

# RECORDS PROVIDED BY GEMINI

## Case Information

STEEVIO BARDAKJIAN vs. OLIVE VIEW MEDICAL CENTER

SSN: 554812130

DOB: 05/23/1970

Case Number: SIF11540526

Claim Number: SIF11540526

## Ship To:

Attn: Qualified Med Eval

## Record Information

Request Number: 1544103

Copy Date: 02/06/2025

Record Type(s): Medical

## Requested Location

Valley Presbyterian Hospital

15107 Vanowen St

Van Nuys CA 91405

## Verified Location

Valley Presbyterian Hospital

ATTN: MEDICAL RECORDS

15107 Vanowen St

Van Nuys CA 91405



250 Technology Way, Rocklin, CA 95765

877.739.7481 | [clientsupport@gemini.legal](mailto: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 265 pages.

Executed on 02/07/2025, at Rocklin, California.

Respectfully,  
Gemini Legal Support, Inc.

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

Valley Presbyterian Hospital  
15107 VANOWEN ST  
VAN NUYS, CA 91405

REC-1544103  
12/19/2024

## **YOU DO NOT HAVE TO APPEAR**

### **Request Information**

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Records Subject:	Steevio Bardadjian	AKA:
Date of birth:	05/23/1970	SSN: 554-81-2130
Dates Requested:	05/23/1970 - Present	Records : Medical
Location:	Valley Presbyterian Hospital Attn: Medical Records	(see Attachment 3)

### **How to Comply**

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#### **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-1544103

#### **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](mailto:records@geminiduplication.com)  
If further assistance is needed, please call us at 877-739-7481

## DECLARATION OF CUSTODIAN OF RECORDS

Name of records subject: Steevio Bardadjian

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:

Valley Presbyterian Hospital, Attn: 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:

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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 \_\_\_\_\_.

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Printed name required

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Signature of custodian required

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

000003

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

**Steevio Bardadjian**

Claimant/Applicant,

VS.

**OLIVE VIEW MEDICAL CENTER/  
Subsequent Injuries Fund (SIBTF)**

Employer/insurance Carrier/Defendant.

Case No. **SIF11540526**

(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:* Valley Presbyterian Hospital

15107 Vanowen St Van Nuys, CA 91405

Attn: Medical Records

We COMMAND YOU to appear before: Gemini Legal Support, Inc.  
at 250 Technology Way Rocklin CA 95765

on the 28th day of January, 2025 at 4:03 o'clock PM 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-**

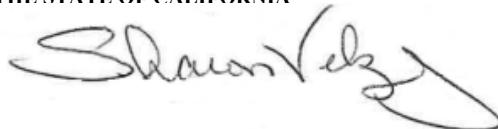
(Do not produce X-rays unless specifically mentioned above.)

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 12/19/2024

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



*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. SIF11540526

STATE OF CALIFORNIA, County of Los Angeles

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 Valley Presbyterian Hospital, Attn: 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 12/19/2024, at VAN NUYS, California.  
KOSZDIN FIELDS VAN NUYS  
6151 Van Nuys Blvd  
Van Nuys CA 91401

/s/ Michael Fields  
\_\_\_\_\_  
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. OLIVE VIEW MEDICAL CENTER

**Case Number:** SIF11540526

**Records Subject:** Steevio Bardadjian

**AKA:**

**Date of Birth:** 05/23/1970

**Social Security Number:** 554-81-2130

**Claims #:** SIF11540526

**Date of Injury:** 07/03/2018 -

**Employee #:**

**Records Requested:**

**Need records from 05/23/1970 - Present**

Any and all non-privileged physical, digital and hand-written medical records including records from May 23, 1970 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 Valley Presbyterian Hospital AT 15107 VANOWEN ST, VAN NUYS, CA 91405

LUMBAR SPINE SURGERY 8/2018

Ref #: REC-1544103

**000006**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  Michael Fields, Esq. KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401		313679	FOR COURT USE ONLY
TELEPHONE NO.: 818-781-1503 E-MAIL ADDRESS (Optional): michael@koszdin.com ATTORNEY FOR (Name): Steevio Bardadjan		FAX NO. (Optional):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Los Angeles STREET ADDRESS: 6150 Van Nuys Blvd. Rm. 105 MAILING ADDRESS: 6150 Van Nuys Blvd. Rm. 105 CITY AND ZIP CODE: Van Nuys 91401 BRANCH NAME: Workers' Compensation Appeals Board - Van Nuys			
PLAINTIFF/ PETITIONER: Steevio Bardadjan DEFENDANT/ RESPONDENT: OLIVE VIEW MEDICAL CENTER/ Subsequent Injuries Fund (SIBTF)		CASE NUMBER: SIF11540526	
<b>NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION</b> (Code Civ. Proc., §§ 1985.3,1985.6)			

**NOTICE TO CONSUMER OR EMPLOYEE****TO (name):** Steevio Bardadjan1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):** Steevio BardadjanSEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*): 01/28/2025The records are described in the subpoena directed to **witness** (*specify name and address of person or entity from whom records are sought*): Valley Presbyterian Hospital ATTN: MEDICAL RECORDS 15107 Vanowen St Van Nuys CA 91405 Van Nuys, CA 91405

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: 12/19/2024

Michael Fields, Esq.

(TYPE OR PRINT NAME)

► /s/ Michael Fields

(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: Steevio Bardadjan  
 DEFENDANT/ RESPONDENT: OLIVE VIEW MEDICAL CENTER/ Subsequent Injuries Fund (SIBTF)

CASE NUMBER:  
 SIF11540526

**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: Michael Fields, Esq.	(3) Date of mailing: 12/19/2024
(2) Address: KOSZDIN FIELDS VAN NUYS 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: 12/19/2024

Alain Gutierrez  
 (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.: **SIF11540526**

Case Name: **vs. OLIVE VIEW MEDICAL CENTER**

**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

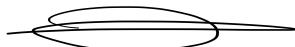
On 12/19/2024, the foregoing documents were prepared for service on each interested party in this action and addressed as follows:

<b>Delivered to</b>	<b>Sent to</b>	<b>Method</b>
Michael Fields, Esq.	KOSZDIN FIELDS VAN NUYS michael@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 12/19/2024, at Rocklin, California.



---

Alain Gutierrez

**000009**



VALLEY PRESBYTERIAN  
HOSPITAL

## DECLARATION OF CUSTODIAN FOR MEDICAL RECORDS

Patient Name: STEEVIO BARDAKJIAN DOB: 05/23/1970

I am the duly-authorized custodian of the medical records of Valley Presbyterian Hospital and have the authority to certify said records; and

- The copies of the attached medical records are photocopies of the original records described in the subpoena duces tecum unless specifically stated.
- The records were prepared by the personnel of the hospital, staff physicians or persons acting under the control of either, in the ordinary course of hospital business, at or near the time of the act, condition, or event for the specific purposes of the business itself.
- The records were prepared in the following manner: computer generation and/or photocopied.
  - [ ] Records were made available to \_\_\_\_\_ for copying
  - [ ] Records were copied by \_\_\_\_\_ and delivered to \_\_\_\_\_
  - [x] Records were photocopied/printed
  - [ ] Records were provided on a CD

[ ] CERTIFICATE OF NO MEDICAL RECORDS: A thorough search of our files, carried out under my direction and control revealed no documents requested in the attached Subpoena Duces Tecum / Authorization / Notice of Deposition. It is understood that records could exist under another name, spelling or classification but that with the information furnished, no such records could be found.

Requested documents have been: [ ] Lost / Misplaced [ ] Never Existed [ ] Destroyed

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

Date: JANUARY 27, 2025

Signature: Pazzetta Z. McCray  
Pazzetta Z. McCray

Title: Director, Health Information Management

000010

{la.in.out}

**PATIENT REGISTRATION FORM**  
**VALLEY PRESBYTERIAN HOSPITAL**  
15107 Vanowen St., Van Nuys, CA 91405

MED REC#:	M001265555	NAME:	BARDAKJIAN, STEEVIO	VIP:	CONF:
		LAST ADM DATE:		LAST DIS DATE:	
ACCOUNT#:	V01013640246	ADMIT DATE:	08/06/18 TIME: 0940	DISCHG DATE:	08/08/18
BIRTHDATE:	05/23/1970	SERV/LOC:	SUR		
AGE:	48	ROOM/BED:	420-A	PAT STATUS:	DIS IN
SEX:	M	ACCOM:	MED/SURG IP	ADM REP:	SPEREZ
FIN CLASS:	OW	ADMIT SOURCE:	1 HOME/WORKPLACE/PHY	OB CLINIC:	
ADMITTING DIAGNOSIS: RIGHT L3-4 AND L4-5 HNP					

**\*\*\* PATIENT INFORMATION \*\*\***

PATIENT:	BARDAKJIAN, STEEVIO	MARITAL ST:	S SINGLE
ADDRESS:	25367 SPLENDIO COURT	RELIGION:	PATIENT STATES
	STEVENSON RANCH, CA 91381	SOC SEC#:	XXX-XX-2130 RACE: CA
PHONE HM#:	(818)406-2639	LANGUAGE:	ENG PREF LANGUAGE: ENG
		PHONE WK#:	(999)999-9999
		BIRTH PLACE:	LEVONON

**\*\*\* PHYSICIAN INFORMATION \*\*\***

PRIMARY CARE PHYS:	NO PRIMARY CARE PHYSICIAN	PHONE#:		FAX:
ADMIT PHYSICIAN:	BARCOHANA, BABAK MD	PHONE#:	(818)901-6600	
ATTENDING/ER PHYS:	BARCOHANA, BABAK MD	PHONE#:	(818)901-6600	
CLINIC REFERRAL:				

**\*\*\* CONTACT INFORMATION \*\*\***

<u>DECISION MAKER</u>	<u>NEXT OF KIN</u>	<u>SUPPORT PERSON</u>
NAME: ROBLES, PRINCESS	NAME: ROBLES, PRINCESS	NAME: ROBLES, PRINCESS
ADDRESS: SAME AS PT	ADDRESS: 25367 SPLENDIO COURT	REL: SG
PHONE #: 6616073638	PHONE#: (661)607-3638	PHONE: 6616073638
WK PHONE #: 9999999999	REL: SG	
ADVANCE DIRECTIVES:	Y	

**\*\*\* EMPLOYMENT INFORMATION \*\*\***

EMPLOYER:	LA COUNTY	OCCUPATION:	RN
ADDRESS:	UNK	EMP PHONE #:	(999)999-9999
	LOS ANGELES, CA 90001		

**\*\*\* GUARANTOR INFORMATION \*\*\***

GUARANTOR NAME:	OLIVEVIEW, UCLA	GUAR EMPLOYER:	LA COUNTY
GUAR ADDRESS:	25367 SPLENDIO COURT	GUAR EMP PH #:	(999)999-9999
	STEVENSON RANCH, CA 91381	RELATIONSHIP:	20 EMPLOYEE
GUAR PHONE NO:	(818)406-2639	GUARANTOR SS#:	XXX-XX-0001

<u>INSURANCE</u>	<u>POLICY #</u>	<u>GROUP #</u>	<u>SUBSCRIBER</u>	<u>EFF DATE</u>
1 WORKER'S COMPENSATIO	219001		BARDAKJIAN, STEEVIO	07/03/18
PO BOX 11967, SANTA ANA, CA 92711 (714)543-0700		IPA:		

2

IPA: NONE

3

IPA: NONE

**\*\*\* ADDITIONAL INFORMATION \*\*\***

COMMENTS:

000011

# CONDITIONS OF ADMISSION

Patient's Name:

STEEVIO BARDAKJIAN

## 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 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.

## NURSING CARE

This hospital provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse, I agree to make such arrangements. The hospital is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that the hospital does not provide this additional care.

## LEGAL RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIANS

All physicians and surgeons providing services to me, including the radiologist, pathologist, emergency physician, anesthesiologist and others, are not employees, representatives or agents of the hospital. They have been granted the privilege of using the hospital for the care and treatment of their patients, but they are not employees, representatives or agents of the hospital. They are independent practitioners.

Patient Initials:

I understand that I am under the care and supervision of my attending physician. The hospital and its nursing staff are responsible for carrying out my physician's instructions. My physician or surgeon is responsible for obtaining my informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services provided to me under my physician's general and special instructions.

## STUDENTS & VOLUNTEERS

I understand and consent to residents, interns, medical, and podiatry students, post-graduate fellows, and other medical trainees to observe, examine, treat, and participate at the request and under the supervision of the attending physician in my care as part of various medical education programs. In addition, students of ancillary health care professions (e.g. nursing, x-ray, and rehabilitation therapy) may observe, examine, treat and participate in my care under the supervision of a licensed ancillary health care professional.

I understand and consent to the use of volunteers for a variety of non-medical duties related to my visit at Valley Presbyterian 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).

VALLEY  
PRESBYTERIAN  
HOSPITAL

## CONDITIONS OF ADMISSION

Page 1 of 3

8560S-020 (6/24/16) PATIENT I.D.

M001265555 V01013640246  
BARDAKJIAN, STEEVIO  
48 M DOB: 05/23/1970  
BAROOSHANA, BABAK MD  
08/01/18 REC ME



000012

## **PERSONAL BELONGINGS**

As a patient, I am encouraged to leave personal items at home. The hospital maintains a fireproof safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, documents, eyeglasses, dentures, hearing aids, cell phones, laptops, other personal electronic devices or other articles that are not placed in the safe. Hospital liability for loss of any personal property due to the hospital for safekeeping is limited by law to five hundred dollars (\$500) unless I receive a written agreement for a greater amount from the hospital.

