Alert, Appropriate Motor - 6. Obeys Commands Total Score: 15/15	05/29/2020 11:49
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Eye, Ear, Nose, Throat

Entered By: STEFANIE L. LARSON, RN

Pt. Location: MS 114B

05/29/2020 07:45	Eyes	Normal	05/29/2020 11:49
	Ears	Normal	05/29/2020 11:49
	Teeth	Permanent Teeth In Good Repair	05/29/2020 11:49
	Tongue	Pink	05/29/2020 11:49

Cardiovascular

Entered By: STEFANIE L. LARSON, RN

Pt. Location: MS 114B

05/29/2020 07:45	Rhythm	Normal Sinus Rhythm	05/29/2020 11:49
	Edema	None	05/29/2020 11:49
	Signs/Symptoms	None	05/29/2020 11:49
	Radial Pulse - R	Strong	05/29/2020 11:49
	Radial Pulse - L	Strong	05/29/2020 11:49
	Pedal Pulse - R	Strong	05/29/2020 11:49
	Pedal Pulse - L	Strong	05/29/2020 11:49
	Nail Beds	Normal	05/29/2020 11:49
	Monitoring	Telemetry	05/29/2020 11:49

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

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Release...

SAN GORGONIO MEMORIAL HOSPITAL**Daily Focus Assessment Report**

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**DOB: **05/12/1990**Admitted: **05/29/2020 00:04**Attending: **BAHIJ G. GHAZAL MD****Assessment Date****Entry Date****Cardiovascular****Entered By:** STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45	Apical Pulse	Regular	05/29/2020 11:49
	Capillary Refill Time	Less Than 3 Seconds	05/29/2020 11:49
	Chest Pain Location	None	05/29/2020 11:49
	Chest Pain Description	None	05/29/2020 11:49

Respiratory**Entered By:** STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45	Respirations	Regular	05/29/2020 11:49
		Unlabored	
	Breath Sounds - R	Clear	05/29/2020 11:49
	Signs/Symptoms	None	05/29/2020 11:49
	Cough	None	05/29/2020 11:49
	Secretions	None	05/29/2020 11:49
	Suction	No	05/29/2020 11:49
	Home Aids	None	05/29/2020 11:49
	O2 Device	Room Air	05/29/2020 11:49
	O2 %	97	05/29/2020 11:49
	Tracheostomy	N/A	05/29/2020 11:49

Gastrointestinal**Entered By:** STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45	Abdomen	Soft	05/29/2020 11:49
		Flat	
	Diet	Regular Diet	05/29/2020 11:49
	Bowel Sounds-UR	Normal Sounds	05/29/2020 11:49
	Bowel Sounds-UL	Normal Sounds	05/29/2020 11:49
	Bowel Sounds-LR	Normal Sounds	05/29/2020 11:49
	Bowel Sounds-LL	Normal Sounds	05/29/2020 11:49
	Ostomy	None	05/29/2020 11:49
	Signs/Symptoms	None	05/29/2020 11:49
	Deflating and Repositioning Rectal Tube	N/A	05/29/2020 11:49
	NG Tube	N/A	05/29/2020 11:49
	G-Tube	N/A	05/29/2020 11:49
	G-Tube Care	N/A	05/29/2020 11:49

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000104

Release...

SAN GORGONIO MEMORIAL HOSPITAL**Daily Focus Assessment Report**

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**DOB: **05/12/1990**Admitted: **05/29/2020 00:04**Attending: **BAHIJ G. GHAZAL MD****Assessment Date****Entry Date****Genitourinary**

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45	Urine Appearance	Clear	05/29/2020 11:49
	Urine Color	Yellow to Amber	05/29/2020 11:49
	Urinary Elimination	Continent	05/29/2020 11:49

Musculoskeletal

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45	Bilateral Movement	Equal	05/29/2020 11:49
	Mobility	Independent walking	05/29/2020 11:49
	R. Arm Strength	Strong	05/29/2020 11:49
	L. Arm Strength	Strong	05/29/2020 11:49
	R. Leg Strength	Strong	05/29/2020 11:49
	L. Leg Strength	Strong	05/29/2020 11:49
	Supportive Devices	None	05/29/2020 11:49

Integumentary

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45	Skin	Dry	05/29/2020 11:49
		Warm	
	Skin Color	Normal for Patient	05/29/2020 11:49
	Mucosa	Moist	05/29/2020 11:49
	Turgor	Elastic	05/29/2020 11:49
	Signs/Symptoms	None	05/29/2020 11:49
	Braden® Scale for Predicting Pressure Sore Risk	Sensory Perception - 4. No Impairment	05/29/2020 11:49
		Moisture - 4. Rarely Moist	
		Activity - 3. Walks Occasionally	
		Mobility - 4. No Limitation	
		Nutrition - 3. Adequate	
		Friction & Shear - 3. No Apparent Problem	
		Total Score: 21/23	

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000105

Release...

SAN GORGONIO MEMORIAL HOSPITAL**Daily Focus Assessment Report**

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**

DOB:

05/12/1990Admitted: **05/29/2020 00:04**Attending: **BAHIJ G. GHAZAL MD****Assessment Date****Entry Date****Psychosocial/Cultural****Entered By:** STEFANIE L. LARSON, RN**Pt. Location:** MS 114B

05/29/2020 07:45	Emotional State	Calm Pleasant	05/29/2020 11:49
	Emotional Reinforcement	Support Provided	05/29/2020 11:49

Treatments**Entered By:** STEFANIE L. LARSON, RN**Pt. Location:** MS 114B

05/29/2020 07:45	Turning Schedule	Self Ambulatory	05/29/2020 11:49
	Anti-Breakdown	Pressure Relief Mattress	05/29/2020 11:49
	Anti-Embolism	Intermit pneumatic comp sleev Apply-Bi	05/29/2020 11:49

Fall Risk Evaluation**Entered By:** STEFANIE L. LARSON, RN**Pt. Location:** MS 114B

05/29/2020 07:45	Morse Falls Scale	History of Falling - 0. No Secondary Diagnosis - 15. Yes Ambulatory Aid - 0. None / Bedrest / Nurse Assist IV Therapy / Heparin Lock - 20. Yes Gait - 0. Normal / Bedrest / Wheelchair Mental Status - 0. Oriented to own ability Total Score: 35/125	05/29/2020 11:49
	Score 25-50 Interventions performed	Uncluttered space Bed rails up x 2 Bed in locked and low position Call light within easy reach Non skid, well fitting footwear when out of bed Adequate lighting Check patient frequently for toileting needs, with special attention at change of shift Instruct patient to use the call light	05/29/2020 11:49

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000106

Release...

SAN GORGONIO MEMORIAL HOSPITAL**Daily Focus Assessment Report**

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**

DOB:

05/12/1990Admitted: **05/29/2020 00:04**Attending: **BAHIJ G. GHAZAL MD****Assessment Date****Entry Date****Sepsis Screen****Entered By:** STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45 Known or Suspected Source of Infection No - Stop Screening - Negative Sceen 05/29/2020 11:49

Patient Education**Entered By:** STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45	Patient Teaching	Disease Process Procedures/Treatments	05/29/2020 11:49
	Readiness to Learn	Asks Questions	05/29/2020 11:49
	Method of Teaching	Explained	05/29/2020 11:49
	Plan of Care Discussed	Unchanged	05/29/2020 11:49
	Response	Verbalize Understanding	05/29/2020 11:49
	D/C Planning	No Change in Plan	05/29/2020 11:49
	Involved in Care Decisions:	Patient	05/29/2020 11:49

Safety & Hygiene**Entered By:** STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45	Safety Checks	Side Rails X 2 Call System in Reach Bed Position Low Wheels Locked Fall Precautions	05/29/2020 11:49
	Protective Devices	None	05/29/2020 11:49
	Catheter Care	N/A	05/29/2020 11:49
	Trach Care	N/A	05/29/2020 11:49
	Ostomy Care	N/A	05/29/2020 11:49
	Feeding	Self Feed	05/29/2020 11:49
	ID Band On	Yes	05/29/2020 11:49
	Allergy Band On	N/A	05/29/2020 11:49
	Pin Care	N/A	05/29/2020 11:49
	Isolation Type	Standard Precautions	05/29/2020 11:49

Assessment Date**Entry Date****IV Assessment** Site: **Arm, Left**
Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 07:45 Site Inspection Clean 05/29/2020 11:49

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000107

Release...

SAN GORGONIO MEMORIAL HOSPITAL**Daily Focus Assessment Report**

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**

DOB:

05/12/1990Admitted: **05/29/2020 00:04**Attending: **BAHIJ G. GHAZAL MD****Assessment Date****Entry Date****IV Assessment Site: Arm, Left****Entered By:** STEFANIE L. LARSON, RN**Pt. Location:** MS 114B

05/29/2020 07:45	Site Inspection	Dry Patent	05/29/2020 11:49
	Actions	Other	05/29/2020 11:49
	Phlebitis Scale	0 - No symptoms.	05/29/2020 11:49
	Infiltration Scale	0 - No symptoms.	05/29/2020 11:49

Assessment Date**Entry Date****Neurological****Entered By:** STEFANIE L. LARSON, RN**Pt. Location:** MS 114B

05/29/2020 12:00	Assessment Review	No Change From Previous Assessment	05/29/2020 12:00
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Coma Scale**Entered By:** STEFANIE L. LARSON, RN**Pt. Location:** MS 114B

05/29/2020 12:00	Glasgow Coma Scale	Eyes - 4. Spontaneous Verbal - 5. Oriented, Alert, Appropriate Motor - 6. Obeys Commands Total Score: 15/15	05/29/2020 12:00
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Eye, Ear, Nose, Throat**Entered By:** STEFANIE L. LARSON, RN**Pt. Location:** MS 114B

05/29/2020 12:00	Assessment Review	No Change From Previous Assessment	05/29/2020 12:00
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Cardiovascular**Entered By:** STEFANIE L. LARSON, RN**Pt. Location:** MS 114B

05/29/2020 12:00	Assessment Review	No Change From Previous Assessment	05/29/2020 12:00
	Chest Pain Location	None	05/29/2020 12:00
	Chest Pain Description	None	05/29/2020 12:00

Respiratory**Entered By:** STEFANIE L. LARSON, RN**Pt. Location:** MS 114B

05/29/2020 12:00	Assessment Review	No Change From Previous Assessment	05/29/2020 12:00
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05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000108

Release...

SAN GORGONIO MEMORIAL HOSPITAL

Daily Focus Assessment Report

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**

Visit ID: **0010622876**

MR Number: **536981**

DOB:

05/12/1990

Admitted: **05/29/2020 00:04**

Attending: **BAHIJ G. GHAZAL MD**

Assessment Date

Entry Date

Respiratory

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Tracheostomy N/A 05/29/2020 12:00

Gastrointestinal

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Assessment Review No Change From Previous Assessment 05/29/2020 12:00
Deflating and Repositioning Rectal Tube N/A 05/29/2020 12:00
G-Tube Care N/A 05/29/2020 12:00

Genitourinary

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Assessment Review No Change From Previous Assessment 05/29/2020 12:00

Musculoskeletal

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Assessment Review No Change From Previous Assessment 05/29/2020 12:00
Supportive Devices None 05/29/2020 12:00

Integumentary

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Assessment Review No Change From Previous Assessment 05/29/2020 12:00

Psychosocial/Cultural

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Assessment Review No Change From Previous Assessment 05/29/2020 12:00

Treatments

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Turning Schedule Self 05/29/2020 12:00
Ambulatory

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000109

Release...

SAN GORGONIO MEMORIAL HOSPITAL**Daily Focus Assessment Report**

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**

DOB:

05/12/1990Admitted: **05/29/2020 00:04**Attending: **BAHIJ G. GHAZAL MD****Assessment Date****Entry Date****Treatments**

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Anti-Breakdown Pressure Relief Mattress 05/29/2020 12:00

Fall Risk Evaluation

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Morse Falls Scale History of Falling - 0. No 05/29/2020 12:00

Secondary Diagnosis - 15. Yes

Ambulatory Aid - 0. None / Bedrest / Nurse Assist

IV Therapy / Heparin Lock - 20. Yes

Gait - 0. Normal / Bedrest / Wheelchair

Mental Status - 0. Oriented to own ability

Total Score: 35/125

Score 25-50 Interventions performed

Uncluttered space

05/29/2020 12:00

Bed rails up x 2

Bed in locked and low position

Call light within easy reach

Non skid, well fitting footwear when out of bed

Adequate lighting

Check patient frequently for toileting needs, with special attention at change of shift

Instruct patient to use the call light

Sepsis Screen

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Known or Suspected Source of Infection No - Stop Screening - Negative Sceen 05/29/2020 12:00

Patient Education

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00 Patient Teaching Procedures/Treatments 05/29/2020 12:00
Readiness to Learn Asks Questions 05/29/2020 12:00
Method of Teaching Explained 05/29/2020 12:00
Plan of Care Discussed Unchanged 05/29/2020 12:00

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

P000110

Release...

SAN GORGONIO MEMORIAL HOSPITAL**Daily Focus Assessment Report**

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**Visit ID: **0010622876**MR Number: **536981**

DOB:

05/12/1990Admitted: **05/29/2020 00:04**Attending: **BAHIJ G. GHAZAL MD****Assessment Date****Entry Date****Patient Education**

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00	Response	Verbalize Understanding	05/29/2020 12:00
	D/C Planning	No Change in Plan	05/29/2020 12:00
	Involved in Care Decisions:	Patient	05/29/2020 12:00

Safety & Hygiene

Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00	Safety Checks	Side Rails X 2	05/29/2020 12:00
		Call System in Reach	
		Bed Position Low	
		Wheels Locked	
		Fall Precautions	
	Protective Devices	None	05/29/2020 12:00
	Catheter Care	N/A	05/29/2020 12:00
	Trach Care	N/A	05/29/2020 12:00
	Ostomy Care	N/A	05/29/2020 12:00
	Feeding	Self Feed	05/29/2020 12:00
	ID Band On	Yes	05/29/2020 12:00
	Allergy Band On	N/A	05/29/2020 12:00
	Pin Care	N/A	05/29/2020 12:00
	Isolation Type	Standard Precautions	05/29/2020 12:00

Assessment Date**Entry Date**

IV Assessment **Site:** Arm, Left
Entered By: STEFANIE L. LARSON, RN
Pt. Location: MS 114B

05/29/2020 12:00	Site Inspection	Clean	05/29/2020 12:00
		Dry	
		Patent	
	Actions	Other	05/29/2020 12:00
	Phlebitis Scale	0 - No symptoms.	05/29/2020 12:00
	Infiltration Scale	0 - No symptoms.	05/29/2020 12:00

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000111

Release...

SAN GORGONIO MEMORIAL HOSPITAL

Ambulatory Assessment/History Report

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB:

05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Assessment Date

Entry Date

Vitals	Entered By: AMBER D. WESTBROOK, RN						
Pt. Location:	Unknown Location Unknown Bed						
Temp	Pulse	Resp	BP	O2 %	Ht	Wt	
05/28/2020 19:12	96.3 F	77	19	116/74	98.0%	72.00 in	175.00 lbs

05/28/2020 19:12 05/28/2020 19:12

Vitals	Entered By: RUTH WAITHAKA, RN						
Pt. Location:	MS 114B						
Temp	Pulse	Resp	BP	O2 %	Ht	Wt	
05/29/2020 02:00				97.0%			05/29/2020 04:07

Room Air

Assessment Date

Entry Date

IV Medications							
Entered By:	RUTH WAITHAKA, RN						
Pt. Location:	ED2 EXAM 16						
05/28/2020 19:35	Site: Arm, Left						05/29/2020 04:05
	Started by: JENNIFER E. LINDBERG, RN						

05/28/2020 19:35

Site: Arm, Left

05/29/2020 04:05

Started by: JENNIFER E. LINDBERG, RN

SAN GORGONIO MEMORIAL HOSPITAL

IV Site and Fluid Report

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**

Visit ID: **0010622876**

MR Number: **536981**

DOB: **05/12/1990**

Admitted: **05/29/2020 00:04**

Attending: **BAHIJ G. GHAZAL MD**

IV Site: **Arm, Left**

Started 05/28/2020 19:35 By JLER

Pt Location: **ED2 EXAM 16**

Type: **Venous**

Entered Date: **05/29/2020 04:05**

Catheter Sz: **20 ga**

Position Modifier:

Catheter Length:

Unsuccessful Attempts:

Lumens No.:

Note:

Added By: **RUTH WAIHAKA, RN On 05/29/2020 04:05**

Pt Location: **ED2 EXAM 16**

IV Site Started By: **JENNIFER E. LINDBERG, RN On 05/28/2020 19:35**

IV Site: **Arm, Left**

IV Type: **Venous**

Catheter Sz: **20 ga**

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

Page 1 of 1

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Release...

SAN GORGONIO MEMORIAL HOSPITAL

IV Assessment Report

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Assessment Date	IV Site:	Arm, Left
	Entered By:	RUTH WAITHAKA, RN

Catheter Sz: 20 ga Entered Date: 05/29/2020 04:05

IV Site Started By: JENNIFER E. LINDBERG, RN Site Started Date: 05/28/2020 19:35

Type: Venous Site Discontinued Date:

No. of Lumens:

Note: No. Unsuccessful Attempts:

05/29/2020 03:00	Pt. Location:	MS 114B	
	Site Inspection:	Clean	05/29/2020 04:13 RUTH WAITHAKA, RN
		Dry	
		Patent	
	Site Actions:	Line Flush	
	Phlebitis Scale:	0 - No symptoms.	
	Infiltration Scale:	0 - No symptoms.	

05/29/2020 07:45	Pt. Location:	MS 114B	
	Site Inspection:	Clean	05/29/2020 11:49 STEFANIE L. LARSON, RN
		Dry	
		Patent	
	Site Actions:	Other	
	Phlebitis Scale:	0 - No symptoms.	
	Infiltration Scale:	0 - No symptoms.	

05/29/2020 12:00	Pt. Location:	MS 114B	
	Site Inspection:	Clean	05/29/2020 12:00 STEFANIE L. LARSON, RN
		Dry	
		Patent	
	Site Actions:	Other	
	Phlebitis Scale:	0 - No symptoms.	
	Infiltration Scale:	0 - No symptoms.	

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

Page 1 of 1

000114

Release...

SAN GORGONIO MEMORIAL HOSPITAL

Intake/Output Report (ml)

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Assessment Date	Intake Source	Intake Amount	Assessment Date	Output Source	Output Amount
Entry Date	ENTERED BY		Entry Date	ENTERED BY	

Shift D 6:00 To 17:59

Meal Percentage Urine

05/29/2020 15:55 Meal, Lunch%
05/29/2020 15:56 STEFANIE L. LARSON, RN

Pt. Location: MS 114B

05/29/2020 15:55 Meal, Breakfast %
05/29/2020 15:56 STEFANIE L. LARSON, RN

Pt. Location: MS 114B

Meal Percentage Total + Urine Total 475

Oral

05/29/2020 15:55 Oral 1
05/29/2020 15:56 STEFANIE L. LARSON, RN

Pt. Location: MS 114B

Oral Total 575

Shift D Intake Total: 575 + Output Total: 475
Shift Net I&O: 100 +

Shift 24 Hour Totals 6:00 To 5:59

Shift 24 Hour Totals Intake Total: 575 + Output Total: 475
24 Hour Net I&O: 100 +

Shift N 18:00 To 5:59

IV Fluids Bowel

05/29/2020 04:00 MIVF
05/29/2020 04:13 RUTH WAITHAKA, RN

Pt. Location: MS 114B

Strike Note: Applied In Error

05/29/2020 05:31 RUTH WAITHAKA, RN

Notes: loose

05/29/2020 04:00 RUTH WAITHAKA, RN

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

000115

Release...

SAN GORGONIO MEMORIAL HOSPITAL

Intake/Output Report (ml)

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admitted: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Assessment Date	Intake Source	Intake Amount	Assessment Date	Output Source	Output Amount
Entry Date	ENTERED BY		Entry Date	ENTERED BY	

Shift	N	18:00	To	5:59	
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IV Fluids	Bowel				
	Strike Note: Applied In Error				
	05/29/2020 05:59	RUTH WAITHAKA, RN			
IV Fluids Total	1200	Bowel Total			
Oral	Urine				
		05/29/2020 04:00 Urine			450
		05/29/2020 04:13 RUTH WAITHAKA, RN			
		Pt. Location: MS 114B			
		Strike Note: Additional Information			
		05/29/2020 05:16 RUTH WAITHAKA, RN			
05/29/2020 04:00 Oral 1	500	05/29/2020 04:00 Urine			750
05/29/2020 04:13 RUTH WAITHAKA, RN		05/29/2020 05:16 RUTH WAITHAKA, RN			
Pt. Location: MS 114B		Pt. Location: MS 114B			
05/29/2020 04:00 Oral 1	660	05/29/2020 04:00 Urine			600
05/29/2020 05:27 RUTH WAITHAKA, RN		05/29/2020 05:27 RUTH WAITHAKA, RN			
Pt. Location: MS 114B		Pt. Location: MS 114B			
Strike Note: Applied In Error		Strike Note: Additional Information			
05/29/2020 05:31 RUTH WAITHAKA, RN		05/29/2020 05:31 RUTH WAITHAKA, RN			
Oral Total	500	Urine Total			750
Shift N	Intake Total:	1100		Output Total:	750
	Shift Net I&O:	350			

Shift	24 Hour Totals	6:00	To	5:59	
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Shift 24 Hour Totals	Intake Total:	1100		Output Total:	750
	24 Hour Net I&O:	350			

Intake Grand Total:	2275 +	Output Grand Total:	1225
Reported Period Net I&O:	1050 +		
Since Admission Net I&O:	450 +		

SAN GORGONIO MEMORIAL HOSPITAL

Vital Sign Report

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit Id: 0010622876

Med Rec No: 536981

Birth Date: 05/12/1990

Admitted: 05/29/2020 00:04

Attend Phys: BAHIJ G. GHAZAL MD

Discharged: 05/29/2020 15:38

	Assess Date/Time:	Assess Date/Time:	Assess Date/Time:	Assess Date/Time:
Vital Type	05/28/2020 19:12 Bed: Unknown Bed	05/29/2020 02:00 Bed: 114B	05/29/2020 07:45 Bed: 114B	05/29/2020 12:15 Bed: 114B

The cells below display the Vital Signs, Notes, Documenter, Co-signer (if applicable), and Date/Time entered.

BP	116/74 05/28/2020 19:12 By: AWER	118/72 NIBP 05/29/2020 04:07 By: MSRW	113/83 NIBP 05/29/2020 08:32 By: MSSL	123/78 NIBP 05/29/2020 16:06 By: MSSL	
Pulse	77 05/28/2020 19:12 By: AWER	77 05/29/2020 04:07 By: MSRW	85 05/29/2020 08:32 By: MSSL	79 05/29/2020 16:06 By: MSSL	
Wt	175.00 lbs 05/28/2020 19:12 By: AWER	70.00 kgs Bed 05/29/2020 04:07 By: MSRW			
BMI*	23.9	21.1			
BSA*	2.01	1.91			
Ht	72.00 in 05/28/2020 19:12 By: AWER	72.00 in 05/29/2020 04:07 By: MSRW			
O2 Sat %		97.0% Room Air 05/29/2020 04:07 By: MSRW	97.0% Room Air 05/29/2020 08:32 By: MSSL	98.0% Room Air 05/29/2020 16:06 By: MSSL	
O2 Sat%,PulseOx	98.0% 05/28/2020 19:12 By: AWER				
Resp	19 05/28/2020 19:12 By: AWER	16 05/29/2020 04:07 By: MSRW	12 05/29/2020 08:32 By: MSSL	12 05/29/2020 16:06 By: MSSL	
Temp	96.3 F 05/28/2020 19:12 By: AWER	97.8 F Oral 05/29/2020 04:07 By: MSRW	98.0 F Oral 05/29/2020 08:32 By: MSSL	98.2 F Oral 05/29/2020 16:06 By: MSSL	

* = calculation

SAN GORGONIO MEMORIAL HOSPITAL

Vital Sign Report

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**

Visit Id: **0010622876**

Med Rec No: **536981**

Birth Date: **05/12/1990**

Admitted: **05/29/2020 00:04**

Attend Phys: **BAHIJ G. GHAZAL MD**

Discharged: **05/29/2020 15:38**

Staff IDs:-----

AWER : AMBER D. WESTBROOK, RN

MSRW : RUTH WAITHAKA, RN

MSSL : STEFANIE L. LARSON, RN

SAN GORGONIO MEMORIAL HOSPITAL

Patient Care Plan Report

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

Birth Date: 05/12/1990

Admitted: 05/29/2020 00:04

Attending:

BAHIJ G. GHAZAL MD

Admitting Diagnosis:

[P] - DEFICIENT KNOWLEDGE (DISEASE PROCESS) (Actual)

Related to: Disease Process

Evidenced by: Verbalization of lack of knowledge

Complete by: Discharge

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:13 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[G/O] - PATIENT WILL DEMONSTRATE ADEQUATE KNOWLEDGE

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:13 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

Evaluated on 05/29/2020 12:30 By STEFANIE L. LARSON, RN

Patient defers all aspects of care to his spouse, both provided education

[I] - EMOTIONAL SUPPORT

Frequency: PRN

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:13 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[I] - INSTRUCT PATIENT/FAMILY ON DISEASE PROCESS

Frequency: PRN

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:13 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[I] - EVALUATE READINESS TO LEARN

Frequency: PRN

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:13 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[I] - IDENTIFY ANY BARRIERS TO LEARNING

Frequency: PRN

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:13 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

SAN GORGONIO MEMORIAL HOSPITAL

Patient Care Plan Report

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

Birth Date: 05/12/1990

Admitted: 05/29/2020 00:04

Attending:

BAHIJ G. GHAZAL MD

Admitting Diagnosis:

[I] - PROVIDE INFORMATION IN WRITTEN AND VERBAL FORM

Frequency: PRN

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:13 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[II] - REINFORCE EXPLANATIONS OF RISK FACTORS, DIETARY AND ACTIVITY RESTRICTIONS, MEDICATIONS, AND SYMPTOMS REQUIRING IMMEDIATE MEDICAL ATTENTION

Frequency: PRN

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:13 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[P] - FLUID VOLUME DEFICIT (Actual)

Related to: Disease Process

Evidenced by: Abnormal electrolyte values, increased heart rate, weak pulses, decreased urine output, and skin tenting

Complete by: Discharge

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[G/O] - PATIENT WILL MAINTAIN OPTIMAL FLUID STATUS

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

Evaluated on 05/29/2020 12:30 By STEFANIE L. LARSON, RN

Encouraged to take in oral fluids, IV fluids administered per MD order

[II] - MONITOR INTAKE AND OUTPUT

Frequency: PRN

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[II] - ASSESS SKIN TURGOR

Frequency: PRN

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

SAN GORGONIO MEMORIAL HOSPITAL

Patient Care Plan Report

Patient Name: MOORE, BRANDEN

Visit ID: 0010622876

MR Number: 536981

Birth Date: 05/12/1990

Admitted: 05/29/2020 00:04

Attending:

BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[I] - MAINTAIN IV FLUIDS AS PRESCRIBED

Frequency: PRN

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[I] - MONITOR LAB VALUES

Frequency: PRN

Initiated on 05/29/2020 01:44 By RUTH WAITHAKA, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[P] - RISK OF FALLING (Actual)

Related to: Unsteady gait

Evidenced by: Difficult balance or sensory motor deficit

Complete by: Discharge

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[G/O] - PATIENT WILL NOT FALL

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Evaluated on 05/29/2020 12:31 By STEFANIE L. LARSON, RN

No falls, patient uses call bell for assistance

[I] - MAINTAIN BED IN LOW POSITION, BED ALARM WHEN NEEDED

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[I] - CALL BELL, URINAL AND WATER WITHIN REACH. OFFER ASSISTANCE ROUTINELY.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

SAN GORGONIO MEMORIAL HOSPITAL

Patient Care Plan Report

Patient Name: **MOORE, BRANDEN**

Visit ID: **0010622876**

MR Number: **536981**

Birth Date: **05/12/1990**

Admitted: **05/29/2020 00:04**

Attending:

BAHIJ G. GHAZAL MD

Admitting Diagnosis:

[I] - ID IDENTIFICATION.

Frequency: CONT

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[II] - ENCOURAGE PATIENTS TO WEAR NON-SKID SLIPPERS OR OWN SHOES.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[III] - LOCK BED, WHEELCHAIRS, STRETCHERS AND COMMODES.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[IV] - ASSESS PATIENT'S ABILITY TO COMPREHEND AND FOLLOW INSTRUCTIONS.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[V] - REVIEW MEDICATIONS FOR POTENTIAL FALL RISKS.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[VI] - EVALUATE TREATMENT FOR PAIN.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN

Reason: Patient Discharged Home

[VII] - FAMILY INVOLVEMENT WITH CONFUSED PATIENTS.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

SAN GORGONIO MEMORIAL HOSPITAL

Patient Care Plan Report

Patient Name: **MOORE, BRANDEN**

Visit ID: **0010622876**

MR Number: **536981**

Birth Date: **05/12/1990**

Admitted: **05/29/2020 00:04**

Attending:

BAHIJ G. GHAZAL MD

Admitting Diagnosis:

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[II] - ROOM CLOSE TO NURSES STATION.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[II] - ROOM CLEAR OF CLUTTER.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[II] - ORIENT SURROUNDINGS, REINFORCE AS NEEDED.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[II] - ADEQUATE LIGHTING.

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[II] - USE YELLOW SLIPPERS TO IDENTIFY GREATER FALL RISK

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

[II] - PLACE YELLOW FALL RISK BAND ON PATIENT

Frequency: PRN

Initiated on 05/29/2020 06:28 By RIQUEZA UMALI, RN

Completed on 05/29/2020 19:14 By JUDITH A. SMULAND, RN
Reason: Patient Discharged Home

SAN GORGONIO MEMORIAL HOSPITAL

Progress Notes Report

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: MOORE, BRANDEN

Visit Id: 0010622876

MR Number: 536981

DOB: 05/12/1990

Admit: 05/29/2020 00:04

Attending: BAHIJ G. GHAZAL MD

Assessment Date Pt. Location	Department	Entry Date Cosigned	Entered By
05/29/2020 16:05 MS 114B	Nursing	05/29/2020 16:05	STEFANIE L. LARSON, RN
	1530 Report given to RN with transfer team		
05/29/2020 16:00 MS 114B	Nursing	05/29/2020 16:00	STEFANIE L. LARSON, RN
	1600 Phone call to VA, still not able to locate RN for report		
05/29/2020 15:58 MS 114B	Nursing	05/29/2020 15:58	STEFANIE L. LARSON, RN
	1330 Left unit via gurney with VA transfer team, alert, oriented, appropriate, no complaints of pain		
05/29/2020 15:04 MS 114B	Nursing	05/29/2020 15:04	STEFANIE L. LARSON, RN
	1505 Phone call to VA, RN not reachable for report		
05/29/2020 15:04 MS 114B	Nursing	05/29/2020 15:04	STEFANIE L. LARSON, RN
	1445 Phone call to VA for report, RN did not answer		
05/29/2020 14:50 MS 114B	Nursing	05/29/2020 14:50	STEFANIE L. LARSON, RN
	1430 Phone call from Stan, case manager, patient will be picked up by VA transfer team for transfer to VA for higher level of care.		
05/29/2020 07:04 MS 114B	Nursing	05/29/2020 07:04	STEFANIE L. LARSON, RN
	0704 Holding insulin glargine until I speak with Dr. Ghazal		
	Strike Note : Applied In Error	05/29/2020 07:05	

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

* Significant Finding

Page 1 of 2
000124

Release...

SAN GORGONIO MEMORIAL HOSPITAL

Progress Notes Report

05/28/2020 19:12 Through 05/30/2020 05:40

Patient Name: **MOORE, BRANDEN**

Visit Id: **0010622876**

MR Number: **536981**

DOB: **05/12/1990**

Admit: **05/29/2020 00:04**

Attending: **BAHIJ G. GHAZAL MD**

Assessment Date	Department	Entry Date	Entered By
Pt. Location		Cosigned	
05/29/2020 06:20	Nursing	05/29/2020 06:20	RUTH WAITHAKA, RN
MS 114B			
	REPORT GIVEN AT BEDSIDE TO STEPHANIE RN		
05/29/2020 04:16	Nursing	05/29/2020 04:16	RUTH WAITHAKA, RN
MS 114B			
	Late entry		
	at 0132 Patient transported on a wheelchair, from ED. awake, alert and oriented, denies cramping at this time, settled into room 114 bed B, and call light explained, and had has fluids infusing at 200 cc/hr.		