## **CONSENT TO PHOTOGRAPHY / VIDEOTAPING**

I consent to the taking of photographs, videotapes, digital or other images of my medical or surgical treatment, and the use of the images, for purposes of my diagnosis or treatment or for training operations, including peer review and education or training programs conducted by the hospital.

## **ADVANCE DIRECTIVE**

Do you have an Advance Directive  YES  NO or Patient is a Minor \_\_\_\_\_

If yes, name of person/agent designated in the Advance Directive Robles, PTI  
 Please print \_\_\_\_\_ (Last name) (F) \_\_\_\_\_ (SS) \_\_\_\_\_ (me)

Phone number of Designated Agent/Person (661) 607-3638

Is there a copy of the Advance Directive in the chart  YES  NO

If No, name of person providing a copy for the chart Robles, PTI  
 (Last name) (F) \_\_\_\_\_ (SS) \_\_\_\_\_ (me)

Phone number of person providing a copy of the Advance Directive (661) 607-3638

Advance Directive brochure provided to patient  YES  NO

Patient would like to speak to Social Services regarding formulating an Advance Directive

YES  NO

## **FINANCIAL AGREEMENT**

I agree to promptly pay all hospital bills in accordance with the charges listed in the hospital's charge description master and, if applicable, the hospital's charity care and discount payment policies and federal law. I understand that I may review the hospital's charge description master before receiving services from the hospital. I understand that all physicians and surgeons, including the pathologist, emergency physician, anesthesiologist, and others, will bill separately for their services. If my account is referred to an attorney or collection agency for collection, I will pay actual attorney and collection expenses. All delinquent accounts shall bear interest at the legal rate, unless prohibited by law.

## **ASSIGNMENT OF ALL RIGHTS AND BENEFITS**

I irrevocably assign and transfer to the hospital all rights, benefits, and any other interests in my insurance plan, health benefit plan, or other source of payment for my care. This assignment is for assigning and authorizing direct payment to the hospital of all insurance and health plan benefits for this hospitalization or for these outpatient services. I agree that the insurer or plan's payment to the hospital pursuant to this authorization shall discharge its obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to this assignment, to the extent permitted by law. I agree to cooperate with, and take all steps reasonably requested by, this hospital to confirm, or validate this assignment.

**VALLEY**  
PRESBYTERIAN  
HOSPITAL

## **CONDITIONS OF ADMISSION**

Page 2 of 3

8560S-020 (6/24/16)	PATIENT I.D.
	M001265555 V010
	BARDAKJIAN, STEEVIO
	48 M DOB: 05
	BARCOHANA, BABAK MD
	08/06/18 REC

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My initials below indicate that I have received the following documents:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Patient Rights and Responsibilities    | <input type="checkbox"/> Notice of Privacy Practices                          | <input type="checkbox"/> Want to Quit Smoking |
| <input type="checkbox"/> Important Message from Medicare        | <input type="checkbox"/> Your Right to Make Decisions About Medical Treatment |   |
| <input type="checkbox"/> A Patient's Guide to Blood Transfusion | <input type="checkbox"/> Patient Financial Responsibility                     |   |

This hospital maintains a list of health plans with which it contracts. A list of such plans is available upon request from the financial office. All physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, and others, will bill separately for their services. It is my responsibility to determine if the hospital or the physicians providing services to me contract with my health plan.

I certify that I have read the foregoing and received a copy thereof. I am the patient, the patient's legal representative, or am otherwise authorized by the patient to sign the above and accept its terms on his/her behalf.

Date: 8/6/18 Time: 10:00 AM 00 PM

Signature:

(Patient or Legal Representative)

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

Print name: \_\_\_\_\_

(legal representative)

Signature:

(witness)

Print name: \_\_\_\_\_

(witness)

#### **FINANCIAL RESPONSIBILITY AGREEMENT BY PERSON OTHER THAN THE PATIENT OR THE PATIENT'S LEGAL REPRESENTATIVE**

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement, Assignment of Insurance Benefits, and Health Plan Contracts provisions above.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_

(Financially responsible party)

Print name: \_\_\_\_\_

(Financially responsible party)

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_

(witness)

Print name: \_\_\_\_\_

(witness)

**A COPY OF THIS DOCUMENT SHOULD BE GIVEN TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT.**

**VALLEY**  
PRESBYTERIAN  
HOSPITAL

#### **CONDITIONS OF ADMISSION**

Page 3 of 3

8560S-020 (6/24/16) PATIENT I.D.

MO01265555	V01013640246
BABAK JIAN, STEEVIO	DOB: 05/23/1970
48 M	
BABAK COHANA, BABAK MD	
08 06/18 REC	ME



**000014**

<p>Patient Location: <u>301</u></p> <p><b>S</b>   <input type="checkbox"/> Radiology   <input type="checkbox"/> Unit: _____   <input type="checkbox"/> OR  <b>E</b>   <input type="checkbox"/> CT Scan   <input type="checkbox"/> Cardiology   <input type="checkbox"/> SDS  <b>N</b>   <input type="checkbox"/> MRI/screening form complete   <input type="checkbox"/> Cath Lab   <input type="checkbox"/> PACU  <b>D</b>  <b>I</b>   <input type="checkbox"/> Ultrasound   <input type="checkbox"/> EP Lab   <input type="checkbox"/> Discharge  <b>N</b>   <input type="checkbox"/> Vascular   <input type="checkbox"/> Nuclear Med   <input type="checkbox"/> PFT Lab  <p><b>G</b> Mode of Transportation:</p> <p><input type="checkbox"/> Bed / Gurney HOB: _____   <input type="checkbox"/> Side Rails  <input type="checkbox"/> Wheelchair   <input type="checkbox"/> Bed Alarm</p> <p><b>T</b>  <b>I</b> Allergy Band On   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <b>C</b> Telemetry   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <b>K</b> Fall Risk   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <b>E</b> Language Barrier   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <p><b>T</b> Primary Language: _____</p> <p><b>T</b> Isolation Precautions</p> <p><input type="checkbox"/> None   <input type="checkbox"/> Airborne   <input type="checkbox"/> Contact   <input type="checkbox"/> Droplet  <input type="checkbox"/> Enteric   <input type="checkbox"/> Protective environment</p> <p>Special Needs: <input type="checkbox"/> Hard of hearing   <input type="checkbox"/> Blind  <input type="checkbox"/> Other: _____</p> <p>Code Status: <input type="checkbox"/> Full   <input type="checkbox"/> DNR / DNI   <input type="checkbox"/> Chemical code</p> <p>Oriented   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  Needs assist for transfer   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  Restraints   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p><u>O<sub>2</sub> liters ordered</u> _____   <u>O<sub>2</sub> tank PSI</u> _____</p> <p>Transported by:  Print Name _____  Signature _____ Date _____ Time _____</p> <p>Receiving Unit RN:  Print Name _____  Signature _____ Date _____ Time _____</p> <p>Transported by:  Print Name _____  Signature _____ Date _____ Time _____</p> </p></p>			<p><b>R</b>   <b>E</b>   <b>T</b>   <b>U</b>   <b>R</b>   <b>N</b>   <b>Procedure Department</b></p> <p>Contact Name (Print): _____</p> <p>Ext. _____</p> <p>Comments: _____</p> <p><u>O<sub>2</sub> liters ordered</u> _____   <u>O<sub>2</sub> tank PSI</u> _____</p> <p><b>T</b>   <b>I</b>   <b>C</b>   <b>K</b>   <b>E</b>   <b>T</b>   <b>At Bedside</b></p> <p>Bed in low position and side rails up as appropriate:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Bed alarm activated:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Call light within reach:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Restraints re-applied:   <input type="checkbox"/> Yes   <input type="checkbox"/> N/A  (RN to reassess)</p> <p>Telemetry monitor re-applied (RN to reassess)   <input type="checkbox"/> Yes   <input type="checkbox"/> N/A</p> <p>Transported by:  Print Name _____  Signature _____ Date _____ Time _____</p> <p>Receiving Unit RN:  Print Name _____  Signature _____ Date _____ Time _____</p>	
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**VALLEY**  
PRESBYTERIAN  
HOSPITAL

RETAIN IN MEDICAL RECORD

TRANSPORT TICKET

Page 1 of 1

7230-030 (8/22/16)

PATIENT ID: \_\_\_\_\_

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 SUR M 48 ME  
BARCOHANA, BABAK 05/23/1970  
Barcode: 0000015

Valley Presbyterian Hospital

Patient Name: BARDAKJIAN,STEEVIO  
Unit Number: M001265555  
Account Number: V01013640246

**Patient Signature Page****Patient Name: BARDAKJIAN,STEEVIO****Date of Birth: 05/23/1970****Guardian Name:****The above-named patient and/or guardian has received the following:**

Patient Visit Report

Forms:

DISCHARGE INSTRUCTIONS

PATIENT HEALTH SUMMARY

Standard Med Rec Patient Discharge Summary Report

Patient Health Summary

Patient Instructions:

After Back Surgery: Going Home

**Signature Disclaimer:****Please make sure you have read through this information before signing.****I have read and understand the instructions given to me by my caregivers.**

STEEVIO BARDAKJIAN

Print Patient Name

8/8/18 1700

Patient (or Guardian) Signature

Date

Time

Caregiver/RN/Doctor Signature

8/8/18 1700

Date

Time

000016

**Valley Presbyterian Hospital**  
15107 Vanowen Street, Van Nuys, California 91405

Page 1 of 3

**DISCHARGE SUMMARY**

**Date/Time of Note**

**Date/Time of Note**

DATE: 8/8/18

TIME: 11:53

**Discharge Summary**

**Admission/Discharge Info**

**Admit Date/Time**

Aug 6, 2018 at 09:40

**Discharge Date/Time**

August 8

**Patient Condition:** Good

**Procedures**

Lumbar decompression

**Hospital Course**

Patient admitted to the orthopedic ward after undergoing a lumbar discectomy. On postoperative day 1 he has too much pain and was not cleared for by physical therapy. By postoperative day 2 he was deemed stable for discharge with follow-up arranged with the undersigned

**Home Meds**

**Reported Medications**

**Aspirin** (Low Dose Aspirin) 81 Mg Tablet.dr, 81 MG PO EVERY OTHER DAY, #30 TAB  
8/6/18

**Metformin Hcl\*** (Metformin Hcl\*) 850 Mg Tablet, 850 MG PO WITH BREAKFAST DINNE, #60 TAB  
8/6/18

**Primary Care Provider**

Care Physician No Primary

**Pending Labs**

**Laboratory Tests**

Test	8/7/18 12:15	8/7/18 18:07	8/7/18 21:35	8/8/18 08:12
Bedside Glucose	233 mg/dL (70-220)	240 mg/dL (70-220)	248 mg/dL (70-220)	
White Blood Count				9.0 10^3/ul (4.8-10.8)
Red Blood Count				4.25 10^6/ul (4.70-6.10)
Hemoglobin				12.5 g/dl (14.0-18.0)
Hematocrit				36.8 % (42.0-52.0)
Mean Corpuscular Volume				86.6 fl (82.0-101.0)

---

Patient: BARDAKJIAN, STEEVIO

D.O.B: 05/23/1970

Acct No.: V01013640246

MR. No.: M001265555

Room No: 420-A

Physician: BARCOHANA, BABAK MD

Dictated By: BABAK BARCOHANA MD

**000017**

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 2 of 3

Mean Corpuscular Hemoglobin				29.4 pg (29.0-33.0)
Mean Corpuscular Hemoglobin Concent				34.0 g/dl (32.0-37.0)
Red Cell Distribution Width				12.8 % (11.5-14.5)
Platelet Count				195 10^3/UL (140-415)
Mean Platelet Volume				9.8 fl (7.4-10.4)
Neutrophils %				68.4 % (39.0-77.0)
Lymphocytes %				20.0 % (15.0-51.0)
Monocytes %				10.2 % (0.0-11.0)
Eosinophils %				0.8 % (0.0-7.0)
Basophils %				0.2 % (0.0-2.0)
Nucleated Red Blood Cells %				0.0 /100WBC (0.0-0.0)
Neutrophils #				6.1 10^3/ul (1.6-7.5)
Lymphocytes #				1.8 10^3/ul (0.8-2.9)
Monocytes #				0.9 10^3/ul (0.3-0.9)
Eosinophils #				0.1 10^3/ul (0.0-0.5)
Basophils #				0.0 10^3/ul (0.0-0.1)
Nucleated Red Blood Cells #				0.0 10^3/ul (0.0-0.0)
Sodium Level				137 mmol/L (135-144)
Potassium Level				4.2 mmol/L (3.5-5.1)
Chloride Level				100 mmol/L (97-110)
Carbon Dioxide Level				30 mmol/L (21-31)
Anion Gap				11 (8-16)
Blood Urea Nitrogen				13 mg/dl (7-20)

Patient: BARDAKJIAN, STEEVIO

D.O.B: 05/23/1970

Acct No.: V01013640246

MR. No.: M001265555

Room No: 420-A

Physician: BARCOHANA, BABAK MD

Dictated By: BABAK BARCOHANA MD

000018

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 3 of 3

Creatinine				0.88 mg/dl (0.61-1.24)
Glucose Level				219 mg/dl (70-220)
Calcium Level				8.7 mg/dl (8.4-10.2)
Magnesium Level				1.7 mg/dl (1.7-2.5)
Total Bilirubin				0.6 mg/dl (0.2-1.3)
Direct Bilirubin				0.00 mg/dl (0.00-0.20)
Indirect Bilirubin				0.6 mg/dl (0-1.1)
Aspartate Amino Transf (AST/SGOT)				31 IU/L (15-46)
Alanine Aminotransferase (ALT/SGPT)				23 IU/L (13-69)
Alkaline Phosphatase				38 IU/L (42-121)
Total Protein				6.5 g/dl (6.1-8.1)
Albumin				3.6 g/dl (3.3-4.9)
Globulin				2.90 g/dl (1.3-3.2)
Albumin/Globulin Ratio				1.24
Test	8/8/18 08:20			
Bedside Glucose	221 mg/dL (70-220)			