05/30/2020 05:41

NOTE: All strikeouts were executed by person making original entry.

* Significant Finding

Page 2 of 2
000125

Release...

DATE 5-29-2020

Skin Care	Therapeutic Mattress	Days	Nights	ADL	Initial	6a-6p																		
	Air Mattress	<input type="checkbox"/>	<input type="checkbox"/>		Independent																			
	Wedge Support	<input type="checkbox"/>	<input type="checkbox"/>		Minimum Assist																			
	Heels Flated	<input type="checkbox"/>	<input type="checkbox"/>		Moderate Assist																			
	Heel Protectors <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>		Maximum Assist (2 persons)																			
	Pillow Support	<input type="checkbox"/>	<input type="checkbox"/>		Chair Min X																			
	Moisture Barrier Applied	<input type="checkbox"/>	<input type="checkbox"/>		Ambulate Ft with																			
	Skin Paste Applied	<input type="checkbox"/>	<input type="checkbox"/>		Bedbath Self																			
	Lotion Applied	<input type="checkbox"/>	<input type="checkbox"/>		Bedbath Complete																			
	Other:	<input type="checkbox"/>	<input type="checkbox"/>		Bedbath Partial																			
<input type="checkbox"/> Independent		Breakfast %		Shower	Self <input type="checkbox"/> Assist <input type="checkbox"/>																			
<input type="checkbox"/> Set Up Only		Lunch %		Refused Offered Bath																				
<input type="checkbox"/> Assist		Dinner %		<input type="checkbox"/> Shave <input type="checkbox"/> Shampoo																				
<input type="checkbox"/> Dependent		Snack %		Oral Hygiene <input type="checkbox"/> Denture Care																				
<input type="checkbox"/> Tube Feeding				Linen Change <input type="checkbox"/> Tele Pads Changed																				
<input type="checkbox"/> NPO				Back Rub																				
				AM Care																				
				Comfort Care																				
Eating	INITIALS		INITIALS		Hygiene	Initial	6p-6a																	
	Days		Nights			<input checked="" type="checkbox"/> Independent																		
	Bedpan					Minimum Assist																		
	Bedside Commode					Moderate Assist																		
	Bathroom					Maximum Assist (2 persons)																		
	Urinal <i>RE</i>					Chair Min X																		
	Incontinent					Ambulate Ft with																		
	Foley Catheter					Bedbath Self																		
	Colostomy					Bedbath Complete																		
	External Catheter					Bedbath Partial																		
Toilet Use	Days		Nights		Shower	Self <input type="checkbox"/> Assist <input type="checkbox"/>																		
	Clear				Refused Offered Bath																			
	Cloudy				<input type="checkbox"/> Shave <input type="checkbox"/> Shampoo																			
	Sediment				Oral Hygiene <input type="checkbox"/> Denture Care																			
	Yellow				Linen Change <input type="checkbox"/> Tele Pads Changed																			
	Amber				Back Rub																			
	Pink				AM Care																			
	Reddish				Comfort Care																			
	Odor																							
Stools	Type 1 - Separate hard lumps, like nuts, hard to pass		<input type="checkbox"/>																					
	Type 2 - Sausage-shaped but lumpy		<input type="checkbox"/>																					
	Type 3 - Like a sausage or snake but with cracks on its surface		<input type="checkbox"/>																					
	Type 4 - Like a sausage or snake, smooth and soft		<input type="checkbox"/>																					
	Type 5 - Soft blobs with clear-cut edges, passed easily		<input type="checkbox"/>																					
	Type 6 - Fluffy pieces with ragged edges, a mushy stool		<input type="checkbox"/>																					
	Type 7 - Watery, no solid pieces, entirely liquid		<input type="checkbox"/>																					
NUMBER OF TIMES	If stool type changes during your shift, document on the reverse side of this page the different types of stool and the times of occurrence.																							
	10																							
	9																							
	8																							
	7																							
	6																							
	5																							
	4																							
	3																							
	2																							
1																								
6	7	8	9	1	1	1	1	1	1	1														
0	1	2	3	4	5	6	7	8	9	0														
										1														
										2														
										3														
										4														
										5														
HOUR OF DAY ● URINE X STOOL																								
Braden Score: AM: _____ PM: _____					If Morse Fall Scale greater than 51: _____																			
Morse Fall Scale: AM: _____ PM: _____																								
06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	
Rounds: <i>RE</i>																								
Toileting: <i>RE</i>																								
Repositioning: <i>RE</i>																								
Toileting Key: V - Voided I - Incontinent R - Refused U - Unable BM - Bowel Management											Positioning Key: S - Supine P - Prone F - Semi Fowlers R - Right 30° sidelying L - Left 30° sidelying D - Dangle SF - Self Turning													
Isolation: <input type="checkbox"/> Contact <input type="checkbox"/> Contact Plus <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Latex Allergy											<input type="checkbox"/> Days <input type="checkbox"/> Nights Armband Accurate and On Patient													
Shift	Print Name					Signature/Initial					Shift	Print Name					Signature/Initial							
AM	R.N./L.V.N.					REQUIRED					PM	R.N./L.V.N.					REQUIRED							



SAN GORGONIO MEMORIAL HOSPITAL
 600 NORTH HIGHLAND SPRINGS AVENUE
 BANNING, CALIFORNIA 92220
 (951) 845-1121

30-0840 (4/14)

MOORE, BRANDEN
 MR 536981 ACCT 0010622876 OBS MS
 05/12/1990 30Y M 05/29/2020 00:04
 SYED M.D., MOHSIN



000126

DATE / TIME

SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220

PT. ID LABEL

30-0840 (4/14)

DAILY FLOWSHEET – PG 2 OF 2

Release...

000127

DATE 5-29-2020

Skin Care	Therapeutic Mattress		<input checked="" type="checkbox"/>	<input type="checkbox"/>																														
	Air Mattress		<input type="checkbox"/>	<input type="checkbox"/>																														
	Wedge Support		<input type="checkbox"/>	<input type="checkbox"/>																														
	Heels Fleated		<input type="checkbox"/>	<input type="checkbox"/>																														
	Heel Protectors <input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/>	<input type="checkbox"/>																														
	Pillow Support		<input type="checkbox"/>	<input type="checkbox"/>																														
	Moisture Barrier Applied		<input type="checkbox"/>	<input type="checkbox"/>																														
	Skin Paste Applied		<input type="checkbox"/>	<input type="checkbox"/>																														
	Lotion Applied		<input type="checkbox"/>	<input type="checkbox"/>																														
	Other:		<input type="checkbox"/>	<input type="checkbox"/>																														
Eating	<input checked="" type="checkbox"/> Independent		Breakfast <i>TAB</i> % Lunch <i>UU</i> % Dinner % Snack %																															
	<input type="checkbox"/> Set Up Only																																	
	<input type="checkbox"/> Assist																																	
	<input type="checkbox"/> Dependent																																	
	<input type="checkbox"/> Tube Feeding																																	
	<input type="checkbox"/> NPO																																	
Toilet Use	INITIALS		INITIALS																															
	Days Nights		Days Nights																															
	Bedpan		Clear																															
	Bedside Commode		Cloudy																															
	Bathroom		Sediment																															
	Urinal <i>LO</i>		Yellow																															
	Incontinent		Amber																															
	Foley Catheter		Pink																															
	Colostomy		Reddish																															
	External Catheter		Odor																															
Stools	Days Nights																																	
	Type 1 - Separate hard lumps, like nuts, hard to pass		<input type="checkbox"/>	<input type="checkbox"/>																														
	Type 2 - Sausage-shaped but lumpy		<input type="checkbox"/>	<input type="checkbox"/>																														
	Type 3 - Like a sausage or snake but with cracks on its surface		<input type="checkbox"/>	<input type="checkbox"/>																														
	Type 4 - Like a sausage or snake, smooth and soft		<input type="checkbox"/>	<input type="checkbox"/>																														
	Type 5 - Soft blobs with clear-cut edges, passed easily		<input type="checkbox"/>	<input type="checkbox"/>																														
	Type 6 - Fluffy pieces with ragged edges, a mushy stool		<input type="checkbox"/>	<input type="checkbox"/>																														
	Type 7 - Watery, no solid pieces, entirely liquid		<input type="checkbox"/>	<input type="checkbox"/>																														
	If stool type changes during your shift, document on the reverse side of this page the different types of stool and the times of occurrence.																																	
	NUMBER OF TIMES	10	9	8	7	6	5	4	3	2	1	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04
HOUR OF DAY ● URINE X STOOL																																		
Braden Score: AM: _____ PM: _____		If Morse Fall Scale greater than 51: _____																																
Morse Fall Scale: AM: _____ PM: _____																																		
Rounds	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05										
Toileting	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>	<i>LO</i>						
Repositioning																																		
Toileting Key: V - Voided I - Incontinent R - Refused U - Unable BM - Bowel Management																																		
Positioning Key: S - Supine P - Prone F - Semi Fowlers R - Right 30° sidelying L - Left 30° sidelying D - Dangle SF - Self Turning																																		
Isolation: <input type="checkbox"/> Contact <input type="checkbox"/> Contact Plus <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Latex Allergy <input checked="" type="checkbox"/> Days <input type="checkbox"/> Nights Armband Accurate and On Patient																																		
Shift	Print Name		Signature/Initial		Shift	Print Name		Signature/Initial																										
<i>An</i>	<i>Jessica M. Sloane</i>		<i>D. Bon</i>																															
AM	R.N./L.V.N.		REQUIRED		PM	R.N./L.V.N.		REQUIRED																										



SAN GORGONIO MEMORIAL HOSPITAL
 600 NORTH HIGHLAND SPRINGS AVENUE
 BANNING, CALIFORNIA 92220
 (951) 845-1121

30-0840 (4/14)

PT. ID. # AREI

MOORE, BRANDEN
 MR 536981 ACCT 0010622876 OBS MS
 05/12/1990 30Y M 05/29/2020 00:04
 SYED M.D., MOHSIN

000128

DATE / TIME

SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220

PT. ID LABEL

30-0840 (4/14)

DAILY FLOWSHEET – PG 2 OF 2

Release...

● 000129

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN Visit ID: 0010622876 Birthdate: 05/12/1990 Location: MS Current Problems: Allergies: NKA

Attending: GHAZAL MD, BAHIJ G., M.D. Age: 30Y Room/Bed: 114B

05/29/2020 Med Rec No: 536981 Arrival Date: 05/28/2020 19:06 Discharged: 05/29/2020 15:38

CPOE Request: ADD Fully Processed:

Order Code: CBC	Complete Blood Count	STAT: <input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Type: LAB		Collected Date: <input type="checkbox"/>	Entered By: SYED M.D., MOHSIN M., M.D.
Frequency: Lab Daily		Call Results? <input type="checkbox"/>	
Priority: ROUTINE		Start Date: <input type="checkbox"/>	Stop Date: <input type="checkbox"/>
Collected By:			# Days: <input type="checkbox"/>
Prep:			Total Qty: <input type="checkbox"/>
Body Site:		Instructions: <input type="checkbox"/>	Qty Today: <input type="checkbox"/>
Specimen Src:			0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753647	13	Complete Blood Count	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request: ADD Fully Processed:

Order Code: CMP	CMP (includes LFT, but not DBIL)	STAT: <input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Type: LAB		Collected Date: <input type="checkbox"/>	Entered By: SYED M.D., MOHSIN M., M.D.
Frequency: Lab Daily		Call Results? <input type="checkbox"/>	
Priority: ROUTINE		Start Date: <input type="checkbox"/>	Stop Date: <input type="checkbox"/>
Collected By:			# Days: <input type="checkbox"/>
Prep:			Total Qty: <input type="checkbox"/>
Body Site:		Instructions: <input type="checkbox"/>	Qty Today: <input type="checkbox"/>
Specimen Src:			0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753646	14	CMP (includes LFT, but not DBIL)	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN
 Visit ID: 0010622876
 Birthdate: 05/12/1990 Sex: MALE
 Location: MS
 Current Problems:
 Allergies: NKA

05/29/2020
 Attending: GHAZAL MD, BAHIJ G., M.D.
 Age: 30Y
 Room/Bed: 114B

Med Rec No: 536981
 Arrival Date: 05/28/2020 19:06
 Discharged: 05/29/2020 15:38

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	CARDENZ	Cardiac Enzyme Screen	
Type:	LAB	STAT:	<input type="checkbox"/>
Frequency:	Every 8 hours	Collected Date:	<input type="checkbox"/>
Priority:	ROUTINE	Call Results?	<input type="checkbox"/>
Collected By:		Start Date:	
Prep:		Stop Date:	
Body Site:		# Days:	
Specimen Src:		Total Qty:	3 Qty Today: 0
Instructions: NOTE: Check time of FIRST DRAW. If one exists, draw 8 hours from FIRST draw time for a TOTAL of 3. If none exists, draw x3 Q8H.			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753654	15	Cardiac Enzyme Screen	05/29/2020 00:04	05/29/2020 00:07	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	LACACID	Lactic Acid	
Type:	LAB	STAT:	<input type="checkbox"/>
Frequency:	Lab Daily	Collected Date:	<input type="checkbox"/>
Priority:	ROUTINE	Call Results?	<input type="checkbox"/>
Collected By:		Start Date:	
Prep:		Stop Date:	
Body Site:		# Days:	
Specimen Src:		Total Qty:	5 Qty Today: 0
Instructions:			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753649	16	Lactic Acid	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN Visit ID: 0010622876 Birthdate: 05/12/1990 Sex: MALE Location: MS Current Problems: Allergies: NKA

Attending: GHAZAL MD, BAHIJ G., M.D. Age: 30Y Room/Bed: 114B

05/29/2020 Med Rec No: 536981 Arrival Date: 05/28/2020 19:06 Discharged: 05/29/2020 15:38

CPOE Request: ADD Fully Processed:

Order Code: MAGNESI	Magnesium	STAT: <input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Type: LAB		Collected Date: <input type="checkbox"/>	Entered By: SYED M.D., MOHSIN M., M.D.
Frequency: Lab Daily		Call Results? <input type="checkbox"/>	
Priority: ROUTINE		Start Date:	Stop Date:
Collected By:			# Days:
Prep:			Total Qty: 5
Body Site:		Instructions:	Qty Today: 0
Specimen Src:			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753651	17	Magnesium	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request: ADD Fully Processed:

Order Code: PHOS	Phosphorus	STAT: <input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Type: LAB		Collected Date: <input type="checkbox"/>	Entered By: SYED M.D., MOHSIN M., M.D.
Frequency: Lab Daily		Call Results? <input type="checkbox"/>	
Priority: ROUTINE		Start Date:	Stop Date:
Collected By:			# Days:
Prep:			Total Qty: 5
Body Site:		Instructions:	Qty Today: 0
Specimen Src:			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753648	18	Phosphorus	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN Visit ID: 0010622876 Birthdate: 05/12/1990 Sex: MALE Location: MS Current Problems: Allergies: NKA

Attending: GHAZAL MD, BAHIJ G., M.D. Age: 30Y Room/Bed: 114B

05/29/2020 Med Rec No: 536981 Arrival Date: 05/28/2020 19:06 Discharged: 05/29/2020 15:38

CPOE Request: ADD Fully Processed:

Order Code: TSH	TSH	STAT: <input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Type: LAB		Collected Date: <input type="checkbox"/>	Entered By: SYED M.D., MOHSIN M., M.D.
Frequency: Lab Daily		Call Results? <input type="checkbox"/>	
Priority: ROUTINE		Start Date: <input type="checkbox"/>	Stop Date: <input type="checkbox"/>
Collected By:			# Days: <input type="checkbox"/>
Prep:			Total Qty: <input type="checkbox"/>
Body Site:		Instructions: <input type="checkbox"/>	Qty Today: <input type="checkbox"/>
Specimen Src:			0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753645	19	TSH	05/29/2020 00:04	05/29/2020 05:00	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request: ADD Fully Processed:

Order Code: FULLCO	Full code	STAT: <input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Type: CODE STATUS			Entered By: SYED M.D., MOHSIN M., M.D.
Frequency: PRN			Start Date: <input type="checkbox"/>
Instructions:			Stop Date: <input type="checkbox"/>
			# Days: <input type="checkbox"/>

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753618	20	Full code	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN
 Visit ID: 0010622876
 Birthdate: 05/12/1990 Sex: MALE
 Location: MS
 Current Problems:
 Allergies: NKA

05/29/2020
 Attending: GHAZAL MD, BAHIJ G., M.D.
 Age: 30Y
 Room/Bed: 114B

Med Rec No: 536981
 Arrival Date: 05/28/2020 19:06
 Discharged: 05/29/2020 15:38

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	IO	Record I and O per unit policy	
Type:	NURSING	STAT:	<input type="checkbox"/>
Frequency:	Continuous	Prep:	
Instructions:			
		Start Date:	
		# Days:	
		Total Qty:	0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753629	21	Record I and O per unit policy	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	Tele	Telemetry	
Type:	NURSING	STAT:	<input type="checkbox"/>
Frequency:	Continuous	Prep:	
Instructions:	Monitor for 72 hours.		
		Start Date:	
		# Days:	3
		Total Qty:	0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753659	22	Telemetry	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	ADM3	Admit to Med / Surg Unit with Telemetry (Observation)						
Type:	NURSING	STAT:	<input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.			
Frequency:	ONCE	Prep:		Entered By:	SYED M.D., MOHSIN M., M.D.			
Instructions:				Start Date:	Stop Date:			
				# Days:	Qty Today:			0
				Total Qty:				

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753631	23	Admit to Med / Surg Unit with Telemetry (Observation)	05/29/2020 00:04	05/29/2020 00:04	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	WT	Daily weight		STAT:	<input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.	
Type:	NURSING		Prep:		Entered By:	SYED M.D., MOHSIN M., M.D.		
Frequency:	Daily				Start Date:	Stop Date:		
Instructions:						# Days:	Qty Today:	0
						Total Qty:		

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753620	24	Daily weight	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN

05/29/2020

Med Rec No: 536981

Visit ID: 0010622876

Arrival Date: 05/28/2020 19:06

Birthdate: 05/12/1990 Sex: MALE

Attending: GHAZAL MD, BAHIJ G., M.D.

Discharged: 05/29/2020 15:38

Location: MS

Age: 30Y
Room/Bed: 114B

Current Problems:

Allergies: NKA

CPOE Request: ADD

Fully Processed:

Order Code: Cardiac Cardiac Strips to be posted every four hours

Order Phys: SYED M.D., MOHSIN M., M.D.

Type: NURSING

STAT:

Entered By: SYED M.D., MOHSIN M., M.D.

Frequency: Every 4 hours

Prep:

Start Date:

Stop Date:

Days:

Qty Today:

0

Total Qty:

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753660	25	Cardiac Strips to be posted every four hours	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type

Activity Date

Performed By

Reason for Deferral or Cancellation

Submitted by 05/29/2020 00:04 SYED M.D., MOHSIN M., M.D.

Acknowledgement 05/29/2020 02:56 WAITHAKA, RUTH, RN

CPOE Request: ADD

Fully Processed:

Order Code: Notify Notify the physician for: Changes in cardiac rhythm

Order Phys: SYED M.D., MOHSIN M., M.D.

Type: NURSING

STAT:

Entered By: SYED M.D., MOHSIN M., M.D.

Frequency: PRN

Prep:

Start Date:

Stop Date:

Days:

Qty Today:

0

Total Qty:

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753662	26	Notify the physician for: Changes in cardiac rhythm	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type

Activity Date

Performed By

Reason for Deferral or Cancellation

Submitted by 05/29/2020 00:04 SYED M.D., MOHSIN M., M.D.

Acknowledgement 05/29/2020 02:56 WAITHAKA, RUTH, RN

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request:	ADD				Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	Notify2	Notify the physician for: Systolic BP above 200 mmHg or below 90 mmHg			Order Phys:	SYED M.D., MOHSIN M., M.D.
Type:	NURSING	STAT:	<input type="checkbox"/>	Entered By:	SYED M.D., MOHSIN M., M.D.	
Frequency:	PRN	Prep:		Start Date:		Stop Date:
Instructions:				# Days:	Qty Today:	
				Total Qty:	0	

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753664	27	Notify the physician for: Systolic BP above 200 mmHg or below 90 mmHg	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD				Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	Notify3	Notify the physician for: New appearances of PAC's or PVC's			Order Phys:	SYED M.D., MOHSIN M., M.D.
Type:	NURSING	STAT:	<input type="checkbox"/>	Entered By:	SYED M.D., MOHSIN M., M.D.	
Frequency:	PRN	Prep:		Start Date:		Stop Date:
Instructions:				# Days:		Qty Today:
				Total Qty:		0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753665	28	Notify the physician for: New appearances of PAC's or PVC's	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN
 Visit ID: 0010622876
 Birthdate: 05/12/1990 Sex: MALE
 Location: MS
 Current Problems:
 Allergies: NKA

05/29/2020
 Attending: GHAZAL MD, BAHIJ G., M.D.
 Age: 30Y
 Room/Bed: 114B

Med Rec No: 536981
 Arrival Date: 05/28/2020 19:06
 Discharged: 05/29/2020 15:38

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	Notify4	Notify the physician for: Runs of ectopics	
Type:	NURSING	STAT:	<input type="checkbox"/>
Frequency:	PRN	Prep:	
Instructions:	Greater than or equal to 6 beats.	Start Date:	Stop Date:
		# Days:	Qty Today:
		Total Qty:	0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753666	29	Notify the physician for: Runs of ectopics	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	Notify5	Notify the physician for: Second or third degree heart block	
Type:	NURSING	STAT:	<input type="checkbox"/>
Frequency:	PRN	Prep:	
Instructions:		Start Date:	Stop Date:
		# Days:	Qty Today:
		Total Qty:	0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753667	30	Notify the physician for: Second or third degree heart block	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request:	ADD				Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	Notify6	Notify physician for: Resp distress.RR over 30 or under 10. O2 Sat less than 88%				
Type:	NURSING	STAT:	<input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.	
Frequency:	PRN	Prep:		Entered By:	SYED M.D., MOHSIN M., M.D.	
Instructions:				Start Date:	Stop Date:	
				# Days:	Qty Today:	0
				Total Qty:		

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753668	31	Notify physician for: Resp distress.RR over 30 or under 10. O2 Sat less than 88%	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

<u>Activity Type</u>	<u>Activity Date</u>	<u>Performed By</u>	<u>Reason for Deferral or Cancellation</u>
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	VITALS	Vital Signs per Unit Protocol				Order Phys:	SYED M.D., MOHSIN M., M.D.	
Type:	NURSING	STAT:	<input type="checkbox"/>	Entered By:	SYED M.D., MOHSIN M., M.D.			
Frequency:	PRN	Prep:						
Instructions:				Start Date:	Stop Date:			
				# Days:	Qty Today:			0
				T-1 C1				

CPOE #	Order #	Order Description	Start Date	Stop Date	Total Qty.	Order Processed
2753619	32	Vital Signs per Unit Protocol	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04	

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN

05/29/2020

Med Rec No: 536981

Visit ID: 0010622876

Arrival Date: 05/28/2020 19:06

Birthdate: 05/12/1990 Sex: MALE

Attending: GHAZAL MD, BAHIJ G., M.D.

Discharged: 05/29/2020 15:38

Location: MS

Age: 30Y
Room/Bed: 114B

Current Problems:

Allergies: NKA

CPOE Request: ADD

Fully Processed:

Order Code: SCD Sequential Compression Device

Type: NURSING

STAT:
Prep:

Order Phys: SYED M.D., MOHSIN M., M.D.

Frequency: Continuous

Entered By: SYED M.D., MOHSIN M., M.D.

Instructions:

Start Date: Stop Date:
Days: Qty Today: 0
Total Qty:

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753657	33	Sequential Compression Device	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type

Activity Date

Performed By

Reason for Deferral or Cancellation

Submitted by 05/29/2020 00:04 SYED M.D., MOHSIN M., M.D.

Acknowledgement 05/29/2020 02:56 WAITHAKA, RUTH, RN

CPOE Request: ADD

Fully Processed:

Order Code: ACT5 Bedrest (Bedside Commode if able)

Type: NURSING

STAT:
Prep:

Order Phys: SYED M.D., MOHSIN M., M.D.

Frequency: Continuous

Entered By: SYED M.D., MOHSIN M., M.D.

Instructions:

Start Date: Stop Date:
Days: Qty Today: 0
Total Qty:

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753628	34	Bedrest (Bedside Commode if able)	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type

Activity Date

Performed By

Reason for Deferral or Cancellation

Submitted by 05/29/2020 00:04 SYED M.D., MOHSIN M., M.D.

Acknowledgement 05/29/2020 02:56 WAITHAKA, RUTH, RN

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	N10	Notify physician if: Temp greater than 100.4 or less than 96.0				Order Phys:	SYED M.D., MOHSIN M., M.D.	
Type:	NURSING	STAT:	<input type="checkbox"/>	Entered By:	SYED M.D., MOHSIN M., M.D.			
Frequency:	PRN	Prep:		Start Date:				
Instructions:				# Days:	Stop Date:			
					Qty Today:			0
				Total Qty:				

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753626	35	Notify physician if: Temp greater than 100.4 or less than 96.0	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	N11	Notify physician if: Respirations greater than 30 or less than 10					
Type:	NURSING	STAT:	<input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.		
Frequency:	PRN	Prep:		Entered By:	SYED M.D., MOHSIN M., M.D.		
Instructions:				Start Date:	Stop Date:		
				# Days:	Qty Today:		
				T-1 C1	0		

CPOE #	Order #	Order Description	Start Date	Stop Date	Total Qty.	Order Processed
2753623	36	Notify physician if: Respirations greater than 30 or heart rate > 120	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04	

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WATHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	N12	Notify physician if: Heart rate greater than 120 or less than 60				Order Phys:	SYED M.D., MOHSIN M., M.D.	
Type:	NURSING	STAT:	<input type="checkbox"/>	Entered By:	SYED M.D., MOHSIN M., M.D.			
Frequency:	PRN	Prep:		Start Date:				
Instructions:				# Days:	Stop Date:			
				Total Qty:	Qty Today:			
					0			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753622	37	Notify physician if: Heart rate greater than 120 or less than 60	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	N13	Notify physician if: SBP greater than 170 or less than 90				Order Phys:	SYED M.D., MOHSIN M., M.D.	
Type:	NURSING	STAT:	<input type="checkbox"/>	Entered By:	SYED M.D., MOHSIN M., M.D.			
Frequency:	PRN	Prep:		Start Date:	Stop Date:			
Instructions:				# Days:	Qty Today:			0
				T-1 C1				

CPOE #	Order #	Order Description	Start Date	Stop Date	Total Qty.	Order Processed
2753624	38	Notify physician if: SBP greater than 170 or less than 90	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04	

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	N14	Notify physician if: DBP greater than 120 or less than 40				Order Phys:	SYED M.D., MOHSIN M., M.D.	
Type:	NURSING	STAT:	<input type="checkbox"/>	Entered By:	SYED M.D., MOHSIN M., M.D.			
Frequency:	PRN	Prep:		Start Date:				
Instructions:				# Days:	Stop Date:			
					Qty Today:			0
				Total Qty:				

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753625	39	Notify physician if: DBP greater than 120 or less than 40	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	
CPOE Request: ADD			Fully Processed: <input checked="" type="checkbox"/>
Order Code: N15	Notify physician if: Change in oxygen requirements		
Type: NURSING	STAT:	<input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Frequency: PRN	Prep:		Entered By: SYED M.D., MOHSIN M., M.D.
Instructions:			Start Date:
			Stop Date:
			# Days:
			Qty Today: 0
			Total Qty:

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753621	40	Notify physician if: Change in oxygen requirements	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	N16	Notify physician if: Urine output less than 120 ml / 4 hours				Order Phys:	SYED M.D., MOHSIN M., M.D.	
Type:	NURSING	STAT:	<input type="checkbox"/>	Entered By:	SYED M.D., MOHSIN M., M.D.			
Frequency:	PRN	Prep:		Start Date:				
Instructions:				# Days:	Stop Date:			
					Qty Today:			0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753627	41	Notify physician if: Urine output less than 120 ml / 4 hours	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD				Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	BCX2	*Blood Cultures X2 PRN For Temp Greater Than 100.4			Order Phys:	SYED M.D., MOHSIN M., M.D.
Type:	NURSING	STAT:	<input type="checkbox"/>		Entered By:	SYED M.D., MOHSIN M., M.D.
Frequency:	PRN	Prep:			Start Date:	
Instructions:	NOTE to Nurse: If patient needs blood cultures place this order through Order Management				# Days:	
					Total Qty:	0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753653	42	*Blood Cultures X2 PRN For Temp Greater Than 100.4	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN
 Visit ID: 0010622876
 Birthdate: 05/12/1990 Sex: MALE
 Location: MS
 Current Problems:
 Allergies: NKA

05/29/2020
 Attending: GHAZAL MD, BAHIJ G., M.D.
 Age: 30Y
 Room/Bed: 114B

Med Rec No: 536981
 Arrival Date: 05/28/2020 19:06
 Discharged: 05/29/2020 15:38

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	Notify7	Notify the physician for: Changes in heart rate greater than 10% of baseline	
Type:	NURSING	STAT: <input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Frequency:	PRN	Prep:	Entered By: SYED M.D., MOHSIN M., M.D.
Instructions:		Start Date:	Stop Date:
		# Days:	Qty Today: 0
		Total Qty:	

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753663	43	Notify the physician for: Changes in heart rate greater than 10% of baseline	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	Notify8	Notify the physician for: Changes in level of consciousness	
Type:	NURSING	STAT: <input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Frequency:	PRN	Prep:	Entered By: SYED M.D., MOHSIN M., M.D.
Instructions:		Start Date:	Stop Date:
		# Days:	Qty Today: 0
		Total Qty:	

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753669	44	Notify the physician for: Changes in level of consciousness	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name: MOORE, BRANDEN
Visit ID: 0010622876
Birthdate: 05/12/1990 Sex: MALE
Location: MS
Current Problems:
Allergies: NKA

Attending: GHAZAL MD, BAHIJ G., M.D.
Age: 30Y
Room/Bed: 114B

Med Rec No: 536981
Arrival Date: 05/28/2020 19:06
Discharged: 05/29/2020 15:38

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	ADM8	Admit from ED		STAT:	<input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.	
Type:	NURSING			Prep:		Entered By:	SYED M.D., MOHSIN M., M.D.	
Frequency:	ONCE					Start Date:		
Instructions:						# Days:	Stop Date:	
						Total Qty:	Qty Today:	
						0		

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753616	45	Admit from ED	05/29/2020 00:04	05/29/2020 00:04	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request: ADD **Fully Processed:**

Order Code: NUEKG2 *Nursing: Order STAT EKG PRN for Chest Pain (Telemetry Protocol)

Type: NURSING **STAT:**

Frequency: PRN **Prep:**

Instructions: NOTE to NURSE: If patient is having chest pain, Order STAT EKG through Order Management.

Order Phys: SYED M.D., MOHSIN M., M.D.
Entered By: SYED M.D., MOHSIN M., M.D.