BARCOHANA,BABAK MD

Aug 8, 2018 11:54

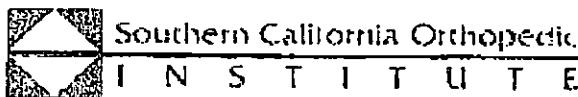
<Electronically signed by BABAK BARCOHANA MD>

08/08/18 1154

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Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: BABAK BARCOHANA MD

000019



6815 NOBLE AVENUE - VAN NUYS, CALIFORNIA 91405 - (818) 901-6600  
24051 NEWHALL RANCH RD. BLDG C, VALENCIA, CALIFORNIA 91354 - (661) 254-6364  
2400 BAHAMAS DRIVE - BAKERSFIELD, CALIFORNIA 93309 - (661) 328-5565  
3605 ALAMO STREET, SUITE 200 - SIMI VALLEY, CALIFORNIA 93063 - (805) 578-8550  
800 SOUTH FAIRMOUNT, STE 325 - PASADENA, CALIFORNIA 91105 - (626) 585-2948  
375 ROLLING OAKS DR., STE 210 - THOUSAND OAKS, CALIFORNIA 91361 - (805) 497-7015  
913 ALENE AVE, RIDGECREST, CALIFORNIA 93555 - (760) 499-7099

## HISTORY AND PHYSICAL EXAMINATION

Patient: Steevio Bardakjian

Age: 48y

Sex: Male

Surgeon: Dr. Barcohana

PRESENT ILLNESS: Lumbar Microdiscectomy, right L3-4 and L4-5

PAST MEDICAL HISTORY: See attached

FAMILY HISTORY: See attached

SOCIAL HISTORY: See attached

ALLERGIES: See attached

MEDICATIONS: See attached

REVIEW OF SYSTEMS: See attached

BLOOD PRESSURE: See attached      PULSE: See attached      RESPIRATIONS: See attached

HEENT: See attached

CHEST: See attached

HEART: See attached

ABDOMEN: See attached

NEUROLOGICAL EXAMINATION: See attached

GENITOURINARY EXAMINATION: See attached

BREAST EXAMINATION: See attached

RECTAL EXAMINATION: See attached

MUSCULOSKELETAL EXAMINATION: ROM See attached

Ligaments See attached

Effusion See attached

Tenderness See attached

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 MS1 M 48 ME  
BARCOHANA, BABAK 05/23/1970



A handwritten signature, likely belonging to the physician, is written over a horizontal line.

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PROCEDURE: Lumbar Microdiscectomy, right L3-4 and L4-5

DIAGNOSIS: right L3-4 and L4-5 HNP

The physical examination was performed on the stated date. Attached is the original history and I have made the necessary changes to reflect the patient's current condition.



7/27/18

Date

Physician's Signature

Babak Barcohana M.D.

Printed Physician's Name

000021



Van Nuys [main office]  
6815 Noble Avenue  
Van Nuys, CA 91405  
Phone: (818) 901-6600  
Fax: (818) 901-6680

Bakersfield  
2400 Bahamas Drive,  
Ste. 200  
Bakersfield, CA 93309  
Phone: (661) 328-5565  
Fax: (661) 631-2067

Pasadena  
2627 E. Washington Blvd.  
Pasadena, CA 91107  
Phone: (626) 585-2948  
Fax: (818) 901-4576

Ridgecrest  
913 Alene Avenue  
Ridgecrest, CA 93555  
Phone: (760) 499-7099  
Fax: (760) 446-6189

Simi Valley  
3605 Alamo Street,  
Ste. 200  
Simi Valley, CA 93063  
Phone: (805) 578-8550  
Fax: (805) 578-8555

Thousand Oaks  
375 Rolling Oaks Drive,  
Ste. 210  
Thousand Oaks, CA 91361  
Phone: (805) 497-7015  
Fax: (805) 497-7315

Valencia  
24051 Newhall Ranch Road  
Valencia, CA 91355  
Phone: (661) 254-6364  
Fax: (661) 254-6787

Porter Ranch Quality Care  
19950 Rinaldi St., Ste 100  
Porter Ranch, CA 91326  
Phone: (818) 363-2273  
Fax: (805) 497-7315

Beverly Hills  
436 N. Bedford Dr., Ste. 202  
Beverly Hills, CA 90210  
Phone: (310) 703-7473

July 27, 2018

Diaz, Regina  
Tristar  
PO Box 11967  
Santa Ana, CA 92711

BARDAKJIAN, STEEVIO  
V01013640246 MR#M001265555  
08/06/18 MS1 M 48 ME  
BARCOHANA, BABAK 05/23/1970

RE: Bardakjian, Steevio  
DOB: 05/23/1970  
EMP: Los Angeles County Department of Health Services  
D/I: 07/03/2018  
CL# 219 001  
ACCT#:286721

Steevio Bardakjian was seen in our Valencia office on July 27, 2018, for **Initial Orthopedic Consultation**, at the request of the insurance carrier referenced above for evaluation of this patient's industrial injury.

**CHIEF COMPLAINT:** Low back pain with radiating pain down the right leg.

**HISTORY OF PRESENT ILLNESS:** Steevio Bardakjian is a 48 year-old right-handed male who is employed by Los Angeles County Department of Health Services as a registered nurse.

The patient indicates that on 07/03/18, while walking with staff inspecting IT drops, he reached underneath a desk and as he rose back up he felt a snap/pop in his low back. He felt a twinge in the back that was followed by pain and weakness in the right leg. Mr. Bardakjian subsequently went home to rest and over the course of the following day his symptoms significantly worsen. The patient was bedridden the following 4 days. He was then taken to the emergency room at Henry Mayo where he was treated with pain medication.

Mr. Bardakjian subsequently sought care at Facey Medical and was evaluated by the industrial physician. At that time, he was recommended he immediately seek emergency room care. He sought care at Henry Mayo



Commonwealth of Massachusetts

Massachusetts Department of Health

Health Care Division

RE: BARDAKJIAN, STEEVIO

Page 2 of 5

Hospital and underwent an MRI and was given medication. On 07/10/18, he was recommended orthopedic consultation. Since then, he has been trying to manage his symptoms with medication. He has yet to see another doctor for his back and is now here for consultation.

#### PRESENT COMPLAINTS/REVIEW OF SYSTEMS

**MUSCULOSKELETAL:** The patient indicates that the pain in the low back is rated at 4/10. His main complaint is of severe right leg pain that he rates at 9-10/10. He has been taking Percocet, 3 times per day and it lowers the pain level to 7-8/10. He finds that any unsupported walking more than 10-15 steps aggravate pain. There is loss of right leg strength. He is using crutches and a cane.

**DAILY LIVING:** The patient has severe difficulty and impairment with hygiene, toileting, in getting dressed, putting on socks and shoes, doing housework, driving and sleeping through the night due to pain in the back and right lower extremity.

**NEUROLOGICAL:** Numbness and sciatica pain to RLE.

**CARDIOVASCULAR:** Negative for cardiovascular symptoms.

**GASTROINTESTINAL:** Constipation due to opioid use.

**GENITOURINARY:** There are no bladder changes.

**INTEGUMENTARY:** There is no skin rash, itching or discoloration.

**RESPIRATORY:** Negative for respiratory symptoms.

**HEMATOLOGIC/LYMPHATIC:** There are no bruising tendencies. The patient heals normally after a cut or bleeding. The patient does not have any difficulty with clotting.

**CONSTITUTIONAL SYMPTOMS:** Ht: 5'11" Wt. 208 lbs.

The patient denies any recent weight change. The patient denies any recent fever. The patient has been experiencing occasional headaches.

The patient had a flu vaccination in 2017.

The patient has not had a pneumonia vaccination.

**ALLERGIC/IMMUNOLOGIC:** No known allergies. The patient is not allergic to latex. There is no food or environmental allergies.

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Southern California Orthopedic Institute

N S O R T H C A L I F O R N I A

1000024

RE: BARDAKJIAN, STEEVIO

Page 3 of 5

**PAST HISTORY OF PRESENT ILLNESS:** The patient denies any previous injuries or complaints regarding the back.

**WORK HISTORY:** The patient has been employed by this employer since July 1999. As a registered nurse the patient is required to liaison in clinical IT and working on medical record systems. The patient normally works 40 hours per week. Mr. Bardakjian has not returned to work since the date of injury on 7/3/18.

**SPORTS/HOBBIES:** Bike riding, walking and hiking prior to the injury.

**PAST MEDICAL HISTORY:**

Medications: Percocet, Metformin 850 mg, Naproxen 500 mg, Metamucil.

Herbal Medications: None.

Surgeries: None.

Medical Conditions: Diabetes.

**FAMILY HISTORY:** Father - bladder cancer. Mother - hypertension.

**SOCIAL HISTORY:** Quit smoking on May 2009 history of 7 packs a week.

The patient is a nondrinker.

**LEGAL STATUS:** The patient does not have an attorney at this time.

**SOURCE OF INFORMATION:** Initial history was recorded by Miguel Marin, a Professional Historian employed by Southern California Orthopedic Institute for this purpose. History was then reviewed in detail with the patient by the undersigned.

**PHYSICAL EXAMINATION:** This is a pleasant, healthy-appearing gentleman standing 5 feet, 11 inches tall, weighing 208 pounds. He is alert and oriented. Extraocular movements are intact. Pupils are equal. He has no respiratory insufficiency. He has a severe right leg antalgic gait. He uses a cane. He is hunched forward. He is unable to toe walk and heel walk on the right leg. He has fasciculations seen on the right leg. He has diminished sensation in the dorsal aspect of the right foot, lateral and medial right calf. Straight leg raise on the right side is positive at 0 degrees as he is unable to extend his knee or his hip. He has 3/5 strength in the right tibialis anterior and EHL, and appears to have 4/5 strength in the gastrocs. He has palpable pulses.

**RADIOGRAPHS:** Two views of the lumbar spine taken in the office July

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Scalable Cloud Data Processing

NATIONAL COUNCIL

JOURNAL OF CLIMATE

RE: BARDAKJIAN, STEEVIO

Page 4 of 5

27, 2018, are reviewed. There is straightening of the lumbar lordosis. Lumbar spondylosis is noted.

**MRI:** MRI of the lumbar spine performed at Tower Imaging dated July 10, 2018, is reviewed. There is a right paracentral herniation at L3-4. There is a right paracentral and far lateral herniation at L4-5. These result in significant stenosis.

**REVIEW OF RECORDS:** Fifteen minutes were spent reviewing outside records in preparation of this dictation.

**TREATMENT PLAN:** Please see below.

**DIAGNOSTIC STUDIES:** Please see below.

**DISABILITY STATUS:** Temporary total disability.

**WORK STATUS:** Off duty.

**WORK CAPACITY AND RESTRICTIONS:** Not applicable.

**CAUSATION/APPORTIONMENT:** Not indicated.

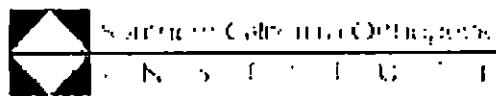
## DIAGNOSES

1. Right L3-4 and L4-5 disc herniations with severe radiculopathy and weakness.
  2. Diabetes.

**COMMENTS AND CONCLUSIONS:** This is a 48-year-old gentleman employed by Los Angeles County Department of Health Services as a registered nurse. On July 3, 2018, during the course of employment, he was walking with staff inspecting IT drops. He reached underneath a desk and when he rose up, he felt a pop in his low back. He developed severe pain in the right leg. He developed significant back pain as well. He has tried a steroid pack and medications. He had to go to the emergency room on 2 occasions. He required narcotic pain medication. Due to the symptoms, he was referred to the undersigned.

The patient has severe pain in the right leg. He is unable to stand erect. He is unable to extend his right knee or his right buttock due to the nerve tension. He has profound weakness in the right lower extremity with fasciculations. Given the severity of his pain and weakness, I do not recommend nonoperative measures at this point. In my opinion, surgery is the best option for him to help alleviate the discomfort. I have requested that the patient undergo

000025



Right side view

**RE: BARDAKJIAN, STEEVIO**

**Page 5 of 5**

a right L3-4 and L4-5 microdiscectomy. There appears to be an extra foraminal component at L4-5 as well. This should be done on an urgent basis. He currently does not have any signs of cauda equina syndrome, but I discussed what to watch out for. I have provided him with a surgical packet today. Once surgery is authorized, he will return and we will discuss the surgery in more detail. I have asked him to stop all anti-inflammatory medications.

The patient understands our discussion. All questions were answered. I have attempted to contact the adjustor and left a message, but we will continue to attempt to contact the adjustor.

**ADDENDUM:** In anticipation of possibly doing surgery next week, I discussed the risks, benefits, and alternatives of surgery to include but not be limited to infection, damage to nerves or blood vessels, need for additional surgery, persistent pain and weakness, scars, DVT, blood clots, hematoma, stroke, MI, death, recurrent herniations. I discussed the postoperative protocol with him as well. Consents were signed in the office today. I will give him the prescriptions for pain medications after the surgery.

If you have any questions regarding this report, please do not hesitate to contact me.

**DISCLOSURE:** I declare under penalty of perjury that I have not violated Labor Code Section 139.3.

The contents of this report and bill are true and correct to the best of my knowledge.

Sincerely,

---

BABAK BARCOHANA, MD  
ORTHOPEDIC SURGERY

Document electronically signed in EHR. See separate signature page.

J: 175869824 D: 07/22/18 T: 07/28/18

000026

# **Valley Presbyterian Hospital**

15107 Vanowen Street, Van Nuys, California 91405

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Page 1 of 3

## **PREOP HISTORY AND PHYSICAL**

DATE OF ADMISSION: 08/06/2018

The patient is to have surgery with Dr. Babak Barcohana on 08/06/2018.

REASON FOR CONSULTATION: Consultation was requested by Dr. Babak Barcohana for medical evaluation and clearance of a 48-year-old gentleman about to undergo surgery.

Thank you, Dr. Barcohana, for allowing us to participate in care of this patient.

HISTORY OF PRESENT ILLNESS: Steevio Bardakjian, a 48-year-old gentleman with acute injury to his back at work, ultimate diagnosis was acute herniated disks at L3-L4, L4-L5 and the patient is currently being admitted for an urgent microdiscectomy at those 2 levels.

PAST MEDICAL AND SURGICAL HISTORY: He has had no medical hospitalizations. He has had no surgeries done in the past and has had no broken bones.

MEDICATIONS: He is currently taking:

1. Norco.
2. Percocet.
3. Metformin 850 mg b.i.d.
4. He has gotten a variety of different steroid injections. None of those have worked for any long period of time.

ALLERGIES: HE IS NOT ALLERGIC TO ANY MEDICATIONS.

SOCIAL HISTORY: The patient is separated, has children. He does not smoke or drink alcohol. He does drink coffee. He has no difficulty sleeping at night and is employed.

FAMILY HISTORY: Father died at age of 67 of bladder cancer. Mother is 88, has hypertension. Four siblings in general good health, although some have type 2 diabetes. There is family history of diabetes, heart, cancer, hypertension, stroke. No thyroid to his knowledge.

### **REVIEW OF SYSTEMS:**

HEENT: Denies any significant headaches.

CARDIORESPIRATORY: Denies any chest pain or shortness of breath.

GASTROINTESTINAL: Has constipation now from his use of pain medications.

GENITOURINARY: No urgency or frequency.

MUSCULOSKELETAL: Positive for back pain with radicular symptoms to the right leg.

NEUROPSYCHIATRIC: Unremarkable.

GENERAL HEALTH: As above.

### **PHYSICAL EXAMINATION:**

VITAL SIGNS: The patient's blood pressure was 130/74, pulse was 110 and regular, respirations were 18, temperature 98.9, height of 5 feet 8 inches, weight 208 pounds.

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Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No:  
Physician: BARCOHANA,BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

**000027**

# **Valley Presbyterian Hospital**

15107 Vanowen Street, Van Nuys, California 91405

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Page 2 of 3

**GENERAL:** The patient was noted to be a well-developed, well-nourished male, alert and cooperative, in no apparent acute distress, but in severe pain on any motion involving his legs or back, oriented to time, place and person.

**HEENT:** Head was atraumatic. Eyes: Pupils were equal, reactive to light and accommodation. Fundi were benign. Tympanic membranes were unremarkable. Nose was negative. Mouth was unremarkable. Fair oral hygiene was present.

**NECK:** Supple without any rigidity. Trachea was midline. Thyroid was within normal limits. Neck veins were flat. Carotid pulses were equal. No bruits were heard.

**BACK:** Unremarkable spasm lower back R>L

**CHEST:** Symmetrical

**BREASTS AND AXILLARY:** Did not reveal any masses.

**LUNGS:** Clear to percussion and auscultation.

**HEART:** PMI is 5th intercostal space, midclavicular line. Regular sinus rhythm was noted. No significant murmurs, rubs or gallops being elicited.

**ABDOMEN:** Soft. Good bowel sounds were noted. No significant organomegaly, masses or tenderness.

**GENITALIA:** Normal male external genitalia.

**RECTAL AND PROSTATIC:** Per PCP.

**EXTREMITIES:** Not revealing clubbing, edema or cyanosis. Peripheral pulses were physiologic.

**SKIN:** Moist and warm without any eruptions. No gross lymphadenopathy was noted.

**NEUROLOGIC:** Other than diminished deep tendon reflex on the right lower extremity, it was unremarkable.

**IMPRESSION:**

1. Acute herniated disk L3-L4, L4-L5 with right-sided radiculopathy.
2. Diabetes mellitus type 2, under control.
3. Stable health.

**REVIEW OF LABORATORY AND OTHER DATA:** Revealed the following: The patient's chemistry panel revealed relatively normal electrolytes, random glucose 210. BUN, creatinine, calcium, uric acid, liver function tests were normal. Hemoglobin A1c was greater than 14. CBC, sed rate, UA, PT and PTT were in acceptable levels other than mild glycosuria. EKG was a normal EKG other than a sinus bradycardia. The patient's chest x-ray was within normal limits also.

**DISCUSSION:** Dr. Barcohana, albeit this patient is not in good control for his diabetes has multiple shots of steroids and is chronic unrelenting pain is not helping control of his diabetes. The sooner his surgery is done, the sooner his diabetes will be better controlled. Under these circumstances, the patient is a suitable candidate for surgery and I will follow him along with you during his stay at Valley Presbyterian.

Thank you again, Dr. Barcohana, for allowing us to participate in care of this patient.

Dictated By: SYLVAIN SILBERSTEIN MD

SS/NTS

DD: 08/03/2018 16:29:55

DT: 08/03/2018 16:54:31

Conf#: 259594

DID#: 1469564

---

Patient: BARDAKJIAN, STEEVIO

D.O.B: 05/23/1970

Acct No.: V01013640246

MR. No.: M001265555

Room No:

Physician: BARCOHANA, BABAK MD

Dictated By: SYLVAIN SILBERSTEIN MD

**000028**

**Valley Presbyterian Hospital**  
15107 Vanowen Street, Van Nuys, California 91405

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Page 3 of 3

CC: BABAK BARCOHANA MD;\*EndCC\*

<Electronically signed by SYLVAIN SILBERSTEIN MD>

08/05/18 0958

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Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No:  
Physician: BARCOHANA,BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

**000029**

**Valley Presbyterian Hospital**  
15107 Vanowen Street, Van Nuys, California 91405

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Page 1 of 1

H&P Note

**Date/Time of Note**

**Date/Time of Note**

DATE: 8/6/18

TIME: 11:49

**Interval H&P Admission Note**

Pt. seen H&P reviewed: No system changes

KISHIMOTO,ESTHER K. PA-C

Aug 6, 2018 11:49

<Electronically signed by ESTHER K. KISHIMOTO PA-C>

08/06/18 1149

<Electronically signed by BABAK BARCOHANA MD>

08/07/18 1006

---

Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: ESTHER K. KISHIMOTO PA-C

**000030**

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 1 of 3

## Consultation

### Date/Time of Note

#### Date/Time of Note

DATE: 8/6/18

TIME: 18:05

### Consult Date/Type/Reason

#### Admit Date/Time

Aug 6, 2018 at 09:40

#### Initial Consult Date

08/02/2018

Type of Consultation: internal medicine /endo

#### Reason for Consultation

pre-op medical evaluation and clearance

Requesting Provider: BARCOHANA,BABAK MD

### Subjective

post -op recovery room still somewhat sedated responds to questions

### Objective

#### Vital Signs

Date	Time	Temp	Pulse	Resp	B/P (MAP)	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
8/6/18	16:02		92	14	130/76 (94)	99	Nasal Cannula		
8/6/18	15:27							2.0	
8/6/18	15:08	97.9							

#### Exam

vital signs stable

HEENT negative

lungs clear

heart regular rhythm

### Results/Medications

#### Results 24 hrs

#### Laboratory Tests

Test	8/6/18 10:38
Bedside Glucose	210

#### Medications

#### Current Medications

Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

000031

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 2 of 3

Hydromorphone HCl (Dilaudid) 0.2 mg PACU PRN IV MILD PAIN LEVEL 1-3; Start 8/6/18 at 11:30; Stop 8/6/18 at 18:30

Hydromorphone HCl (Dilaudid) 0.6 mg PACU PRN IV SEVERE PAIN LEVEL 7-10 Last administered on 8/6/18 at 15:48; Admin Dose 0.6 MG; Start 8/6/18 at 11:30; Stop 8/6/18 at 18:30

Hydralazine HCl (Apresoline) 5 mg PACU ORDER PRN IV HIGH BLOOD PRESSURE; Start 8/6/18 at 11:30; Stop 8/6/18 at 18:30

Potassium Chloride/Sodium Chloride 1,000 ml @ 100 mls/hr Q10H IV ; Start 8/6/18 at 11:49

Oxycodone/ Acetaminophen (Endocet (10/ 325)) 1 tab Q4H PRN PO PAIN LEVEL 1-5; Start 8/7/18 at 10:00; Status Future Hold

Oxycodone/ Acetaminophen (Endocet (10/ 325)) 2 tab Q4H PRN PO PAIN LEVEL 6-10; Start 8/7/18 at 10:00; Status Future Hold

Hydromorphone HCl (Dilaudid) 0.2 mg Q1H PRN IV BREAKTHROUGH PAIN; Start 8/6/18 at 12:00

Cefazolin Sodium 50 ml @ 100 mls/hr Q8H IVPB ; Start 8/6/18 at 20:00; Stop 8/7/18 at 12:29

Zolpidem Tartrate (Ambien) 5 mg HS MAY REPEAT X 1 PRN PO INSOMNIA; Start 8/6/18 at 12:00

Ondansetron HCl (Zofran Inj) 4 mg Q6H PRN IV NAUSEA AND/OR VOMITING; Start 8/6/18 at 12:00

Bisacodyl (Dulcolax Supp) 10 mg DAILY PRN PR CONSTITUTION; Start 8/6/18 at 12:00

Docusate Sodium (Colace) 100 mg BID PO ; Start 8/6/18 at 21:00

Pantoprazole (Protonix Iv) 40 mg DAILY@06 IV ; Start 8/7/18 at 06:00

Al Hydrox/Mg Hydrox/Simethicone (Mag-Al Plus) 15 ml Q6H PRN PO CONSTIPATION/DYSPEPSIA; Start 8/6/18 at 12:00

Acetaminophen (Tylenol Tab) 650 mg Q4H PRN PO HA OR TEMP GREATER THAN 101.3F; Start 8/6/18 at 12:00

Cyclobenzaprine HCl (Flexeril) 10 mg TID PRN PO MUSCLE SPASMS; Start 8/6/18 at 12:00

Phenol (Cepastat Lozenge) 1 lozenge PRN PRN MT SORE THROAT; Start 8/6/18 at 12:00

Diphenhydramine HCl (Benadryl) 25 mg Q6H PRN IV ITCHING; Start 8/6/18 at 12:00

Naloxone HCl (Narcan) 0.2 mg Q2M PRN IV RR 8 BREATHS/MIN OR LESS; Start 8/6/18 at 12:00

Hydromorphone HCl (Dilaudid PCA) PCA to be started in PACU Q4PCA IV Last administered on 8/6/18 at 15:11;

Admin Dose 6 MG; Start 8/6/18 at 12:00; Stop 8/7/18 at 10:00

Miscellaneous Information 1. Hold PCA at 1,000... PCA IV ; Start 8/6/18 at 12:00

Metformin HCl (Glucophage) 850 mg WITH BREAKFAST DINNE PO ; Start 8/6/18 at 17:55

Miscellaneous Information 1 ea NOTE XX ; Start 8/6/18 at 14:30

Glucose (Glutose) 15 gm Q15M PRN PO DECREASED GLUCOSE; Start 8/6/18 at 14:30

Glucose (Glutose) 22.5 gm Q15M PRN PO DECREASED GLUCOSE; Start 8/6/18 at 14:30

Dextrose (D50w Syringe) 25 ml Q15M PRN IV DECREASED GLUCOSE; Start 8/6/18 at 14:30

Dextrose (D50w Syringe) 50 ml Q15M PRN IV DECREASED GLUCOSE; Start 8/6/18 at 14:30

Glucagon (Glucagen) 1 mg Q15M PRN IM DECREASED GLUCOSE; Start 8/6/18 at 14:30

Glucose (Glutose) 15 gm Q15M PRN BUCCAL DECREASED GLUCOSE; Start 8/6/18 at 14:30

Insulin Glargin (Lantus) 14 units DAILY@0800 SC ; Start 8/7/18 at 08:00

## Assessment/Plan

### Chief Complaint/Hosp Course

acute back pain pre-op now says he is feeling a little better

### Additional Assessment/Plan

plan is to control his blood sugars ,diet and insulin re control of DMtype2 will follow with you thank you ssilberstein

---

Patient: BARDAKJIAN,STEEVIO

D.O.B: 05/23/1970

Acct No.: V01013640246

MR. No.: M001265555

Room No: 420-A

Physician: BARCOHANA,BABAK MD

Dictated By: SYLVAIN SILBERSTEIN MD

000032

**Valley Presbyterian Hospital**  
15107 Vanowen Street, Van Nuys, California 91405

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Page 3 of 3

SILBERSTEIN,SYLVAIN MD

Aug 6, 2018 18:12

<Electronically signed by SYLVAIN SILBERSTEIN MD>

08/06/18 1812

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Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