Start Date: **Stop Date:**
Days: **Qty Today:** 0
Total Qty:

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753670	46	*Nursing: Order STAT EKG PRN for Chest Pain (Telemetry Protocol)	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request:	ADD				Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	NUEKG3	*Nursing: Order STAT EKG IF NOT done in ED (Telemetry Protocol)			Order Phys:	SYED M.D., MOHSIN M., M.D.
Type:	NURSING	STAT:	<input type="checkbox"/>		Entered By:	SYED M.D., MOHSIN M., M.D.
Frequency:	ONCE	Prep:			Start Date:	
Instructions:	Note to Nurse: Place order upon admission through Order Management IF NOT done in ED for Chest Pain.			# Days:	Stop Date:	
					Qty Today:	0
				Total Qty:		

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753661	47	*Nursing: Order STAT EKG IF NOT done in ED (Telemetry Protocol)	05/29/2020 00:04	05/29/2020 00:04	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation			
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.				
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN				
CPOE Request:	ADD					
Order Code:	STATUS1	Place in Observation	STAT:	<input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.
Type:	NURSING		Prep:		Entered By:	SYED M.D., MOHSIN M., M.D.
Frequency:	ONCE				Start Date:	
Instructions:	Anticipated hospitalization less than 2 midnights.			# Days:	Stop Date:	
				Total Qty:	Qty Today:	0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753630	48	Place in Observation	05/29/2020 00:04	05/29/2020 00:04	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
 Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
 Birthdate: 05/12/1990 Sex: MALE Discharged: 05/29/2020 15:38
 Location: MS Age: 30Y
 Current Problems:
 Allergies: NKA

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	RTOXY1	Implement/Continue Oxygen Protocol per Following Indication:		
Type:	RESPIRATORY THERAPY	Transport:	STAT: <input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Frequency:	ONCE	Prep:		Entered By: SYED M.D., MOHSIN M., M.D.
Priority:	ROUTINE			
Instructions:	Pt hypoxic on room air with SaO ₂ below 92% (88% documented CO ₂ retainer).			Start Date: # Days: Total Qty:
				Stop Date: Qty Today: 0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753640	49	Implement/Continue Oxygen Protocol per Following Indication:	05/29/2020 00:04	05/29/2020 00:04	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	RTOXY2	Exclusion Criteria (Do Not Implement Adult Oxygen Protocol):		
Type:	RESPIRATORY THERAPY	Transport:	STAT: <input type="checkbox"/>	Order Phys: SYED M.D., MOHSIN M., M.D.
Frequency:	ONCE	Prep:		Entered By: SYED M.D., MOHSIN M., M.D.
Priority:	ROUTINE			
Instructions:	SaO ₂ greater than 92%(88% documented CO ₂ retainer) on room air			Start Date: # Days: Total Qty:
				Stop Date: Qty Today: 0

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753641	50	Exclusion Criteria (Do Not Implement Adult Oxygen Protocol):	05/29/2020 00:04	05/29/2020 00:04	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request:	ADD				Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	RTOXY5	If O2 sat lower than 92% (88% for documented CO2 retainer): See Instructions					
Type:	RESPIRATORY THERAPY	Transport:	STAT:	<input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.	
Frequency:	ONCE	Prep:				Entered By:	SYED M.D., MOHSIN M., M.D.
Priority:	ROUTINE				Start Date:		
Instructions:	Start O2 @ 2lpm via nasal cannula or amount specified by physician			# Days:	Stop Date:		
					Qty Today:		0
				Total Qty:			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753633	53	If O2 sat lower than 92% (88% for documented CO2 retainer): See Instructions	05/29/2020 00:04	05/29/2020 00:04	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD				Fully Processed:	<input checked="" type="checkbox"/>		
Order Code:	RT oxy 6	Titrate O2 to reach O2 sat greater than 92% (88% documented CO2 retainer)						
Type:	RESPIRATORY THERAPY	Transport:	STAT:	<input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.		
Frequency:	Daily	Prep:				Entered By:	SYED M.D., MOHSIN M., M.D.	
Priority:	ROUTINE				Start Date:		Stop Date:	
Instructions:	via O2 cannula or venti-mask			# Days:		Qty Today:	0	
					Total Qty:			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753634	54	Titrate O2 to reach O2 sat greater than 92% (88% documented CO2 retainer)	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN
 Visit ID: 0010622876
 Birthdate: 05/12/1990 Sex: MALE
 Location: MS
 Current Problems:
 Allergies: NKA

05/29/2020
 Attending: GHAZAL MD, BAHIJ G., M.D.
 Age: 30Y
 Room/Bed: 114B

Med Rec No: 536981
 Arrival Date: 05/28/2020 19:06
 Discharged: 05/29/2020 15:38

CPOE Request:	ADD					Fully Processed: <input checked="" type="checkbox"/>		
Order Code:	RTOXY7	Monitor O2 sat once per shift (12 hrs) to assure adequate oxygen supplementation	Transport:	STAT: <input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.		
Type:	RESPIRATORY THERAPY		Prep:		Entered By:	SYED M.D., MOHSIN M., M.D.		
Frequency:	Twice a day				Start Date:	Stop Date:		
Priority:	ROUTINE				# Days:	Qty Today: 0		
Instructions:					Total Qty:			
CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed			
2753635	55	Monitor O2 sat once per shift (12 hrs) to assure adequate oxygen supplementation	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04			
Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation					
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.						
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN						
CPOE Request:	ADD					Fully Processed: <input checked="" type="checkbox"/>		
Order Code:	RTOXY8	O2 may be dc if Room Air sat greater than 92%(88%documentedCO2retainer) for	Transport:	STAT: <input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.		
Type:	RESPIRATORY THERAPY		Prep:		Entered By:	SYED M.D., MOHSIN M., M.D.		
Frequency:	Daily				Start Date:	Stop Date:		
Priority:	ROUTINE				# Days:	Qty Today: 0		
Instructions:					Total Qty:			
CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed			
2753636	56	O2 may be dc if Room Air sat greater than 92%(88%documentedCO2retainer) for 24h	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04			
Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation					
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.						
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN						

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
 Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
 Birthdate: 05/12/1990 Sex: MALE Discharged: 05/29/2020 15:38
 Location: MS Age: 30Y
 Current Problems:
 Allergies: NKA

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	RTOXY9 Notify provider if FiO2 greater than 50% required to maintain SaO2 parameters	Order Phys:	SYED M.D., MOHSIN M., M.D.
Type:	RESPIRATORY THERAPY Transport:	Entered By:	SYED M.D., MOHSIN M., M.D.
Frequency:	Daily Prep:	Start Date:	
Priority:	ROUTINE	# Days:	
Instructions:	to maintain SaO2 above 92% or 88% documented CO2 retainer or COPD goal O2 Saturation	Stop Date:	
		Qty Today:	0
Total Qty:			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753637	57	Notify provider if FiO2 greater than 50% required to maintain SaO2 parameters	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD	Fully Processed:	<input checked="" type="checkbox"/>
Order Code:	RTOXY10 Notify provider if 5Lpm nasal cannula required to maintain SaO2 parameters	Order Phys:	SYED M.D., MOHSIN M., M.D.
Type:	RESPIRATORY THERAPY Transport:	Entered By:	SYED M.D., MOHSIN M., M.D.
Frequency:	Daily Prep:	Start Date:	
Priority:	ROUTINE	# Days:	
Instructions:	to maintain SaO2 above 92% or 88% documented CO2 retainer or COPD goal O2 Saturation	Stop Date:	
		Qty Today:	0
Total Qty:			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753638	58	Notify provider if 5Lpm nasal cannula required to maintain SaO2 parameters	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
 Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
 Birthdate: 05/12/1990 Sex: MALE Discharged: 05/29/2020 15:38
 Location: MS Age: 30Y
 Current Problems:
 Allergies: NKA

CPOE Request: ADD Fully Processed:
 Order Code: RTOXY11 Notify provider: If reinitiating oxygen therapy past 24 hrs on Room Air
 Type: RESPIRATORY THERAPY Transport: STAT: Order Phys: SYED M.D., MOHSIN M., M.D.
 Frequency: Daily Prep: Entered By: SYED M.D., MOHSIN M., M.D.
 Priority: ROUTINE
 Instructions: Start Date: Stop Date:
Days: Qty Today: 0
Total Qty:

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753639	59	Notify provider: If reinitiating oxygen therapy past 24 hrs on Room Air	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request: ADD Fully Processed:
 Order Code: RTOXY12 COPD Goal Oxygen Saturation:
 Type: RESPIRATORY THERAPY Transport: STAT: Order Phys: SYED M.D., MOHSIN M., M.D.
 Frequency: Daily Prep: Entered By: SYED M.D., MOHSIN M., M.D.
 Priority: ROUTINE
 Instructions: Low 90s Start Date: Stop Date:
Days: Qty Today: 0
Total Qty:

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753643	60	COPD Goal Oxygen Saturation:	05/29/2020 00:04	05/29/2020 15:38	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request:	ADD					Fully Processed:	<input checked="" type="checkbox"/>	
Order Code:	DX	Primary Diagnosis		STAT:	<input type="checkbox"/>	Order Phys:	SYED M.D., MOHSIN M., M.D.	
Type:	NURSING		Prep:		Entered By:	SYED M.D., MOHSIN M., M.D.		
Frequency:	ONCE				Start Date:	05/28/2020 23:58	Stop Date:	05/28/2020 23:58
Instructions:	Primary Diagnosis: AKI, rhabdomyolysis					# Days:	Qty Today: 0	
					Total Qty:	0		

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753617	61	Primary Diagnosis	05/28/2020 23:58	05/28/2020 23:58	05/29/2020 00:04

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request: Fully Processed: **Diet Order Note:** **Order Phys:** SYED M.D., MOHSIN M., M.D.
Entered By: SYED M.D., MOHSIN M., M.D.

N	Order Code	Description	Frequency	Start Date	Stop Date	Held Reason
	REG	Regular Diet	MEALS			
	ADD		Note:			
CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed	
2753644	64	Regular Diet	05/29/2020 01:51	05/29/2020 15:38		

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN Visit ID: 0010622876 Birthdate: 05/12/1990 Sex: MALE Location: MS Current Problems: Allergies: NKA

05/29/2020

Attending: GHAZAL MD, BAHIJ G., M.D.
Age: 30Y
Room/Bed: 114B

Med Rec No: 536981
Arrival Date: 05/28/2020 19:06
Discharged: 05/29/2020 15:38

CPOE Request: ADD Fully Processed:

Order Code: CMP	CMP (includes LFT, but not DBIL)	STAT: <input type="checkbox"/>	Order Phys: GHAZAL MD, BAHIJ G., M.D.
Type: LAB	Collected Date:	Entered By: GHAZAL MD, BAHIJ G., M.D.	
Frequency: ONCE	Call Results? <input type="checkbox"/>		
Priority: ROUTINE	Start Date: 05/29/2020 12:19	Stop Date: 05/29/2020 12:19	# Days: Total Qty: 0
Collected By:	Instructions:		
Prep:			
Body Site:			
Specimen Src: BLOOD			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753948	65	CMP (includes LFT, but not DBIL)	05/29/2020 12:19	05/29/2020 12:19	05/29/2020 08:19

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 08:19	GHAZAL MD, BAHIJ G., M.D.	
Acknowledgement	05/29/2020 08:25	LARSON, STEFANIE L., RN	

CPOE Request: ADD Fully Processed:

Order Code: CARDENZ	Cardiac Enzyme Screen	STAT: <input type="checkbox"/>	Order Phys: GHAZAL MD, BAHIJ G., M.D.
Type: LAB	Collected Date:	Entered By: GHAZAL MD, BAHIJ G., M.D.	
Frequency: ONCE	Call Results? <input type="checkbox"/>		
Priority: ROUTINE	Start Date: 05/29/2020 12:19	Stop Date: 05/29/2020 12:19	# Days: Total Qty: 0
Collected By:	Instructions:		
Prep:			
Body Site:			
Specimen Src: BLOOD			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2753949	66	Cardiac Enzyme Screen	05/29/2020 12:19	05/29/2020 12:19	05/29/2020 08:19

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 08:19	GHAZAL MD, BAHIJ G., M.D.	
Acknowledgement	05/29/2020 08:25	LARSON, STEFANIE L., RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN Visit ID: 0010622876 Birthdate: 05/12/1990 Sex: MALE Location: MS Current Problems: Allergies: NKA

05/29/2020

Attending: GHAZAL MD, BAHIJ G., M.D.
Age: 30Y
Room/Bed: 114B

Med Rec No: 536981
Arrival Date: 05/28/2020 19:06
Discharged: 05/29/2020 15:38

CPOE Request: ADD Fully Processed:

Order Code: CARDENZ	Cardiac Enzyme Screen	STAT: <input type="checkbox"/>	Order Phys: GHAZAL MD, BAHIJ G., M.D.
Type: LAB	Collected Date:	Entered By: GHAZAL MD, BAHIJ G., M.D.	
Frequency: Lab Daily	Call Results? <input type="checkbox"/>		
Priority: ROUTINE	Start Date:	Stop Date:	# Days:
Collected By:			Total Qty:
Prep:			Qty Today: 0
Body Site:	Instructions:		
Specimen Src: BLOOD			

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2754428	68	Cardiac Enzyme Screen	05/29/2020 13:33	05/29/2020 15:38	05/29/2020 13:33

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 13:33	GHAZAL MD, BAHIJ G., M.D.	
Acknowledgement	05/29/2020 13:57	LARSON, STEFANIE L., RN	

CPOE Request: ADD Fully Processed: Telephone

Order Code: OTH1	Nursing Order:	STAT: <input type="checkbox"/>	Order Phys: GHAZAL MD, BAHIJ G., M.D.
Type: NURSING		Prep:	Entered By: LARSON, STEFANIE L., RN
Frequency: Continuous			Read Back & Verified: 05/29/2020 14:54
Instructions: Transfer to VA for higher level of care			Start Date: Stop Date:
			# Days: Qty Today: 0
			Total Qty:

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2754479	69	Nursing Order:	05/29/2020 14:54	05/29/2020 15:38	05/29/2020 14:54

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 14:54	LARSON, STEFANIE L., RN	
Acknowledgement	05/29/2020 15:01	LARSON, STEFANIE L., RN	
Telephone Electronically Signed by	05/29/2020 17:00	GHAZAL MD, BAHIJ G., M.D.	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request: ADD Fully Processed: Telephone:

Order Code: OTH1 **Nursing Order:**
Type: NURSING **STAT:**
Frequency: Continuous **Prep:**
Instructions: Pt stable for transfer and OK to go to Loma Linda VA acute to acute tele bed when bed available.

Order Phys: GHAZAL MD, BAHIJ G., M.D.
Entered By: BISHO, STANLEY D., RN
Read Back & Verified: 05/29/2020 14:59
Start Date: **Stop Date:**
Days: **Qty Today:** 0
Total Qty:

CPOE #	Order #	Order Description	Start Date	Stop Date	Order Processed
2754480	70	Nursing Order:	05/29/2020 14:59	05/29/2020 15:38	05/29/2020 14:59

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 14:59	BISHO, STANLEY D., RN	
Acknowledgement	05/29/2020 15:01	LARSON, STEFANIE L., RN	
Telephone Electronically Signed by	05/29/2020 17:00	GHAZAL MD, BAHIJ G., M.D.	

CPOE Request: ADD **Order Type:** MED **Order Phys:** SYED M.D., MOHSIN M., M.D.
Entered By: SYED M.D., MOHSIN M., M.D.

Drug	Dose	Form	Freq
ENOXAparin 40 MG/0.4 ML	40 MG/0.4 ML	SYRINGE	

CPOE #	Rx #	Order Description	Start Date	Stop Date	Order Processed
2753658	2278688	ENOXAParin 40 MG/0.4 ML SUBC	05/29/2020 00:44	05/29/2020 15:38	05/29/2020 00:44

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 01:49	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN Visit ID: 0010622876 Birthdate: 05/12/1990 Sex: MALE Location: MS Current Problems: Allergies: NKA

Attending: GHAZAL MD, BAHIJ G., M.D. Age: 30Y Room/Bed: 114B

Med Rec No: 536981 Arrival Date: 05/28/2020 19:06 Discharged: 05/29/2020 15:38

CPOE Request: ADD Order Type: MED

Order Phys: SYED M.D., MOHSIN M., M.D.
Entered By: SYED M.D., MOHSIN M., M.D.

Route: SL Start Date: Stop Date:
Rate/Frequency: AS NEEDED (PRN)
Instructions: DISSOLVE SLOWLY IN MOUTH
PRN FOR CHEST PAIN. MAY REPEAT EVERY 5 MINUTES FOR A TOTAL OF 3 DOSES. IF PAIN NOT RELIEVED NOTIFY PHYSICIAN.

Drug	Dose	Form	Freq
nitroGLYCERIN 0.4 MG (PRN)	0.4 MG	TABLET, SUBLINGUAL	
CPOE # Rx # Order Description 2753671 2278689 nitroGLYCERIN 0.4 MG SL	Start Date 05/29/2020 00:44	Stop Date 05/29/2020 15:38	Order Processed 05/29/2020 00:45

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request: ADD Order Type: MED

Order Phys: SYED M.D., MOHSIN M., M.D.
Entered By: SYED M.D., MOHSIN M., M.D.