**000033**

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 1 of 4

## Consultation

### Date/Time of Note

#### Date/Time of Note

DATE: 8/7/18

TIME: 08:17

### Consult Date/Type/Reason

#### Admit Date/Time

Aug 6, 2018 at 09:40

#### Initial Consult Date

08/02/2018

Type of Consultation: internal medicine /endo

#### Reason for Consultation

post-op medical f/u and management of diabetes

Requesting Provider: BARCOHANA,BABAK MD

### Subjective

complaining of back pain at surgical site has not gotten out of bed yet

### Objective

#### Vital Signs

Date	Time	Temp	Pulse	Resp	B/P (MAP)	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
8/7/18	07:34	98.6	110	17	132/74 (93)	96			
8/7/18	03:17					Nasal Cannula		2.0	

	8/6/18 14:59	8/6/18 22:59	8/7/18 06:59
Intake Total	1800 ml	50 ml	1150 ml
Output Total	1428 ml	700 ml	600 ml
Balance	372 ml	-650 ml	550 ml

#### Exam

vital signs stable

HEENT unremarkable

lungs clear

heart regular rhythm

### Results/Medications

#### Result Diagram:

8/7/18 0434

8/7/18 0434

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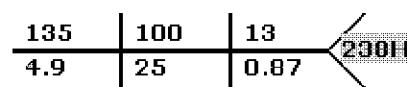
Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

000034

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 2 of 4



**Results 24 hrs**

## Laboratory Tests

Test	8/6/18 10:38	8/6/18 18:25	8/6/18 21:06	8/7/18 01:43
Bedside Glucose	210	216	265 H	257 H
Test	8/7/18 04:34			
White Blood Count	9.8			
Red Blood Count	4.51 L			
Hemoglobin	13.4 L			
Hematocrit	38.4 L			
Mean Corpuscular Volume	85.1			
Mean Corpuscular Hemoglobin	29.7			
Mean Corpuscular Hemoglobin Concent	34.9			
Red Cell Distribution Width	12.0			
Platelet Count	226			
Mean Platelet Volume	9.8			
Neutrophils %	84.8 H			
Lymphocytes %	7.3 L			
Monocytes %	7.4			
Eosinophils %	0.0			
Basophils %	0.0			
Nucleated Red Blood Cells %	0.0			
Neutrophils #	8.3 H			
Lymphocytes #	0.7 L			
Monocytes #	0.7			
Eosinophils #	0.0			
Basophils #	0.0			
Nucleated Red Blood Cells #	0.0			
Sodium Level	135			
Potassium Level	4.9			
Chloride Level	100			
Carbon Dioxide Level	25			
Anion Gap	15			
Blood Urea Nitrogen	13			
Creatinine	0.87			
Glucose Level	238 H			
Calcium Level	8.9			
Magnesium Level	1.6 L			

Patient: BARDAKJIAN, STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA, BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

000035

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 3 of 4

## Medications

### Current Medications

Potassium Chloride/Sodium Chloride 1,000 ml @ 100 mls/hr Q10H IV Last administered on 8/7/18 at 04:15; Admin Dose 100 MLS/HR; Start 8/6/18 at 11:49  
Oxycodone/ Acetaminophen (Endocet (10/ 325)) 1 tab Q4H PRN PO PAIN LEVEL 1-5; Start 8/7/18 at 10:00; Status Future Hold  
Oxycodone/ Acetaminophen (Endocet (10/ 325)) 2 tab Q4H PRN PO PAIN LEVEL 6-10; Start 8/7/18 at 10:00; Status Future Hold  
Hydromorphone HCl (Dilaudid) 0.2 mg Q1H PRN IV BREAKTHROUGH PAIN; Start 8/6/18 at 12:00  
Cefazolin Sodium 50 ml @ 100 mls/hr Q8H IVPB Last administered on 8/7/18 at 04:07; Admin Dose 100 MLS/HR; Start 8/6/18 at 20:00; Stop 8/7/18 at 12:29  
Zolpidem Tartrate (Ambien) 5 mg HS MAY REPEAT X 1 PRN PO INSOMNIA; Start 8/6/18 at 12:00  
Ondansetron HCl (Zofran Inj) 4 mg Q6H PRN IV NAUSEA AND/OR VOMITING Last administered on 8/6/18 at 18:38; Admin Dose 4 MG; Start 8/6/18 at 12:00  
Bisacodyl (Dulcolax Supp) 10 mg DAILY PRN PR CONSTIPATION; Start 8/6/18 at 12:00  
Docusate Sodium (Colace) 100 mg BID PO Last administered on 8/6/18 at 21:03; Admin Dose 100 MG; Start 8/6/18 at 21:00  
Pantoprazole (Protonix Iv) 40 mg DAILY@06 IV Last administered on 8/7/18 at 06:16; Admin Dose 40 MG; Start 8/7/18 at 06:00  
Al Hydrox/Mg Hydrox/Simethicone (Mag-Al Plus) 15 ml Q6H PRN PO CONSTIPATION/DYSPEPSIA; Start 8/6/18 at 12:00  
Acetaminophen (Tylenol Tab) 650 mg Q4H PRN PO HA OR TEMP GREATER THAN 101.3F; Start 8/6/18 at 12:00  
Cyclobenzaprine HCl (Flexeril) 10 mg TID PRN PO MUSCLE SPASMS Last administered on 8/7/18 at 04:07; Admin Dose 10 MG; Start 8/6/18 at 12:00  
Phenol (Cepastat Lozenge) 1 lozenge PRN PRN MT SORE THROAT; Start 8/6/18 at 12:00  
Diphenhydramine HCl (Benadryl) 25 mg Q6H PRN IV ITCHING; Start 8/6/18 at 12:00  
Naloxone HCl (Narcan) 0.2 mg Q2M PRN IV RR 8 BREATHS/MIN OR LESS; Start 8/6/18 at 12:00  
Hydromorphone HCl (Dilaudid PCA) PCA to be started in PACU Q4PCA IV Last administered on 8/7/18 at 04:31; Admin Dose 6 MG; Start 8/6/18 at 12:00; Stop 8/7/18 at 10:00  
Miscellaneous Information 1. Hold PCA at 1,000... PCA IV ; Start 8/6/18 at 12:00  
Metformin HCl (Glucophage) 850 mg WITH BREAKFAST DINNE PO Last administered on 8/6/18 at 18:38; Admin Dose 850 MG; Start 8/6/18 at 17:55  
Miscellaneous Information 1 ea NOTE XX ; Start 8/6/18 at 14:30  
Glucose (Glutose) 15 gm Q15M PRN PO DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Glucose (Glutose) 22.5 gm Q15M PRN PO DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Dextrose (D50w Syringe) 25 ml Q15M PRN IV DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Dextrose (D50w Syringe) 50 ml Q15M PRN IV DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Glucagon (Glucagen) 1 mg Q15M PRN IM DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Glucose (Glutose) 15 gm Q15M PRN Buccal DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Insulin Glargine (Lantus) 14 units DAILY@0800 SC ; Start 8/7/18 at 08:00  
Diagnostic Test (Pha) (Accu-Chek) 1 ea 02 XX Last administered on 8/7/18 at 02:53; Admin Dose 1 EA; Start 8/7/18 at 02:00  
Insulin Aspart (Novolog Insulin Pen) (Adult SC Insulin - Mild Algorithm)... AC MEALS AND BEDTIME SC ; Start 8/7/18 at 07:20

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Patient: BARDAKJIAN, STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA, BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

000036

# **Valley Presbyterian Hospital**

15107 Vanowen Street, Van Nuys, California 91405

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Page 4 of 4

## **Assessment/Plan**

### **Chief Complaint/Hosp Course**

acute back pain pre-op now says he is feeling a little better

### **Additional Assessment/Plan**

patients sugar still in 200 range getting insulin at this point patient has his own physician re DMtype 2 management  
medically stable at this point.

SILBERSTEIN,SYLVAIN MD

Aug 7, 2018 08:22

<Electronically signed by SYLVAIN SILBERSTEIN MD>

08/07/18 0822

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Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

**000037**

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 1 of 4

## Consultation

### Date/Time of Note

#### Date/Time of Note

DATE: 8/8/18

TIME: 15:03

### Consult Date/Type/Reason

#### Admit Date/Time

Aug 6, 2018 at 09:40

#### Initial Consult Date

08/02/2018

Type of Consultation: internal medicine /endo

#### Reason for Consultation

medical f/u and management

Requesting Provider: BARCOHANA,BABAK MD

### Subjective

still complaining of back pain bu is better overall

### Objective

#### Vital Signs

Date Time	Temp	Pulse	Resp	B/P (MAP)	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
8/8/18 08:23	98.9	109 109	18	121/63 (82)	95	Room Air		
8/7/18 03:17							2.0	

	8/7/18 15:00	8/7/18 23:00	8/8/18 07:00
Intake Total	820 ml	1100 ml	
Output Total	1150 ml		
Balance	-330 ml	1100 ml	

### Exam

vital signs stable

HEENT grossly negative

lungs clear

heart sinus tachycardia

abdomen soft

### Results/Medications

#### Result Diagram:

8/8/18 0812

8/8/18 0812

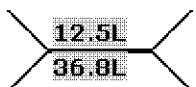
Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

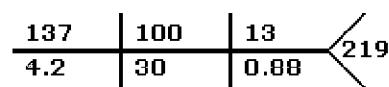
000038

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 2 of 4

9.0       195

 219  
4.2      | 30      | 13      | 0.88

**Results 24 hrs**

## Laboratory Tests

Test	8/7/18 18:07	8/7/18 21:35	8/8/18 08:12	8/8/18 08:20
Bedside Glucose	240 H	248 H		221 H
White Blood Count			9.0	
Red Blood Count			4.25 L	
Hemoglobin			12.5 L	
Hematocrit			36.8 L	
Mean Corpuscular Volume			86.6	
Mean Corpuscular Hemoglobin			29.4	
Mean Corpuscular Hemoglobin Concent			34.0	
Red Cell Distribution Width			12.8	
Platelet Count			195	
Mean Platelet Volume			9.8	
Neutrophils %			68.4	
Lymphocytes %			20.0	
Monocytes %			10.2	
Eosinophils %			0.8	
Basophils %			0.2	
Nucleated Red Blood Cells %			0.0	
Neutrophils #			6.1	
Lymphocytes #			1.8	
Monocytes #			0.9	
Eosinophils #			0.1	
Basophils #			0.0	
Nucleated Red Blood Cells #			0.0	
Sodium Level			137	
Potassium Level			4.2	
Chloride Level			100	
Carbon Dioxide Level			30	
Anion Gap			11	
Blood Urea Nitrogen			13	
Creatinine			0.88	
Glucose Level			219	
Calcium Level			8.7	
Magnesium Level			1.7	
Total Bilirubin			0.6	
Direct Bilirubin			0.00	
Indirect Bilirubin			0.6	

Patient: BARDAKJIAN, STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA, BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

000039

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 3 of 4

Aspartate Amino Transf (AST/SGOT)			31	
Alanine Aminotransferase (ALT/SGPT)			23	
Alkaline Phosphatase			38 L	
Total Protein			6.5	
Albumin			3.6	
Globulin			2.90	
Albumin/Globulin Ratio			1.24	
Test	8/8/18 12:46			
Bedside Glucose	198			

## Medications

### Current Medications

Oxycodone/ Acetaminophen (Endocet (10/ 325)) 1 tab Q4H PRN PO PAIN LEVEL 1-5 Last administered on 8/8/18 at 11:08; Admin Dose 1 TAB; Start 8/7/18 at 10:00; Status Future hold  
Oxycodone/ Acetaminophen (Endocet (10/ 325)) 2 tab Q4H PRN PO PAIN LEVEL 6-10 Last administered on 8/8/18 at 13:17; Admin Dose 2 TAB; Start 8/7/18 at 10:00; Status Future hold  
Hydromorphone HCl (Dilaudid) 0.2 mg Q1H PRN IV BREAKTHROUGH PAIN; Start 8/6/18 at 12:00  
Zolpidem Tartrate (Ambien) 5 mg HS MAY REPEAT X 1 PRN PO INSOMNIA; Start 8/6/18 at 12:00  
Ondansetron HCl (Zofran Inj) 4 mg Q6H PRN IV NAUSEA AND/OR VOMITING Last administered on 8/6/18 at 18:38; Admin Dose 4 MG; Start 8/6/18 at 12:00  
Bisacodyl (Dulcolax Supp) 10 mg DAILY PRN PR CONSTIPATION; Start 8/6/18 at 12:00  
Docusate Sodium (Colace) 100 mg BID PO Last administered on 8/8/18 at 08:23; Admin Dose 100 MG; Start 8/6/18 at 21:00  
Pantoprazole (Protonix Iv) 40 mg DAILY@06 IV Last administered on 8/7/18 at 06:16; Admin Dose 40 MG; Start 8/7/18 at 06:00  
Al Hydrox/Mg Hydrox/Simethicone (Mag-Al Plus) 15 ml Q6H PRN PO CONSTIPATION/DYSPEPSIA; Start 8/6/18 at 12:00  
Acetaminophen (Tylenol Tab) 650 mg Q4H PRN PO HA OR TEMP GREATER THAN 101.3F; Start 8/6/18 at 12:00  
Cyclobenzaprine HCl (Flexeril) 10 mg TID PRN PO MUSCLE SPASMS Last administered on 8/7/18 at 18:31; Admin Dose 10 MG; Start 8/6/18 at 12:00  
Phenol (Cepastat Lozenge) 1 lozenge PRN PRN MT SORE THROAT; Start 8/6/18 at 12:00  
Diphenhydramine HCl (Benadryl) 25 mg Q6H PRN IV ITCHING Last administered on 8/7/18 at 22:00; Admin Dose 25 MG; Start 8/6/18 at 12:00  
Naloxone HCl (Narcan) 0.2 mg Q2M PRN IV RR 8 BREATHS/MIN OR LESS; Start 8/6/18 at 12:00  
Metformin HCl (Glucophage) 850 mg WITH BREAKFAST DINNE PO Last administered on 8/8/18 at 08:22; Admin Dose 850 MG; Start 8/6/18 at 17:55  
Miscellaneous Information 1 ea NOTE XX ; Start 8/6/18 at 14:30  
Glucose (Glutose) 15 gm Q15M PRN PO DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Glucose (Glutose) 22.5 gm Q15M PRN PO DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Dextrose (D50w Syringe) 25 ml Q15M PRN IV DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Dextrose (D50w Syringe) 50 ml Q15M PRN IV DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Glucagon (Glucagen) 1 mg Q15M PRN IM DECREASED GLUCOSE; Start 8/6/18 at 14:30