Route: ORAL Start Date: Stop Date:
Rate/Frequency: EVERY SIX HOURS AS NEEDED (PRN)
Instructions: DO NOT EXCEED 3250mg ACETAMINOPHEN PER 24 HOURS (INCLUDING NARCOTICS THAT CONTAIN ACETAMINOPHEN), MAX 650 MG OF ACETAMINOPHEN PER DOSE

PRN FOR TEMP GREATER THAN 100.4 OR MILD PAIN, MAX DOSE: 650MG/DOSE OR 3250MG/DAILY

Drug	Dose	Form	Freq
ACETAMINOPHEN 650 MG (PRN)	650 MG	TABLET	
CPOE # Rx # Order Description 2753672 2278690 ACETAMINOPHEN 650 MG ORAL	Start Date 05/29/2020 00:45	Stop Date 05/29/2020 15:38	Order Processed 05/29/2020 00:45

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name:	MOORE, BRANDEN	Date:	05/29/2020	Med Rec No:	536981
Visit ID:	0010622876	Attending:	GHAZAL MD, BAHIJ G., M.D.	Arrival Date:	05/28/2020 19:06
Birthdate:	05/12/1990	Sex:	MALE	Discharged:	05/29/2020 15:38
Location:	MS	Age:	30Y		
Current Problems:					
Allergies:	NKA				

CPOE Request:	ADD	Order Phys:	SYED M.D., MOHSIN M., M.D.
Order Type:	MED	Entered By:	SYED M.D., MOHSIN M., M.D.
Route:	ORAL	Start Date:	
Rate/Frequency:	TWICE DAILY	Duration:	Stop Date:

Drug	Dose	Form	Freq
FAMOTidine 20 MG	20 MG	TABLET	
CPOE # Rx # Order Description	Start Date	Stop Date	Order Processed

2753673 2278691 FAMOTidine 20 MG ORAL 05/29/2020 01:00 05/29/2020 15:38 05/29/2020 00:45

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 01:49	WAITHAKA, RUTH, RN	

CPOE Request:	ADD	Order Phys:	SYED M.D., MOHSIN M., M.D.
Order Type:	IV	Entered By:	SYED M.D., MOHSIN M., M.D.
Route:	IV	Start Date:	
Rate/Frequency:	Priority: STAT 200 ML/HR TITRATE AS DIRECTED	Duration:	Stop Date:

Drug	Dose	Form	Freq
Dextrose 5%-1/2 Normal Saline 1000 ML	1000 ML	PARENTERAL SOLUTI	
CPOE # Rx # Order Description	Start Date	Stop Date	Order Processed

2753674 2278692 Dextrose 5%-1/2 Normal Saline 1000 ML IV 05/29/2020 00:45 05/29/2020 08:21 05/29/2020 00:45

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 01:49	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL

CPOE Orders Report

Patient Name: MOORE, BRANDEN 05/29/2020 Med Rec No: 536981
Visit ID: 0010622876 Attending: GHAZAL MD, BAHIJ G., M.D. Arrival Date: 05/28/2020 19:06
Birthdate: 05/12/1990 Sex: MALE Age: 30Y Discharged: 05/29/2020 15:38
Location: MS Room/Bed: 114B
Current Problems:
Allergies: NKA

CPOE Request: DISCONTINUE
Order Type: IV
Route: IV
Rate/Frequency: 200 ML/HR TITRATE AS DIRECTED
Order Phys: GHAZAL MD, BAHIJ G., M.D.
Entered By: GHAZAL MD, BAHIJ G., M.D.
Start Date: 05/29/2020 00:45 **Stop Date:** 05/29/2020 08:21

Drug	Dose	Form	Freq		
Dextrose 5%-1/2 Normal Saline 1,000 ML IV	1,000 ML	PARENTERAL SOLUTIC			
CPOE #	Rx #	Order Description	Start Date	Stop Date	Order Processed
2753950	2278692	Dextrose 5%-1/2 Normal Saline 1,000 ML IV	05/29/2020 00:45	05/29/2020 08:21	05/29/2020 08:29

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 08:21	GHAZAL MD, BAHIJ G., M.D.	
Acknowledgement	05/29/2020 08:25	LARSON, STEFANIE L., RN	

CPOE Request: ADD **Order Type:** MED **Order Phys:** SYED M.D., MOHSIN M., M.D.
Entered By: SYED M.D., MOHSIN M., M.D.

Route: IV **Start Date:** **Stop**
Rate/Frequency: EVERY EIGHT HOURS AS NEEDED (PRN) **Duration:**
Instructions: PRN FOR NAUSEA / VOMITING

Drug	Dose	Form	Freq		
ONDANsetron (PF) 4 MG/2 ML (PRN)	4 MG/2 ML	SOLUTION			
CPOE #	Rx #	Order Description	Start Date	Stop Date	Order Processed
2753675	2278693	ONDANsetron (PF) 4 MG/2 ML IV	05/29/2020 00:45	05/29/2020 15:38	05/29/2020 00:45

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

SAN GORGONIO MEMORIAL HOSPITAL
CPOE Orders Report

Patient Name:	MOORE, BRANDEN	05/29/2020	Med Rec No:	536981	
Visit ID:	0010622876	Attending:	GHAZAL MD, BAHIJ G., M.D.	Arrival Date:	05/28/2020 19:06
Birthdate:	05/12/1990	Sex:	MALE	Discharged:	05/29/2020 15:38
Location:	MS	Age:	30Y		
Current Problems:		Room/Bed:	114B		
Allergies:	NKA				

CPOE Request:	ADD	Order View Order		
Order Text:	Rocephin 1 gram intravenously Piggyback every 24 hours			
Priority:	STAT			
Start Date:			Stop Date:	
			Order Phys:	SYED M.D., MOHSIN M., M.D.
			Entered By:	SYED M.D., MOHSIN M., M.D.

CPOE #	Rx #	Order Description	Start Date	Stop Date	Order Processed
2753676	2278747	cefTRIAXone 1 GRAM	05/29/2020 21:00	05/29/2020 15:38	05/29/2020 06:32

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 00:04	SYED M.D., MOHSIN M., M.D.	
Acknowledgement	05/29/2020 02:56	WAITHAKA, RUTH, RN	

CPOE Request:	ADD	Order View Order		
Order Text:	Sodium Chloride 0.9 % 250 mL/hour intravenously Infusion (Drip)			
Start Date:			Stop Date:	
			Order Phys:	GHAZAL MD, BAHIJ G., M.D.
			Entered By:	GHAZAL MD, BAHIJ G., M.D.

CPOE #	Rx #	Order Description	Start Date	Stop Date	Order Processed
2753951	2278829	Sodium Chloride 0.9% 0.9 % 1,000 ML	05/29/2020 08:30	05/29/2020 15:38	05/29/2020 08:30

Activity Type	Activity Date	Performed By	Reason for Deferral or Cancellation
Submitted by	05/29/2020 08:21	GHAZAL MD, BAHIJ G., M.D.	
Acknowledgement	05/29/2020 08:25	LARSON, STEFANIE L., RN	

Ordering Physicians:

BGMD GHAZAL MD, BAHIJ G., M.D.
 BM1M SYED M.D., MOHSIN M., M.D.

San Gorgonio Memorial Hospital Pharmacy

Printed: 05/30/2020 02:09

Patient Medication Profile

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Name: **MOORE, BRANDEN** Room: **114-114B** PCU: MEDSURG
 Visit #: 0010622876 Weight: 70 Height: 72
 Physician: SYED M.D., MOHSIN M. BMI: 21.1 Age: 30 YEARS
 Allergies: NKA Admit Date: 05/29/2020 00:04 Sex: M

Inactive Therapies

Rx #	Description	Dose	Route / Directions	Start	Stop
>>>>>>>>>>>> Medication <<<<<<<<<					
2278624	LORazepam SOLUTION 2 MG/ML	2 MG/ML		05/28	05/28 19:23 19:23
	[ATIVAN]				

2278688	ENOXAparin SYRINGE 40 MG/0.4 ML	40 MG/0.4 ML	EVERY TWENTY- FOUR HOURS	05/29	05/29 00:44 15:38
	[LOVENOX]				

CPOE COMMENT: BLACK BOX WARNING EXISTS
 PLEASE REFER TO BBW MEDICATION GUIDELINES
 SPINAL/EPIDURAL HEMATOMA RISK WITH SPINAL CATHETER
 BE AWARE OF EPIDURAL ORDERS WITH PTS ON ENOXAPARIN; ADVISE NURSING TO
 HOLD UNTIL 12HRS AFTER EPIDURAL REMOVAL.

2278691	FAMOTidine TABLET 20 MG	20 MG	BY MOUTH TWICE DAILY	05/29	05/29 01:00 15:38
	[PEPCID]				

>>>>>>>>>>>> PRN <<<<<<<<					
2278689	nitroGLYCERIN TABLET, SUBLINGUAL 0.4 MG	0.4 MG	SUBLINGUAL AS NEEDED	05/29	05/29 00:44 15:38
	[NITROQUICK]				

CPOE COMMENT: DISSOLVE SLOWLY IN MOUTH
 PRN FOR CHEST PAIN. MAY REPEAT EVERY 5 MINUTES FOR A TOTAL OF 3 DOSES. IF PAIN
 NOT RELIEVED NOTIFY PHYSICIAN.

2278690	ACETAMINOPHEN TABLET 325 MG	650 MG	BY MOUTH EVERY SIX HOURS AS NEEDED	05/29	05/29 00:45 15:38
	[TYLENOL]				

CPOE COMMENT: DO NOT EXCEED 3250MG ACETAMINOPHEN PER 24 HOURS (INCLUDING
 NARCOTICS THAT CONTAIN ACETAMINOPHEN), MAX 650 MG OF ACETAMINOPHEN PER
 DOSE

PRN FOR TEMP GREATER THAN 100.4 OR MILD PAIN, MAX DOSE: 650MG/DOSE OR
 3250MG/DAILY

000162

Release...

San Gorgonio Memorial Hospital Pharmacy

Printed: 05/30/2020 02:09

Patient Medication Profile

Page 2 of 3

Name: **MOORE, BRANDEN** Room: **114-114B** PCU: MEDSURG
 Visit #: 0010622876 Weight: 70 Height: 72
 Physician: SYED M.D., MOHSIN M. BMI: 21.1 Age: 30 YEARS
 Allergies: NKA Admit Date: 05/29/2020 00:04 Sex: M

Inactive Therapies

Rx #	Description	Dose	Route / Directions	Start	Stop
>>>>>>>>>>>>> Medication <<<<<<<<<<					
>>>>>>>>>>>>> PRN <<<<<<<<<					
2278693	ONDANsetron (PF) SOLUTION 4 MG/2 ML [ZOFRAN]	4 MG/2 ML	EVERY EIGHT HOURS AS NEEDED	05/29 00:45	05/29 15:38
CPOE COMMENT: PRN FOR NAUSEA / VOMITING					
>>>>>>>>>>>>>> Intravenous <<<<<<<<<					
2278692	Dextrose 5%-1/2 Normal Saline PARENTERAL SOLUTION [DEXTROSE 5%-1/2 NORMAL SALINE]	1,000 ML	TITRATE AS DIRECTED	05/29 00:45	05/29 08:21
2278829	Sodium Chloride 0.9% PARENTERAL SOLUTION 0.9 % [SODIUM CHLORIDE 0.9 %]	1,000 ML	IVF RATE	05/29 08:30	05/29 15:38
>>>>>>>>>>>>>> Piggy Back <<<<<<<<<					
2278687	cefTRIAxone RECON SOLN 1 GRAM [ROCEPHIN]	1 GRAM		05/29 00:42	05/29 00:42
2278694	cefTRIAxone RECON SOLN 1 GRAM [ROCEPHIN]	1 GRAM	ONCE	05/29 00:47	05/29 04:46

DRUG INTERACTION

DEXTROSE 5% 50ML

Drug Intrxn w/calcium-containing products:

*Do not use diluents containing calcium to reconstitute vials

*Must not be administered simultaneously via Ysite w/Calcium containing IV fluids via Ysite (LR, Ringers, TPN, PPN, IVs+CA)

*May admin if flushed thoroughly BETWEEN infusions w/NS

ADMINISTER OVER 30 MINUTES

**** TIME SENSITIVE MEDICATON ****

MUST BE ADMINISTERED WITHIN 30 MINUTES BEFORE OR AFTER SCHEDULED DOSE.

000163

Release...

San Gorgonio Memorial Hospital Pharmacy

Printed: 05/30/2020 02:09

Patient Medication Profile

Page 3 of 3

Name: **MOORE, BRANDEN** Room: **114-114B** PCU: MEDSURG
Visit #: 0010622876 Weight: 70 Height: 72
Physician: SYED M.D., MOHSIN M. BMI: 21.1 Age: 30 YEARS
Allergies: NKA Admit Date: 05/29/2020 00:04 Sex: M

Inactive Therapies

<u>Rx #</u>	<u>Description</u>	<u>Dose</u>	<u>Route / Directions</u>	<u>Start</u>	<u>Stop</u>
>>>>>>>>>>>>> Piggy Back <<<<<<<<<<					
2278747	cefTRIAXone RECON SOLN 1 GRAM [ROCEPHIN]	1 GRAM	EVERY TWENTY- FOUR HOURS	05/29 21:00	05/29 15:38

DRUG INTERACTION

DEXTROSE 5% 50ML

DRUG INTRXN W/CALCIUM-CONTAINING PRODUCTS:

*DO NOT USE DILUENTS CONTAINING CALCIUM TO RECONSTITUTE VIALS

*MUST NOT BE ADMINISTERED SIMULTANEOUSLY VIA YSITE W/CALCIUM CONTAINING IV FLUIDS VIA YSITE (LR, RINGERS, TPN, PPN, IVS+CA)

*MAY ADMIN IF FLUSHED THOROUGHLY BETWEEN INFUSIONS W/NS

ADMINISTER OVER 30 MINUTES

**** TIME SENSITIVE MEDICATON ****

MUST BE ADMINISTERED WITHIN 30 MINUTES BEFORE OR AFTER SCHEDULED DOSE.

000164**Release...**

San Gorgonio Memorial Hospital Pharmacy

Printed: 05/31/2020 02:09

Patient Medication Profile

Page 1 of 3

Name: **MOORE, BRANDEN** Room: **114-114B** PCU: MEDSURG
 Visit #: **0010622876** Weight: **70** Height: **72**
 Physician: **SYED M.D., MOHSIN M.** BMI: **21.1** Age: **30 YEARS**
 Allergies: **NKA** Admit Date: **05/29/2020 00:04** Sex: **M**

Inactive Therapies

<u>Rx #</u>	<u>Description</u>	<u>Dose</u>	<u>Route / Directions</u>	<u>Start</u>	<u>Stop</u>
>>>>>>>>>>>>> Medication <<<<<<<<<<<<					
2278624	LORazepam SOLUTION 2 MG/ML	2 MG/ML		05/28	05/28 19:23 19:23
	[ATIVAN]				
2278688	ENOXAparin SYRINGE 40 MG/0.4 ML	40 MG/0.4 ML	EVERY TWENTY- FOUR HOURS	05/29	05/29 00:44 15:38
	[LOVENOX]				

CPOE COMMENT: BLACK BOX WARNING EXISTS
 PLEASE REFER TO BBW MEDICATION GUIDELINES
 SPINAL/EPIDURAL HEMATOMA RISK WITH SPINAL CATHETER
 BE AWARE OF EPIDURAL ORDERS WITH PTS ON ENOXAPARIN; ADVISE NURSING TO
 HOLD UNTIL 12HRS AFTER EPIDURAL REMOVAL.

2278691	FAMOTidine TABLET 20 MG	20 MG	BY MOUTH TWICE DAILY	05/29	05/29 01:00 15:38
	[PEPCID]				

2278689	nitroGLYCERIN TABLET, SUBLINGUAL 0.4 MG	0.4 MG	SUBLINGUAL AS NEEDED	05/29	05/29 00:44 15:38
	[NITROQUICK]				

CPOE COMMENT: DISSOLVE SLOWLY IN MOUTH
 PRN FOR CHEST PAIN. MAY REPEAT EVERY 5 MINUTES FOR A TOTAL OF 3 DOSES. IF PAIN
 NOT RELIEVED NOTIFY PHYSICIAN.

2278690	ACETAMINOPHEN TABLET 325 MG	650 MG	BY MOUTH EVERY SIX HOURS AS NEEDED	05/29	05/29 00:45 15:38
	[TYLENOL]				

CPOE COMMENT: DO NOT EXCEED 3250MG ACETAMINOPHEN PER 24 HOURS (INCLUDING
 NARCOTICS THAT CONTAIN ACETAMINOPHEN), MAX 650 MG OF ACETAMINOPHEN PER
 DOSE

PRN FOR TEMP GREATER THAN 100.4 OR MILD PAIN, MAX DOSE: 650MG/DOSE OR
 3250MG/DAILY

000165

Release...

San Gorgonio Memorial Hospital Pharmacy

Printed: 05/31/2020 02:09

Patient Medication Profile

Page 2 of 3

Name: **MOORE, BRANDEN** Room: **114-114B** PCU: MEDSURG
 Visit #: **0010622876** Weight: **70** Height: **72**
 Physician: **SYED M.D., MOHSIN M.** BMI: **21.1** Age: **30 YEARS**
 Allergies: **NKA** Admit Date: **05/29/2020 00:04** Sex: **M**

Inactive Therapies

Rx #	Description	Dose	Route / Directions	Start	Stop
>>>>>>>>>> Medication <<<<<<<<<					
>>>>>>>>>> PRN <<<<<<<<					
2278693	ONDANsetron (PF) SOLUTION 4 MG/2 ML [ZOFRAN]	4 MG/2 ML	EVERY EIGHT HOURS AS NEEDED	05/29 00:45	05/29 15:38
CPOE COMMENT: PRN FOR NAUSEA / VOMITING					
>>>>>>>>>> Intravenous <<<<<<<<					
2278692	Dextrose 5%-1/2 Normal Saline PARENTERAL SOLUTION [DEXTROSE 5%-1/2 NORMAL SALINE]	1,000 ML	TITRATE AS DIRECTED	05/29 00:45	05/29 08:21
2278829	Sodium Chloride 0.9% PARENTERAL SOLUTION 0.9 % [SODIUM CHLORIDE 0.9 %]	1,000 ML	IVF RATE	05/29 08:30	05/29 15:38
>>>>>>>>>> Piggy Back <<<<<<<<					
2278687	cefTRIAxone RECON SOLN 1 GRAM [ROCEPHIN]	1 GRAM		05/29 00:42	05/29 00:42
2278694	cefTRIAxone RECON SOLN 1 GRAM [ROCEPHIN]	1 GRAM	ONCE	05/29 00:47	05/29 04:46

DRUG INTERACTION

DEXTROSE 5% 50ML

Drug Intrxn w/calcium-containing products:

*Do not use diluents containing calcium to reconstitute vials

*Must not be administered simultaneously via Ysite w/Calcium containing IV fluids via Ysite (LR, Ringers, TPN, PPN, IVs+CA)

*May admin if flushed thoroughly BETWEEN infusions w/NS

ADMINISTER OVER 30 MINUTES

**** TIME SENSITIVE MEDICATON ****

MUST BE ADMINISTERED WITHIN 30 MINUTES BEFORE OR AFTER SCHEDULED DOSE.

000166

Release...

San Gorgonio Memorial Hospital Pharmacy

Printed: 05/31/2020 02:09

Patient Medication Profile

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Name: **MOORE, BRANDEN** Room: **114-114B** PCU: MEDSURG
Visit #: 0010622876 Weight: 70 Height: 72
Physician: SYED M.D., MOHSIN M. BMI: 21.1 Age: 30 YEARS
Allergies: NKA Admit Date: 05/29/2020 00:04 Sex: M

Inactive Therapies

<u>Rx #</u>	<u>Description</u>	<u>Dose</u>	<u>Route / Directions</u>	<u>Start</u>	<u>Stop</u>
>>>>>>>>>>>>> Piggy Back <<<<<<<<<<					
2278747	cefTRIAXone RECON SOLN 1 GRAM [ROCEPHIN]	1 GRAM	EVERY TWENTY- FOUR HOURS	05/29 21:00	05/29 15:38

DRUG INTERACTION

DEXTROSE 5% 50ML

DRUG INTRXN W/CALCIUM-CONTAINING PRODUCTS:

*DO NOT USE DILUENTS CONTAINING CALCIUM TO RECONSTITUTE VIALS

*MUST NOT BE ADMINISTERED SIMULTANEOUSLY VIA YSITE W/CALCIUM CONTAINING IV FLUIDS VIA YSITE (LR, RINGERS, TPN, PPN, IVS+CA)

*MAY ADMIN IF FLUSHED THOROUGHLY BETWEEN INFUSIONS W/NS

ADMINISTER OVER 30 MINUTES

**** TIME SENSITIVE MEDICATON ****

MUST BE ADMINISTERED WITHIN 30 MINUTES BEFORE OR AFTER SCHEDULED DOSE.

000167**Release...**

California

USA

COMMERCIAL DRIVER LICENSE



DL **F3232214**

EXP **05/12/2024**

CLASS AM1

END N

LN **MOORE**

FN **BRANDEN EUGENE**

1029 N MOLLISON AVE APT 10
EL CAJON, CA 92021

DOB **05/12/1990**

RSTR **NONE**

05121990



SEX: M HGT: 6'-00" BD: 08/09/2019 EYES: BRN
HAI: BLK WGT: 100 lbs ISS: 08/30/2019

000168

Release...

**SAN GORGONIO MEMORIAL HOSPITAL
CPOE ORDERS REPORT**

CPOE Orders Submitted Date/Time: 05/29/2020 00:04
Electronically Signed By: SYED M.D., MOHSIN M., M.D.

MOORE, BRANDEN
MR 536981 ACCT 0010622876 OBS MS
05/12/1990 30Y M 05/29/2020 00:04
SYED M.D., MOHSIN

Pat Name: **MOORE, BRANDEN** Visit ID: 0010622876 MR: 536981
N/S: ED2 Room/Bed: Exam16
Sex: MALE DOB: 05/12/1990 Age: 30Y
Allergies: NKA
Attending Physician: ULLON PA-C, ANGELA
Complaint/Admitting Diagnosis: SYNCOPE



Place in Observation

Action	Dose	Route	Freq/Rate	Priority	Unit Qty	CPOE#:	2753630	Order:	
						Dura	Start	Stop	Total Qty
Add			ONCE	ROUTINE					
Instructions:			Anticipated hospitalization less than 2 midnights.						
Added By:			SYED M.D., MOHSIN M., M.D.						
Fully Processed:			Y						
Entered By/Read Back By:			SYED M.D., MOHSIN M., M.D.						

Admit from ED

Action	Dose	Route	Freq/Rate	Priority	Unit Qty	CPOE#:	2753616	Order:	
						Dura	Start	Stop	Total Qty
Add			ONCE	ROUTINE					
Added By:			SYED M.D., MOHSIN M., M.D.						
Fully Processed:			Y						
Entered By/Read Back By:			SYED M.D., MOHSIN M., M.D.						

Admit to Med / Surg Unit with Telemetry (Observation)

Action	Dose	Route	Freq/Rate	Priority	Unit Qty	CPOE#:	2753631	Order:	
						Dura	Start	Stop	Total Qty
Add			ONCE	ROUTINE					
Added By:			SYED M.D., MOHSIN M., M.D.						
Fully Processed:			Y						
Entered By/Read Back By:			SYED M.D., MOHSIN M., M.D.						

Primary Diagnosis

Action	Dose	Route	Freq/Rate	Priority	Unit Qty	CPOE#:	2753617	Order:	
						Dura	Start	Stop	Total Qty
Add			ONCE				05/28/2020	05/28/2020	0
Instructions:			Primary Diagnosis: AKI, rhabdomyolysis				23:58	23:58	
Added By:			SYED M.D., MOHSIN M., M.D.						
Fully Processed:			Y						
Entered By/Read Back By:			SYED M.D., MOHSIN M., M.D.						

Full code

Action	Dose	Route	Freq/Rate	Priority	Unit Qty	CPOE#:	2753618	Order:	
						Dura	Start	Stop	Total Qty
Add			PRN	ROUTINE					
Added By:			SYED M.D., MOHSIN M., M.D.						
Fully Processed:			Y						
Entered By/Read Back By:			SYED M.D., MOHSIN M., M.D.						

Nurse Verify:

(Signature)

(Date/Time)

12 Hour Chart Check:

(Signature)

(Date/Time)



300500



Name: MOORE, BRANDEN
0010622876

Visit ID:

Printed: 5/29/2020 00:04

Page 1 of 14

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Release...

MOORE, BRANDEN
MR 536981 ACCT 0010622876 OBS MS
05/12/1990 30Y M 05/29/2020 00:04
SYED M.D., MOHSIN



*** ADMIT ROOM NUMBER 16 *** ED ROOM # 114 B

ADMIT TIME 12004 Insurance Carrier _____ HMO: Y N IPA _____

ADMIT PHYSICIAN Dr-Syed MRSA _____ PCP: _____

ADMIT DIAGNOSIS AKI, rhabdomyolysis

INPATIENT OBSERVATION ICU DOU TELE M/S TCU OB SURGERY

ISOLATION PRECAUTIONS? YES _____ NO V WHAT KIND? _____

BEAVER AUTHORIZATION #: _____ ISSUED BY: _____

000170

Release...

TRIAGE INFORMATION FORM
FORMA DE LA INFORMACIÓN DE TRIAGE

Date / Fecha:	Time / Tiempo:	
Patient Name / Paciente Nombre: Branden Marie	SCANNED J MAY 27 2020	
Parent/Guardian Name / Padre/Madre/Tutor Nombre:		
Date of Birth / Fecha de Nacimiento: 5-12-90	Phone Number / Teléfono:	
Email / Correo electrónico:		
Address / Dirección: 1029 N. Mollison Ave Apt 10	City / Ciudad: El Cajon, CA	Zip Code / Código Postal: 92021
Reason for being seen? / ¿Razón de ser visto?: Heat Sickness		
Have you been seen here before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No / ¿Has visto antes aquí? <input type="checkbox"/> Sí <input type="checkbox"/> No		
If injured, where did your injury happen? <input type="checkbox"/> Home <input type="checkbox"/> Street/Highway <input type="checkbox"/> Business/Store <input type="checkbox"/> Park/Recreation <input type="checkbox"/> Other _____ <input type="checkbox"/> Si se lesionó, ¿de dónde vino su lesión ocurrió? <input type="checkbox"/> Casa <input type="checkbox"/> Calle/Carretera <input type="checkbox"/> Los Negocios/Tienda <input type="checkbox"/> Parque/Recreación <input type="checkbox"/> Other _____		
Work related injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No / ¿Accidente de Trabajo? <input type="checkbox"/> Sí <input type="checkbox"/> No		
Have you recently traveled outside the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where? _____ <input type="checkbox"/> Ha viajado recientemente fuera de los Estados Unidos? <input type="checkbox"/> Sí <input type="checkbox"/> No En caso afirmativo, ¿Dónde? _____		
<p>I consent to the procedures that may be performed during this hospitalization or while I am an outpatient. These may include, but are not limited to, emergency treatment or services, laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, anesthesia, or hospital services provided to me under the general and special instructions of my physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this hospital.</p> <p>Doy mi consentimiento para los procedimientos que se pueden realizar durante esta hospitalización o mientras estoy en forma ambulatoria. Estos pueden incluir, pero no se limitan a, el tratamiento de emergencia o los servicios, procedimientos de laboratorio, exámenes radiológicos, tratamiento médico o cirujano. Entiendo que la práctica de la medicina y la cirugía no es una ciencia exacta y que el diagnóstico y el tratamiento puede implicar riesgos de lesiones o incluso la muerte. Yo reconozco que no hay garantía se me ha hecho en relación con el resultado del examen o tratamiento en este hospital.</p>		
Signature/Firma: _____		
Date/Fecha: _____	Time/Tiempo: _____	
If signed by other than patient, indicate relationship: _____		
Si es firmado por otra persona que el paciente, indique la relación: _____		



SAN GORGONIO MEMORIAL HOSPITAL
 600 NORTH HIGHLAND SPRINGS AVENUE
 BANNING, CALIFORNIA 92220
 (951) 845-1121

27-0055 (4/18)

PT. ID LABEL

TRIAGE INFORMATION FORM
FORMA DE LA INFORMACIÓN DE TRIAGE

000171

Release...



PROGRESS NOTE

Patient:	Sex:	DOS:	MR#:
MOORE, BRANDEN	MALE	05/29/2020 13:35	536981

Age: 30Y	DOB: 05/12/1990	Room: 114	Bed: 114B	Visit #: 0010622876
----------	-----------------	-----------	-----------	---------------------

Attending Physician: GHAZAL MD, BAHIJ G.	Created By: GHAZAL MD, BAHIJ G.	Creation Date: 05/29/2020 13:35
--	---------------------------------	---------------------------------

INPATIENT MEDICATION

Ord. Status	Proc. Status	Desc.	Freq.	Ord. By
Active		ENOXAparin 40 MG/0.4 ML SUBC	EVERY TWENTY-FOUR HOURS	SYED M.D., MOHSIN M.
Active		nitroGLYCERIN 0.4 MG SL	AS NEEDED	SYED M.D., MOHSIN M.
Active		ACETAMINOPHEN 650 MG ORAL	EVERY SIX HOURS AS NEEDED	SYED M.D., MOHSIN M.
Active		ONDANsetron (PF) 4 MG/2 ML IV	EVERY EIGHT HOURS AS NEEDED	SYED M.D., MOHSIN M.
Active		FAMOTidine 20 MG ORAL	TWICE DAILY	SYED M.D., MOHSIN M.
Active		Sodium Chloride 0.9 0.9 1,000 ML IV	IVF RATE	GHAZAL MD, BAHIJ G.
Future		cefTRIAXone 1 GRAM QBAG IV	EVERY TWENTY-FOUR HOURS	SYED M.D., MOHSIN M.

INTERVAL HISTORY

Chief Complaint: muscle generalized pain

Post-op Day: S/P:

Comments:
patient seen and examined doing better clinically, pain is better , awake and oriented no complaints

ROS

ROS: All systems reviewed and negative, except as noted:

GENERAL: No Fevers; No Sweats

RESPIRATORY: No Cough; No Dyspnea

CARDIOVASCULAR: No Chest Pain; No Edema

GASTROINTESTINAL: No Abdominal Pain; No Nausea; No Vomiting

Comments:

000172

**PROGRESS NOTE**

Patient:

MOORE, BRANDEN

Sex:

MALE

DOS:

05/29/2020 13:35

MR#:

536981

VITAL SIGNS

Weight: 70 Kg

T-max (Last 24 hours):

98.0 F

Last Set of Vitals:

BP: 113/83 05/29/2020 07:45

Pulse: 85 05/29/2020 07:45

Temp: 98.0 F 05/29/2020 07:45

Resp: 12 05/29/2020 07:45

O2 Sat: 97.0%(Room Air) 05/29/2020 07:45

PHYSICAL EXAM

General: No acute distress; Non Toxic

Skin: Intact; No rash

Head: Atraumatic; Moist Conjunctivae

Eyes: Pupils equal round reactive to light and accomodation; No Conjunctival Injection

Neck: No lymphadenopathy; No Mass

CV: Regular rate and rhythm; No rub/gallop/murmur

Lung: Clear to auscultation bilaterally; :No wheeses/rales/rhonchi

Abd: Soft/Non-tender; No Guarding/rebound

Neuro: Grossly non focal

Psych: Alert and oriented x 3

RESULTS**Laboratory**
 Reviewed

5/29/2020 CPK 3434.0 H (39.0-308.0 U/L)

5/29/2020 CKMB 11.5 H (0.5-3.6 ng/mL)

5/29/2020 Sodium 139 (135-145 mmol/L)

5/29/2020 Potassium 4.0 (3.3-5.3 mmol/L)

5/29/2020 CHLORIDE 108 H (98-107 mmol/L)

5/29/2020 CO2 27 (22-32 mmol/L)

5/29/2020 Anion Gap 4 L (5-13 Anion Gap)

5/29/2020 BUN 18 (5-25 mg/dL)

5/29/2020 GLUCOSE 89 (70-110 mg/dL)

5/29/2020 CREATININE 1.2 (0.5-1.4 mg/dL)

5/29/2020 WBC 9.6 (4.5-11.0 K/mm3)

5/29/2020 HEMOGLOBIN 13.4 (12.0-16.0 g/dL)

5/29/2020 HEMATOCRIT 39.6 L (41.0-52.0 %)

5/29/2020 PLATELETS 235 (150-450 K/mm3)

5/29/2020 MAGNESIUM 2.3 (1.6-2.3 mg/dL)

5/29/2020 PHOSPHORUS 2.5 (2.5-4.6 mg/dL)

000173

**PROGRESS NOTE**

Patient:

MOORE, BRANDEN

Sex:

MALE

DOS:

05/29/2020 13:35

MR#:

536981

PLAN OF CARE**Current Problems****Full Problems**

<u>Problem</u>	<u>Status</u>	<u>Onset Date</u>
CARDIAC ABLATION FOR WPW WPW	Completed Active	2014 Unknown

Assessment\Plan:

- Acute kidney injury secondary to dehydration, volume loss, also resulting in rhabdomyolysis. continue IV fluid resuscitation , cr better, CPK getting worse, continue to monitor and continue hydration, stable for transfer to VA
 - Syncope, likely secondary to above. Patient will have a remote history of Wolff-Parkinson-White syndrome but has been in sinus rhythm entirely here, we will continue to monitor him on telemetry and does not appear he is having syncope due to this but rather due to his dehydration as mentioned above
- - - - -

Time spent:25 min

SIGNATURE*Signature attests that all pages have been reviewed and completed*

BAHIJ G. GHAZAL MD, M.D.