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Patient: BARDAKJIAN, STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA, BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

000040

# **Valley Presbyterian Hospital**

15107 Vanowen Street, Van Nuys, California 91405

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Page 4 of 4

Glucose (Glutose) 15 gm Q15M PRN BUCCAL DECREASED GLUCOSE; Start 8/6/18 at 14:30  
Insulin Glargine (Lantus) 14 units DAILY@0800 SC Last administered on 8/8/18 at 08:28; Admin Dose 14 UNITS;  
Start 8/7/18 at 08:00  
Diagnostic Test (Pha) (Accu-Chek) 1 ea 02 XX Last administered on 8/7/18 at 02:53; Admin Dose 1 EA; Start 8/7/18  
at 02:00  
Insulin Aspart (Novolog Insulin Pen) (Adult SC Insulin - Mild Algorithm)... AC MEALS AND BEDTIME SC Last  
administered on 8/8/18 at 12:50; Admin Dose 2 UNIT; Start 8/7/18 at 07:20  
Magnesium Oxide (Mag-Ox 400) 400 mg BID PO Last administered on 8/8/18 at 08:22; Admin Dose 400 MG; Start  
8/7/18 at 21:00

## **Assessment/Plan**

### **Chief Complaint/Hosp Course**

acute back pain pre-op now says he is feeling a little better

### **Additional Assessment/Plan**

medically stable at this point management per dr barcohana thank you ssliberstein

SILBERSTEIN,SYLVAIN MD

Aug 8, 2018 15:07

<Electronically signed by SYLVAIN SILBERSTEIN MD>

08/08/18 1507

---

Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: SYLVAIN SILBERSTEIN MD

**000041**

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 1 of 2

## PROGRESS NOTE

### Date/Time of Note

#### Date/Time of Note

DATE: 8/7/18

TIME: 10:20

### Assessment/Plan

#### Lines/Catheters

IV Catheter Type (from Nrsg): Peripheral IV

Foley in Place (from Nrsg): No

### Assessment/Plan

#### Assessment/Plan

POD #1

not yet cleared by PT for D/C

continue PT

routine care

pain management

ambulate

order toradol x1

### Subjective

#### 24 Hr Interval Summary

c/o back pain

### Exam/Review of Systems

#### Vital Signs

##### Vitals

##### Vital Signs

Date	Time	Temp	Pulse	Resp	B/P (MAP)	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
8/7/18	07:34	98.6	110	17	132/74 (93)	96			
8/7/18	03:17					Nasal Cannula		2.0	

	8/6/18 15:00	8/6/18 23:00	8/7/18 07:00
Intake Total	1800 ml	50 ml	1150 ml
Output Total	1428 ml	700 ml	600 ml
Balance	372 ml	-650 ml	550 ml

### Exam

Patient: BARDAKJIAN, STEEVIO

D.O.B: 05/23/1970

Acct No.: V01013640246

MR. No.: M001265555

Room No: 420-A

Physician: BARCOHANA, BABAK MD

Dictated By: ESTHER K. KISHIMOTO PA-C

000042

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 2 of 2

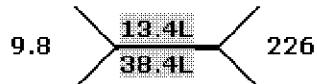
## Free Text/Dictation

persistent weakness on right

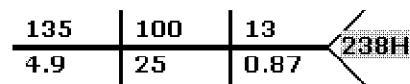
## Results

### Result Diagram:

8/7/18 0434



8/7/18 0434



KISHIMOTO,ESTHER K. PA-C

Aug 7, 2018 10:21

<Electronically signed by ESTHER K. KISHIMOTO PA-C>

08/07/18 1021

<Electronically signed by BABAK BARCOHANA MD>

08/07/18 1302

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Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: ESTHER K. KISHIMOTO PA-C

000043

BLOOD TRANSFUSION INFORMATION FORM  
INFORMED CONSENT  
PHYSICIAN DOCUMENTATION RECORD

Paul Gann Blood Safety Act: Health & Safety code section 1645

**PHYSICIAN TO COMPLETE PRIOR TO INVASIVE PROCEDURE**

Patient: Steevio Bardakjian,

Procedure(s) to be performed on: Lumbar Microdiscectomy, right L3-4 and L4-5

(Please check as appropriate)

- I do confirm and certify that I have informed the patient, or the patient's authorized representative, of the condition requiring the surgical treatment and/or invasive diagnostic procedure referred to above. I have, consistent with my best medical judgment, fully explained the nature, purpose, alternative methods, limitations, potential for blood transfusion, and the risks and potential complications of all treatment(s) and/or procedure(s) described. After the foregoing information had been explained and an opportunity to withdraw from the procedure, the patient or representative consented to all treatment and/or procedures described.
- I do affirm that the Paul Gann Blood Safety summary and information regarding blood transfusions had been provided.
- I have provided the patient with a copy of the Department of Health Services information pamphlet, "If You Need Blood: A Patient's Guide to Blood Transfusions," concerning the advantages, disadvantages, risks, and benefits of autologous blood and of directed and non-directed homologous blood from volunteers. I have also allowed adequate time prior to surgery or medical procedure for the patient or other person to donate blood for transfusion purposes, except where there is a life-threatening emergency, there are medical contraindications or the patient has waived this right.



\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

BABAK BARCOHANA, M.D.  
PRINTED PHYSICIAN'S NAME

7/27/18  
\_\_\_\_\_  
DATE

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 MS1 M 48 ME  
BARCOHANA, BABAK 05/23/1970  


000044

## AUTHORIZATION AND CONSENT TO ANESTHESIA

I hereby consent to having anesthesia and authorize that it be administered by a credentialed anesthesiologist at Valley Presbyterian Hospital. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by my anesthesiologist.

I certify and acknowledge that I have read the Informed Consent for Anesthesia Services Information Sheet or had it read to me, that I understand the risks, alternatives and expected results of the anesthesia service.

Patient:   
Signature \_\_\_\_\_ Date 8/6/18 Time 11:32

Patient is unable to sign because of medical condition/age.

Representative: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Relationship to Patient:  Parent/Guardian  Next of Kin  Conservator  Healthcare DPoA

OR

Telephone Consent:

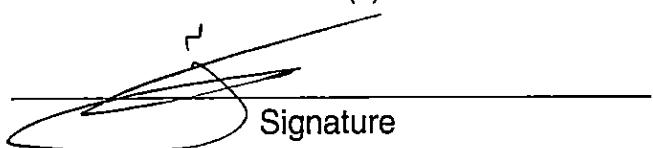
Name of Person Providing Consent	Relationship	Phone Number
----------------------------------	--------------	--------------

No person with legal authority to sign consent is immediately available.

Interpreter ID Number: \_\_\_\_\_

Witness: R-CMZ RN  
Signature \_\_\_\_\_ Date 8/6/18 Time 1132

I confirm that I have informed the patient, or the patient's authorized representative, of the above planned anesthesia services. I have, consistent with my best medical judgement, fully explained the nature, purpose, alternative methods, limitations, and the risk and possible complications of the services described. After the foregoing information had been explained and an opportunity to withdraw from the services, the patient or representative consented to all service(s) described.

Anesthesiologist   
Signature \_\_\_\_\_ Date 8/6/18 Time 1138

**VALLEY**  
PRESBYTERIAN  
HOSPITAL

**AUTHORIZATION AND  
CONSENT TO ANESTHESIA**  
Page 1 of 2



WHITE - MEDICAL RECORDS

7040S-001 (11/4/14)

PATIENT I.D.

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 SUR M 48 ME  
BARCOHANA, BABAK 05/23/1970



**000045**

CANARY - PATIENT COPY

## INFORMATION SHEET FOR INFORMED CONSENT FOR ANESTHESIA SERVICES

All forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of your procedure or treatment. **Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death.** These risks apply to all forms of anesthesia and additional or specific risks have been identified below as they may apply to a specific type of anesthesia. The type(s) of anesthesia service used for your procedure and the anesthetic technique to be used is determined by many factors including your physical condition, the type of procedure your doctor is to do, his or her preference, as well as your own desire. Sometimes an anesthesia technique that involves the use of local anesthetics, with or without sedation, may not succeed completely and, therefore, another technique may have to be used including general anesthesia.

There is a possibility that blood or blood products may have to be given. There are potential risks from blood transfusions, though rare, and some of these include transfusion reaction, hepatitis, and AIDS (acquired Immune Deficiency Syndrome).

<input checked="" type="checkbox"/> General Anesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia.
<input type="checkbox"/> Spinal or Epidural Analgesia /Anesthesia <input type="checkbox"/> With sedation <input type="checkbox"/> Without sedation	Expected Result	Temporary decreased or loss of feeling and/or movement to lower part of the body.
	Technique	Drug injected through a needle/catheter placed either into the spinal canal or immediately outside the spinal canal.
	Risks	Headache, backache, buzzing in the ears, convulsions, infection persistent weakness numbness, residual pain, injury to blood vessels, transient temporary "total spinal", awareness under anesthesia.
<input type="checkbox"/> Major / Minor Nerve Block <input type="checkbox"/> With sedation <input type="checkbox"/> Without sedation	Expected Result	Temporary loss of feeling and/or movement of specific limb or area.
	Technique	Drug injected near nerves through the skin providing temporary loss of function and sensation to the area of the operation.
	Risks	Injury to nerve, persistent numbness, residual pain, weakness, convulsions, infection, injury to blood vessels, awareness under anesthesia.
<input type="checkbox"/> Intravenous Regional <input type="checkbox"/> With sedation <input type="checkbox"/> Without sedation	Expected Result	Temporary loss of feeling and/or movement of limb.
	Technique	Drug injected into veins of arm or leg while using a tourniquet.
	Risks	Infection, convulsions, persistent numbness, residual pain, injury to blood vessels, awareness under anesthesia.
<input type="checkbox"/> Monitored Anesthesia Care (with sedation)	Expected Result	Reduced anxiety and pain, partial or total amnesia, awareness.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state.
	Risks	An unconscious state, depressed breathing, injury to blood vessels.
<input type="checkbox"/> Monitored Anesthesia Care (without sedation)	Expected Result	Measurement of vital signs, availability of anesthesia provider for further intervention.
	Technique	None
	Risks	Increased awareness, anxiety and/or discomfort.

PATIENT I.D.

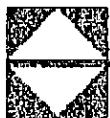
BARDAKJIAN, STEEVIO  
V01013640246 MR#M001265555  
08/06/18 SUR M 48 ME  
BARCOHANA, BABAK 05077277

000046

**VALLEY**  
PRESBYTERIAN  
HOSPITAL

**INFORMATION SHEET FOR  
INFORMED CONSENT FOR  
ANESTHESIA SERVICES**

Page 2 of 2



Southern California Orthopedic

I N S T I T U T E

6815 NOBLE AVENUE - VAN NUYS, CALIFORNIA 91405 - (818) 901-6600  
24051 NEWHALL RANCH RD. BLDG C, VALENCIA, CALIFORNIA 91354 - (661) 254-6364  
2400 BAHAMAS DRIVE - BAKERSFIELD, CALIFORNIA 93309 - (661) 328-5565  
3605 ALAMO STREET, SUITE 200 - SIMI VALLEY, CALIFORNIA 93063 - (805) 578-8550  
800 SOUTH FAIRMOUNT, STE 325 - PASADENA, CALIFORNIA 91105 - (626) 585-2948  
375 ROLLING OAKS DR., STE 210 - THOUSAND OAKS, CALIFORNIA 91361 - (805) 497-7015  
913 ALENE AVE, RIDGECREST, CALIFORNIA 93555 - (760) 499-7099

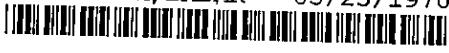
Dear Steevio Bardakjian,

Dr. Babak Barcohana has recommended that you undergo a surgical procedure. The Southern California Orthopedic Institute Medical Group, as you know, is one of the leaders in the world in orthopedic research and education. Additionally, many of the doctors of this group are inventors involved in the development of surgical and non-surgical products from which they may receive royalties. Some of these products may be used during your procedure or through your recovery process. All products, if necessary, have been approved through the Food and Drug Administration. Many are used widely by orthopedic surgeons around the world. As always, if you have any questions, your doctor will be happy to discuss them with you.

Sincerely,

A handwritten signature in black ink, appearing to read "Babak Barcohana".

SCOI Medical Group

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 MS1 M 48 ME  
BARCOHANA, BABAK 05/23/1970  


000047



6815 NOBLE AVENUE - VAN NUYS, CALIFORNIA 91405 - (818) 901-6600  
24051 NEWHALL RANCH RD. BLDG C, VALENCIA, CALIFORNIA 91354 - (661) 254-6364  
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913 ALENE AVE, RIDGECREST, CALIFORNIA 93555 - (760) 499-7099

#### CONSENT TO MEDICAL OR SURGICAL CARE AND TREATMENT

Patient: Steevio Bardakjian

Date: 7/27/18

I authorize Babak Barcohana, MD and such physicians, assistants, or other personnel of the hospital or medical facility chosen by him or her to perform the following:

Lumbar Microdiscectomy, right L3-4 and L4-5

and/or to do any other procedures that in their judgment may be advisable to my well being, including such procedures that are considered medically advisable to remedy conditions discovered during the above procedure.

**NOTE TO PATIENT:** There are inherent risks involved in any surgical procedure or treatment program. It is not possible to guarantee or give assurance of a successful result. It is important that you clearly understand and agree to the planned surgery or treatment. Medicine and surgery are generally safe, helpful, and often lifesaving. However, medical or surgical procedures of any type involve the taking of risks, ranging from minor to serious (including the risk of death). It is important to be aware of the following possible risks before receiving the treatment you and your physician are planning.

**-GENERAL RISKS AND COMPLICATIONS** I am satisfied with my understanding of the more common risks and complications of the treatment or procedure. These risks include, but are not necessarily limited to: bleeding, infection, pain, injury to the nerves and blood vessels with subsequent dysfunction, thrombophlebitis and blood clot formation, stiffness in the extremity and decreased range of joint motion, weakness in the extremity and possible paralysis, injury to other adjacent body organs, wound healing problems, adverse drug and anesthesia reactions, possible amputation of the involved part, and even death. Such medically unrelated conditions as heart attack, lung failure, liver failure, stroke, and gallstones may occur in association with the operation. If a metallic implant or other type of orthopedic device is used, there may be an untoward reaction to that substance. On occasion, the orthopedic hardware may fail, become loose or dislocate, or may need to be removed. I fully understand that my condition may actually become worse as a result of the operation because of any one or more of the conditions mentioned above.

**-SPECIFIC RISKS AND COMPLICATIONS** I am satisfied with my understanding of the specific risks and complications of this procedure and treatment as reviewed with me by my treating physician.

**-ALTERNATIVE METHODS OF TREATMENT** I am satisfied with my understanding of alternative procedures or treatments and of their possible benefits and risks. This could include rest, modification in my activity level, appropriate splinting of the injured area, the use of anti-inflammatory medicines, and physiotherapy.

**-NO TREATMENT** I am satisfied with my understanding of the possible consequences, outcomes or risks if no treatment is rendered.

**-SECOND OPINION** I have been offered the opportunity to seek a second opinion concerning the proposed treatment or procedure. This may be obtained if desired.

**-ADDITIONAL OR DIFFERENT PROCEDURES DURING CARE AND TREATMENT** I understand that conditions may arise which are unforeseen at this time and that it may be necessary and advisable to perform operations and procedures different from, or in addition to, the procedure described. I authorize and consent to the performance of such additional or different operations and procedures as are considered necessary and advisable.

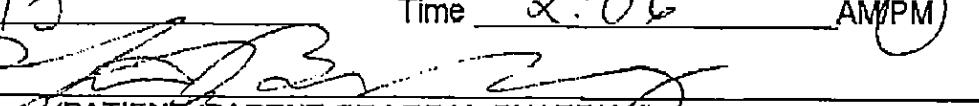
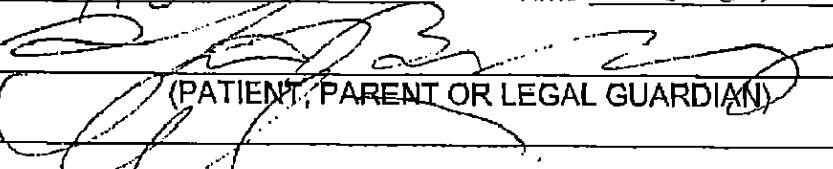
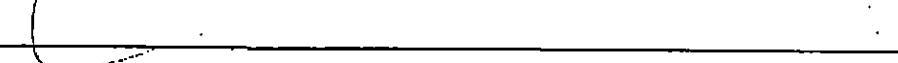
**-OTHER SERVICES** I consent to the performances of pathology and radiology services as needed and I further authorize the disposal of any severed tissue or member in accordance with customary hospital or medical facility practice.

**-PHOTOGRAPHY** I consent to the photographing, filming, or videotaping of the treatment or procedure for educational or diagnostic use.

**-NO GUARANTEES** I fully understand there are risks involved in any procedure or treatment, and it is not possible to guarantee or give assurance of a successful result.

**-OTHER QUESTIONS** I am satisfied with my understanding of the nature of the procedure or treatment and all of my additional questions about the treatment or procedure have been answered.

I have read and been given a copy of this form.

Date 7/27/18 Time 2:06 AM/PM PM  
Signature   
(PATIENT, PARENT OR LEGAL GUARDIAN)  
Witness   
Translated by (if applicable) 

Physician 

BARDAKJIAN, STEEVIO  
V01013640246 MR#M001265555  
08/06/18 MS1 M 48 ME  
BARCOHANA, BABAK 05/23/1970



000049



Experience Excellence.

## SUPPLEMENTAL OPERATIVE CONSENT FORM FOR SPINAL SURGERY

Date: July 27, 2018  
Name: STEEVIO BARDAKJIAN  
Centricity#: 286721

---

IN ADDITION TO THE RISKS OF ANY SURGICAL PROCEDURE ENUMERATED ON OUR GENERAL CONSENT FORM, ADDITIONAL RISKS OF SURGERY ON THE SPINE WILL BE MENTIONED HERE.

SURGERY ON THE CERVICAL SPINE REQUIRES THE SURGEON TO BE NEAR THE SPINAL CORD AND SPINAL NERVES OF THE NECK. DAMAGE TO THESE STRUCTURES CAN RESULT IN WEAKNESS, NUMBNESS, PARALYSIS (QUADRIPLEGIA), SPASTICITY, BOWEL AND /OR BLADDER DYSFUNCTION, AND IMPOTENCE. IN ADDITION, PERSISTENCE AND/ OR RECURRENCE OF SYMPTOMS MAY RESULT.

IF CERVICAL FUSION IS ATTEMPTED, FAILURE AT ONE OR MORE LEVELS IS POSSIBLE. LEAKAGE OF SPINAL FLUID WITH RESULTING HEADACHES AND/OR NEED FOR FURTHER SURGERY CAN OCCUR. HOARSENESS RESULTING FROM SWELLING OR DAMAGE TO THE NERVES WHICH INNERVATE THE VOCAL CORDS, MAY OCCUR, AND CAN BE TEMPORARY OR PERMANENT IN NATURE. CERVICAL INSTABILITY RESULTING FROM DEGENERATIVE CHANGE AND/ OR FAILURE OF FUSION MAY REQUIRE FURTHER STABILIZING PROCEDURES IN THE FUTURE.

IN REGARDS TO SURGERY ON THE THORACIC OR LUMBAR SPINE, DAMAGE TO THE SPINAL NERVES OR SPINAL CORD CAN RESULT IN WEAKNESS, NUMBNESS, OR PARALYSIS OF THE LEGS (PARAPLEGIA), BOWEL AND/OR BLADDER DYSFUNTION AND IMPOTENCE. PERSISTENCE AND/OR RECURRENCE OF

PAIN IN THE BACK AND/OR LEGS MAY OCCUR. ARACHNOIDITIS, DENSE SCAR TISSUE FORMATION AROUND THE NERVE ROOTS, IS A RARE COMPLICATION OF LUMBAR SURGERY. IF FUSION IS ATTEMPTED, FAILURE OF FUSION AT ONE OR MORE LEVELS MAY ALSO RESULT. LATE INSTABILITY FOLLOWING LUMBAR SURGERY MAY OCCUR, RESULTING IN NEED FOR FURTHER STABILIZING SURGERY. IF METAL IMPLANTS ARE EMPLOYED IN THE MANAGEMENT OF LUMBAR INSTABILITY, FAILURE OF THE IMPLANT BY BREAKAGE AND/OR DISLODGEMENT OF THE IMPLANT REQUIRING RE-OPERATION MAY OCCUR. CEREBROSPINAL FLUID LEAKAGE FROM SPINAL SURGERY MAY ALSO OCCUR, RESULTING IN HEADACHES AND/OR POSSIBLE NEED FOR RE-OPERATION. POSSIBLE COMPLICATIONS FROM POSITIONING FOR SURGERY INCLUDE BRUISES AND/OR NERVE COMPRESSION SYNDROMES.

I HAVE READ AND UNDERSTAND THE INFORMATION IN THIS THE SUPPLEMENTAL OPERATIVE CONSENT FORM FOR SPINAL SURGERY CONCERNING THE SURGICAL PROCEDURE, WHICH I HAVE CONSENTED TO BE PERFORMED BY DR. BABAK BARCOHANA, M.D AND HIS ASSISTANTS. I DO HEREBY REQUEST THAT THE OPERATION BE PERFORMED AND ACKNOWLEDGE THAT NO GUARANTEE AS TO THE OUTCOME OF THE SURGERY HAS BEEN OFFERED TO ME. THE RISKS AND COMPLICATIONS OF THE OPERATIVE PROCEDURES HAVE BEEN EXPLAINED TO MY SATISFACTION.



Southern California Orthopedic  
INSTITUTE

Experience Excellence.

Page 2 of 2

Name: STEEVIO BARDAKJIAN

Centricity#:286721

INVESTOR DISCLOSURE: YOUR PHYSICIAN IS INVOLVED IN MEDICAL RESEARCH AND MAY BE A CONSULTANT OR AN INVESTOR IN A COMPANY WHOSE PRODUCTS ARE USED IN YOUR SURGERY. BY SIGNING THIS CONSENT FORM, YOU ARE ACKNOWLEDGING THIS DISCLOSURE AND THAT YOU WERE PROVIDED WITH THE OPPORTUNITY TO HAVE ALL OF YOUR QUESTIONS ANSWERED REGARDING THE SELECTION OF DEVICES USED IN YOUR SURGERY.

PATIENT: Steevio Bardakjian DATE 7/27/18

PATIENT SIGNATURE [Signature]

WITNESS: BB DATE [Signature]

PHYSICIAN SIGNATURE: [Signature]

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 MS1 M 48 ME  
BARCOHANA, BABAK 05/23/1970



000051

**INFORMED CONSENT TO SURGERY  
OR SPECIAL PROCEDURE**

Name of Patient: Steevio Bardakjian

1. Name of the practitioner who is performing the procedure or administering the medical treatment:

Dr. Babak Barcohana | Esther kishimoto PA-C

2. Your doctors have recommended the following operation or procedure:

Lumbar Microdiscectomy, Right Lumbar three to four and lumbar four to five

Upon your authorization and consent, this operation or procedure, together with any different or further procedures which, in the opinion of the doctor(s) performing the procedure, may be indicated due to any emergency, will be performed on you. The operations or procedures will be performed by the doctor named below (or in the event the doctor is unable to perform or complete the procedure, a qualified substitute doctor), together with associates and assistants, including anesthesiologists, pathologists, and radiologists from the medical staff of Valley Presbyterian Hospital to whom the doctor(s) performing the procedure may assign designated responsibilities. The hospital maintains personnel and facilities to assist your doctors in their performance of various surgical operations and other special diagnostic or therapeutic procedures. However, the persons in attendance for the purpose of performing specialized medical services such as anesthesia, radiology, pathology, or product representatives are not employees or agents of the hospital or of doctor(s) performing the procedure. They are independent medical practitioners.

3. All operations and procedures carry the risk of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure. You have the right to be informed of:

- The nature of the operation or procedure, including other care, treatment or medications;
- Potential benefits, risks or side effects of the operation or procedure, including potential problems that might occur during recuperation;
- The likelihood of achieving treatment goals;
- Reasonable alternatives and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment; and
- Any independent medical research or significant economic interests your doctor may have related to the performance of the proposed operation or procedure.

Except in cases of emergency, operations or procedures are not performed until you have had the opportunity to receive this information and have given your consent. You have the right to give or refuse consent to any proposed operation or procedure at any time prior to its performance.

4. If your doctor determines that there is a reasonable possibility that you may need a blood transfusion as a result of the surgery or procedure to which you are consenting, your doctor will inform you of this and will provide you with information concerning the benefits and risks of the various options for blood transfusion, including predonation by yourself or others. You also have the right to have adequate time before your procedure to arrange for predonation, but you can waive this right if you do not wish to wait.

Date: 8/6/18 Time: 1020 AM/PM Initials SJS  
(patient/parent/conservator/guardian)

8720S-002 (2/3/15)

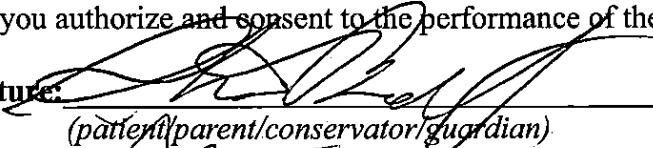
PATIENT I.D.



## INFORMED CONSENT TO SURGERY OR SPECIAL PROCEDURE

Transfusion of blood or blood products involves certain risks, including the transmission of disease such as hepatitis or Human Immunodeficiency Virus (HIV), and you have a right to consent or refuse consent to any transfusion. You should discuss any questions that you may have about transfusions with your doctor.