Physician Signature

05/29/2020 13:38

Date

San Gorgonio Memorial Hospital
600 N. Highland Springs Ave.
Banning, CA 92220
(951) 769-2142

Patient Name: MOORE, BRANDEN

Procedure #: 723744

Med Rec #: 536981

Visit ID: 0010622876

Patient Location:

Patient Type: EMERGENCY DEPARTMENT

DOB: 05/12/1990

Gender: M

Age: 30Y

Phone:

Order Phys: ULLON PA-C, ANGELA

Read By: CHAE M.D., CHUL H

Procedure: 05/28/20 19:22 Chest, Portable (1 view)

CHEST ONE VIEW

INDICATION: Syncope.

FINDINGS: Cardiomedastinal structures and bronchovascular markings are within normal limits. No obvious lung consolidation or pleural effusion are seen.

IMPRESSION: No acute abnormality of the chest.

Electronically Signed By: CHAE M.D., CHUL H.

Date: 05/28/2020 19:49

Transcribed: 05/28/2020 19:49 By: CHAE M.D., CHUL H.

Visit ID: 0010622876

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San Gorgonio Memorial Hospital
600 N. Highland Springs Ave.
Banning, CA 92220
(951) 769-2142

Patient Name: MOORE, BRANDEN

Procedure #: 723745

Med Rec #: 536981

Visit ID: 0010622876

Patient Location:

Patient Type: EMERGENCY DEPARTMENT

DOB: 05/12/1990

Gender: M

Age: 30Y

Phone:

Order Phys: ULLON PA-C, ANGELA

Read By: CHAE M.D., CHUL H

Procedure: 05/28/20 19:22 CT Head w/o contrast

CT SCAN OF HEAD WITHOUT CONTRAST

INDICATION: Syncope.

TECHNIQUE: Non-contrast, axial images were obtained through the head. CTDI volume is 55 mGy and total DLP is 1067 mGy cm. CT scan was performed using one of the dose lowering techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction technique.

FINDINGS: There is no intracranial hemorrhage or extra-axial fluid collection. There is normal gray and white matter differentiation of the brain. The ventricles are normal caliber and basilar cisterns are patent. There is no midline shift or mass effect. The calvarium is intact.

IMPRESSION: No acute abnormality of the head.

Electronically Signed By: CHAE M.D., CHUL H.

Date: 05/28/2020 20:13

Transcribed: 05/28/2020 20:13 By: CHAE M.D., CHUL H.

Visit ID: 0010622876

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Full Disclosure Zoom In Report

Data Time: 05/29/2020 01:31:49

Last Name: MOORE
Doctor:

First Name: BRANDEN
Height: --- in = --- cm

ID: 0010622876
Weight: --- lbs = --- kg

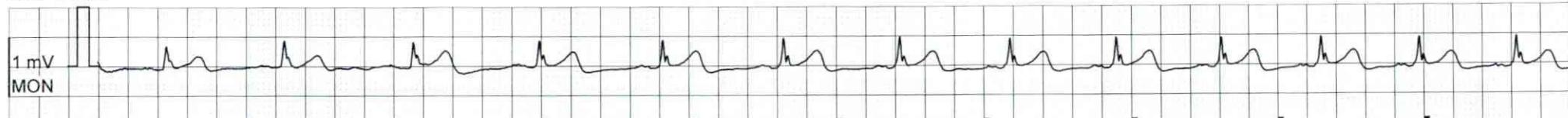
Bed: 114B

HR(ECG): 87 BPM PVC/min: --

Admit

PR .16 QRS .08 SR 82

ECG Lead I



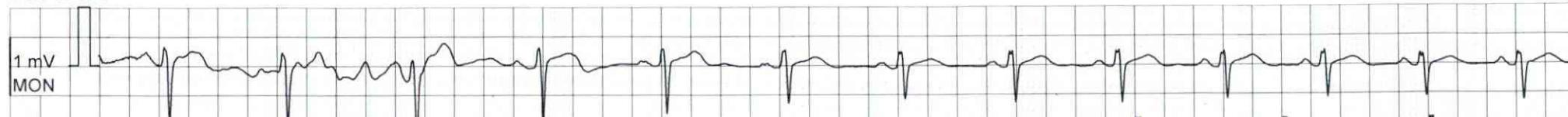
ECG Lead II



ECG Lead III



ECG Lead V



Full Disclosure Zoom In Report

Data Time: 05/29/2020 04:00:17

Last Name: MOORE
Doctor:

First Name: BRANDEN
Height: --- in = --- cm

ID: 0010622876
Weight: --- lbs = --- kg

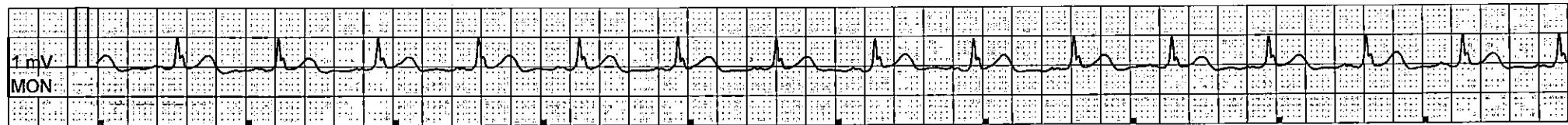
Bed: 114B

HR(ECG): 90 BPM PVC/min: 0

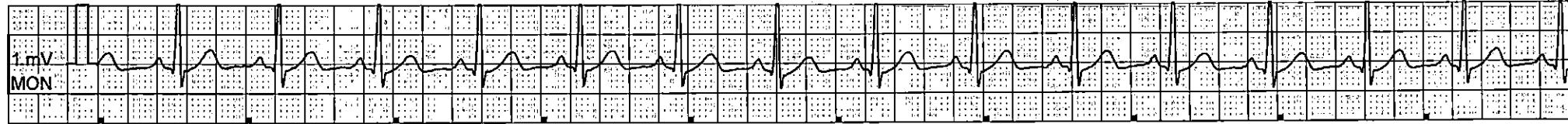
PR,14 QRS,10 SR

as

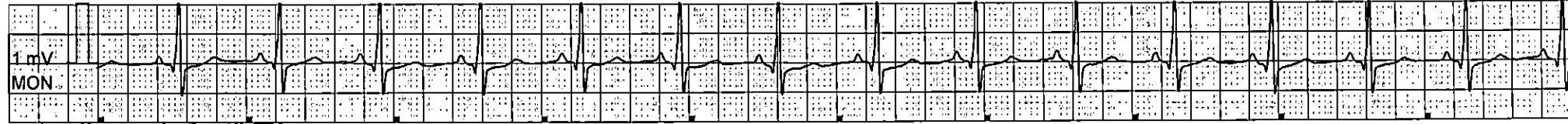
ECG Lead I



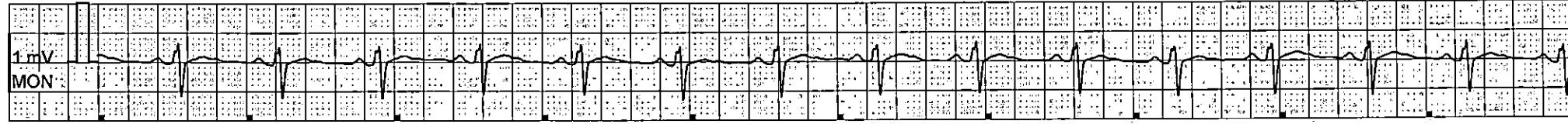
ECG Lead II



ECG Lead III



ECG Lead V



Print Time: 05/29/2020 04:01

Page 1

Panorama: CSTELE1

000178

Release...

Full Disclosure Zoom In Report

Data Time: 05/29/2020 08:00:00

Last Name: MOORE
Doctor:

First Name: BRANDEN
Height: --- in = --- cm

ID: 0010622876
Weight: --- lbs = --- kg

Bed: 114B

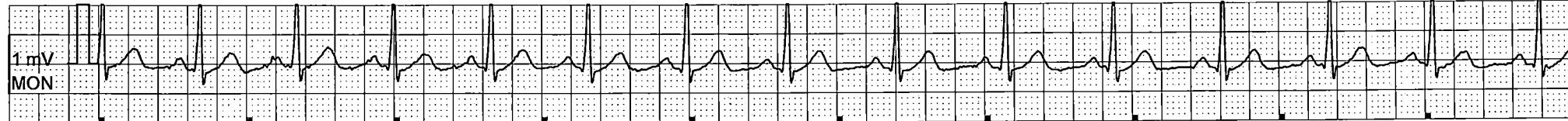
HR(ECG): 81 BPM PVC/min: 0

PR.16 QRS.09 SR @ 81

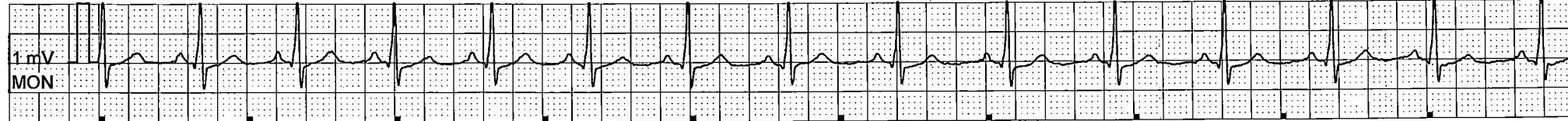
ECG Lead I



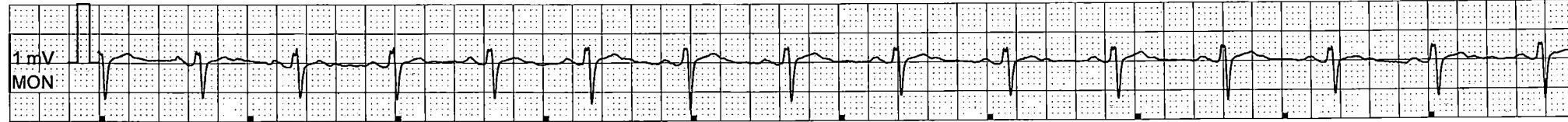
ECG Lead II ..



ECG Lead III



ECG Lead V



Print Time: 05/29/2020 08:22

Page 1

Panorama: CSTELE1

000179

Release...

Full Disclosure Zoom In Report

Data Time: 05/29/2020 12:00:00

Last Name: MOORE
Doctor:

First Name: BRANDEN
Height: --- in = --- cm

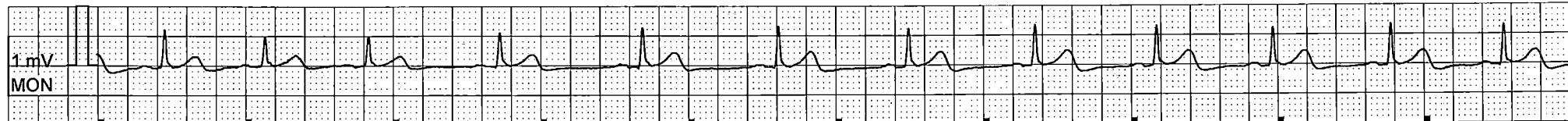
ID: 0010622876
Weight: --- lbs = --- kg

Bed: 114B

HR(ECG): 84 BPM PVC/min: 0

PR.16 QRS.09 SR @ 84 f/m

ECG Lead I



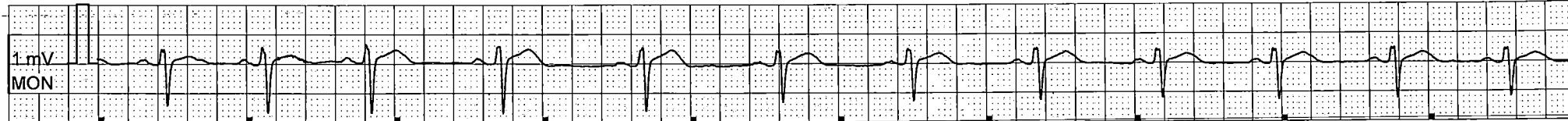
ECG Lead II



ECG Lead III



ECG Lead V



Print Time: 05/29/2020 12:01

Page 1

Panorama: CSTELE1

000180

Release...

PATIENT	MOORE, BRANDEN MR 536981 ACCT 0010622876 ED ED 05/12/1990 30Y M 05/28/2020 19:06 	114B	ROOM 114-B	UNIT 11
			DX:	

MONITOR TECH	INITIALS	MONITOR TECH	INITIALS
1 Crystal Stokos	CS	5 Josh Brown	JB
2		6	
3		7	
4		8	

NURSING SKIN CARE GUIDELINES

For a Braden Scale Risk Assessment Score of 18 or below, implement the Skin Care Guidelines

Activity/Mobility/Friction & Shear:

- Reposition every 2 hours as per patient needs.
- Apply Trapeze Bar to the bed for patient's assistance with repositioning as appropriate and not contraindicated.
- Float heels by placing pillows longitudinally under legs to ankles. If unable to keep heels positioned off bed surface use Heel Off-loading Device (Boots).
- Keep the head of the bed (HOB) at or below 30 degrees. May elevate HOB for meals, then lower HOB after meals. Patients with continuous enteral feeding require HOB at 30 degrees or higher.
- When elevating HOB, flex the knee area 10-20 degrees. **Exception Total Knee/Hip Replacement Patients.**
- Use the 30 degree lateral side lying position when on side. Avoid positioning directly on the trochanter or sacral area.
- Do Active/Passive Range of Motion to extremities every shift. **Exception: Total Knee/Hip Replacement Patients.**
- Minimize friction and shear. Use turning sheet. Protect heels from friction blisters. Use socks or dressings.
- Apply sacral foam dressing on patients at risk for skin breakdown. Write date and skin intact "I" on dressing.

Support Surface: In House Therapeutic Mattress: Choose one

- MED/SURG: Linet Elaganza 3 Protevo
DOU/ICU: Versacare Total Care Linet Multicare Protevo
 Obtain MD order if Specialty Bed Surface is indicated. Call Nursing Supervisor to order Specialty Bed Surfaces; i.e. Air Fluid 120D, Baristic Bed. Call wound care nurse. If not available, call house supervisor.

Nutrition

- Monitor intake and output.
- Monitor for signs of dehydration: dry skin, dry mucous membranes, poor skin turgor.
- Encourage oral fluids. If not contraindicated.

Skin Care:

- Keep skin clean, dry, soft and supple by using moisturizing cream daily and PRN.
- If incontinent of urine and/or stool, clean after every episode of incontinence and apply Barrier Ointment.
- Avoid use of diapers; unless OOB with PT/OT or going to x-ray.
- Do not use multiple bed pads/linen under the patient. Avoid excessive powder.

Patient/Family Teaching:

- Begin patient/family teaching regarding prevention of skin breakdown.
- Notify physician with any change in skin condition, development of pressure ulcer and take photograph of changes.
- Wound Care Nurse Consult if change in skin integrity issues.
- Update Kardex with skin condition and breakdown on admission and prn.

Ruth Wanta

Print Nurse Name

RWanta

Nurse Signature

Date

5/22/20

9145

Time



SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220

30-0095 (11/18)

PT

MOORE, BRANDEN
MR 536981 ACCT 0010622876 OBS MS
05/12/1990 30Y M 05/29/2020 00:04
SYED M.D., MOHSIN

000182