5. By your signature below, you authorize the pathologist to use his or her discretion in disposition or use of any member, organ or tissue removed from your person during the operation or procedure set forth above.
6. Your signature on this form indicates that:
  - you have read and understand the information provided in this form;
  - your doctor has adequately explained to you the operation or procedure and the anesthesia set forth above, along with the risks, benefits, and alternatives, and the other information described above in this form;
  - you have had a chance to ask your doctors questions;
  - you have received all of the information you desire concerning the operation or procedure and the anesthesia; and
  - you authorize and consent to the performance of the operation or procedure and the anesthesia.

Signature:  Date: 8/6/18 Time: 10:30 AM / PM  
(patient/parent/conservator/guardian)

Witness:  Date: 8/6/18 Time: 10:30 AM / PM

If signed by other than patient, indicate name and relationship: \_\_\_\_\_

### CONSENT TO BLOOD TRANSFUSION

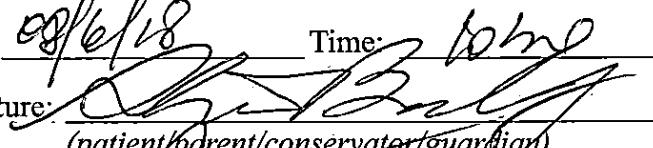
Your signature below indicates that:

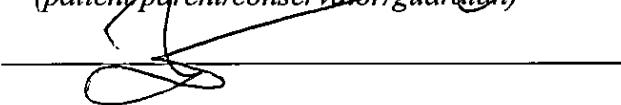
1. You have received a copy of the brochure, *When You Need a Blood Transfusion*.
2. You have received information from your doctor concerning the risks and benefits of blood transfusion and of any alternative therapies and their risks and benefits.
3. You have had the opportunity to discuss this matter with your doctor, including predonation and directed donation.
4. Subject to any special instructions listed below, you consent to such blood transfusion as your doctor may order in connection with the operation or procedure described in this consent form.

Special Instructions: \_\_\_\_\_

*(Describe here any specific instructions for patient's blood transfusion, e.g., predonation, direct donation, etc.)*

Date: 08/6/18 Time: 10:30 AM / PM

Signature:  Date: 08/6/18 Time: 10:30 AM / PM  
(patient/parent/conservator/guardian)

Witness:  Date: 08/6/18 Time: 10:30 AM / PM

If signed by other than patient, indicate name and relationship: \_\_\_\_\_

**VALLEY**  
PRESBYTERIAN  
HOSPITAL

### INFORMED CONSENT TO SURGERY OR SPECIAL PROCEDURE

Page 2 of 3

8720S-002-2 (9/11/13)

PATIENT ID.

BARDAKJIAN, STEEVIO  
V01013640246 MR#M001265555  
08/06/18 SUR M 48 ME  
BARCOHANA, BABAK 05/23/1970



WHITE - MEDICAL RECORDS

CANARY - PATIENT COPY

000058

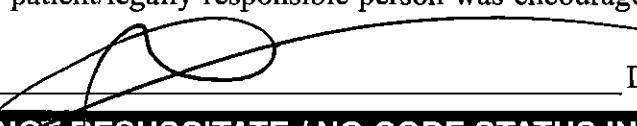
# INFORMED CONSENT TO SURGERY OR SPECIAL PROCEDURE

## PHYSICIAN CERTIFICATION

I, the undersigned physician, hereby certify that I have discussed the procedure described in this consent form with this patient (or the patient's legal representative), including:

- This risks and benefits of the procedure;
- Any adverse reactions that may reasonably be expected to occur;
- Any alternative efficacious methods of treatment which may be medically viable;
- The potential problems that may occur during recuperation;
- Potential for blood transfusion and associated risks/benefits; and
- Any research or economic interest I may have regarding this treatment.

I further certify that the patient/legally responsible person was encouraged to ask questions and that all questions were answered.

Physician Signature: 

Date: 8/6/88 Time: 11:30

## REVERSAL OF DO NOT RESUSCITATE / NO CODE STATUS INFORMED CONSENT:

I do confirm that I have informed the patient, and/or the patient's authorized representative that cardiac and/or respiratory demise/arrest are always potential yet reversible outcomes associated with anesthesia. After discussing the foregoing information, the patient and/or representative have consented to:

- Full resuscitative status beginning at the time of anesthesia induction, and ending 48 hours after anesthesia induction.
- Full resuscitative measures during the peri-anesthesia period.
- Other: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## TELEPHONE CONSENT:

Name of Person Providing Consent	Relationship	Phone Number
Location of Person Providing Consent	Reason for Consent	
Date: _____	Time: _____	
VPH Staff Receiving Consent	Witness	
Translation Service: _____	Language: _____	

## INTERPRETER'S STATEMENT

I have accurately and completely read the foregoing document to (patient or patient's legal representative) \_\_\_\_\_ in the patient's or legal representative's primary language \_\_\_\_\_ (identify language). He/she understood all of the terms and conditions and acknowledged his/her agreement by signing the document in my presence.

Interpreter Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Name: \_\_\_\_\_

**VALLEY**  
PRESBYTERIAN  
HOSPITAL

8720S-002-3 (9/11/13)

PATIENT I.D.

## INFORMED CONSENT TO SURGERY OR SPECIAL PROCEDURE

Page 3 of 3

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 SUR M 48  
BARCOHANA, BABAK 0000054  
01-03-1970

HTN DMJ

**Preop Diagnosis:** Right L3-4, L4-5 disc herniation with severe radiculopathy

**Surgical Procedure(s):** Lumbar Microdiscectomy right L3-4

**Anesthesia Times**  
Start 1158 End 1442

**Surgery Times**  
Start 1235 End 1428

**Premedication** Versed mg PO / IV

**ALLERGIES:**  NKDA

Time	1200	1300	1300 - 30	1400	30	1500	Total
Oxygen	52	222	22	11	1	6	
N <sub>2</sub> O / Air	6	7.2	7.2	7.2	7.2	7.2	
Des / Iso / Seva	*1%	7.2	7.2	7.2	7.2	7.2	
Lido / Propofol	mg	80	80	80	80	80	
Fentanyl	mcg	15	50	50	50	50	
Sux / Vec / Roc / CIS	mg	80	50	20			
Decadron / Zofran	mg	80	40				
Morphine / Dilaudid	mg						
Glyco / Neostigmine	mg						
<b>metocarbamol (mg)</b>			1-1			0.4/2	
Resp	SV	CW	CW	CW	CW	SV	
EKG	SR	ST	SR	SR	SR	SR	
O <sub>2</sub> Sat	100	100	100	100	99	99	
ETCO <sub>2</sub>	42	38	36	35	40	39	
CVP / BIS / RSO <sub>2</sub>	364	362	361	362			
Temp: Sk / Ea / Rec / Nasal	36.5	36.2	36.1	36.2			
<b>Monitors / Equipment</b>	200						
<input checked="" type="checkbox"/> NIBP							
<input checked="" type="checkbox"/> EKG							
<input checked="" type="checkbox"/> Pulse Oximetry							
<input checked="" type="checkbox"/> ETCO <sub>2</sub>							
<input type="checkbox"/> NV Stimulator							
<input type="checkbox"/> Humidifier							
<input type="checkbox"/> Forced Air							
Warming Blanket							
<input type="checkbox"/> Upper							
<input type="checkbox"/> Lower							
<input type="checkbox"/> Under							
<input type="checkbox"/> Fluid Warmer							
<input type="checkbox"/> NGT OGT							
<input type="checkbox"/> BIS							
<input type="checkbox"/> Cerebral Ox.							
<input type="checkbox"/> TEE Placement							
<input type="checkbox"/> TEE Int. & Rep.							
<input type="checkbox"/> Flo Trac							
PA/CO							
IVF (LR/NS)							
IVF							
IVF							
IVF							
EBL							
Urine Output							
<input type="checkbox"/> All procedures & interventions uneventful unless otherwise noted	<input type="checkbox"/> Tourniquet	mmHg	Up at	Down at			
<b>Remarks</b>	<i>Jenizantin Cava Break</i>						

**VALLEY** (1240-1361) (1355-1430)

**ANESTHESIA EVALUATION AND RECORD**

PATIENT ID: BARDAKJIAN, STEEVIO  
V01013640246 MR#M001265555  
08/06/18 SUR M 48 ME  
BARCOHANA, BABAK 05/23/1970  
Barcode: 000055

**Valley Presbyterian Hospital**  
15107 Vanowen Street, Van Nuys, California 91405

Page 1 of 2

**OPERATIVE/PROCEDURE NOTE**

**Date/Time of Note**

**Date/Time of Note**

DATE: 8/6/18

TIME: 11:26

**Anesthesia Eval and Record**

**Evaluation**

**Time Pre-Procedure Interview**

DATE: 8/6/18

TIME: 11:26

**Age**

48

**Sex**

male

**NPO:** 8 hrs

**Preoperative diagnosis**

right L3-L4, L4-L5 herniation with severe radiculopathy

**Planned procedure**

Microdiscectomy right I3 through I5

**Past Medical History**

**Past Medical History:** See below

**Cardio:** HTN

**Endo:** DM

**Surgery & Anesthesia Issues**

No known issue

**Meds**

**Anticoagulation:** No

**Beta Blocker within 24 hr:** No

**Reason Beta Blocker not given:** Pt. not on B-Blocker

**Reported Medications**

**Aspirin** (Low Dose Aspirin) 81 Mg Tablet.dr, 81 MG PO EVERY OTHER DAY, #30 TAB  
8/6/18

**Metformin Hcl\*** (Metformin Hcl\*) 850 Mg Tablet, 850 MG PO WITH BREAKFAST DINNE, #60 TAB  
8/6/18

**Allergies**

**Coded Allergies:**

No Known Allergy (Unverified , 8/6/18)

---

Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 170-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: Shahram S. Farahvash M.D.

**000056**

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 2 of 2

## Labs/Studies

**Labs Reviewed:** Reviewed by anesthesiologist

**Pregnancy Test:** N/A

**Studies:** ECG (nl), CXR (napd)

## Pre-procedure Exam

### Last vitals

### Vital Signs

Date	Time	Temp	Pulse	Resp	B/P (MAP)	Pulse Ox	O2 Delivery	O2 Flow Rate	FIO2
8/6/18	10:55	97.5	115	18	129/88 (102)	99	Room Air		

**Airway:** Adequate mouth opening, Adequate thyromental dist

**Mallampati Score:** Mallampati I

**Teeth:** Normal

**Lung:** Normal

**Heart:** Normal

## ASA Physical Status

**ASA Score:** 2

## Planned Anesthetic

**General/MAC:** ETT

## Pre-operative Attestations

Prior to commencing anesthesia and surgery, the patient was re-evaluated, there was verification of:

\*The patient's identity

\*The results of appropriate recent lab work and preoperative vital signs

\*The above evaluation not changing prior to induction

\*Anesthetic plan, risk benefits, alternative and complications discussed with patient/family; questions answered; patient/family understands, accepts and wishes to proceed.

Farahvash, Shahram S. M.D.

Aug 6, 2018 11:30

<Electronically signed by Shahram S. Farahvash M.D.>

08/06/18 1130

Patient: BARDAKJIAN, STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 170-A  
Physician: BARCOHANA, BABAK MD  
Dictated By: Shahram S. Farahvash M.D.

000057

# Valley Presbyterian Hospital

15107 Vanowen Street, Van Nuys, California 91405

Page 1 of 1

## OPERATIVE/PROCEDURE NOTE

### Date/Time of Note

#### Date/Time of Note

DATE: 8/6/18

TIME: 16:28

### Post-Anesthesia Notes

#### Post-Anesthesia Note

#### Last documented vital signs

#### Vital Signs

Date	Time	Temp	Pulse	Resp	B/P (MAP)	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
8/6/18	16:02		92	14	130/76 (94)	99	Nasal Cannula		
8/6/18	15:27							2.0	
8/6/18	15:08	97.9							

**Activity:** WNL

**Respiratory function:** WNL

**Cardiovascular function:** WNL

**Mental status:** Baseline

**Pain reasonably controlled:** Yes

**Hydration appropriate:** Yes

**Nausea/Vomiting absent:** Yes

Farahvash, Shahram S. M.D.

Aug 6, 2018 16:28

<Electronically signed by Shahram S. Farahvash M.D.>

08/06/18 1628

Patient: BARDAKJIAN, STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA, BABAK MD  
Dictated By: Shahram S. Farahvash M.D.

000058

# **Valley Presbyterian Hospital**

15107 Vanowen Street, Van Nuys, California 91405

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Page 1 of 2

## **OPERATIVE REPORT**

DATE OF OPERATION: 08/06/2018

**PREOPERATIVE DIAGNOSIS:**

1. Right L4 stenosis.
2. Right L4-L5 stenosis with herniated disk.
3. Right lumbar radiculopathy.

**POSTOPERATIVE DIAGNOSIS:**

1. Right L4 stenosis.
2. Right L4-L5 stenosis with herniated disk.
3. Right lumbar radiculopathy.

**OPERATION PERFORMED:**

1. Right L3-4 decompression with decompression of L3 and L4 nerve roots for stenosis.
2. Right L4-L5 decompression and discectomy.
3. Use of operative microscope.
4. Lateral localizing film x2.

PRIMARY SURGEON: Babak Barcohana, MD

ASSISTANT: Esther Kishimoto, PA-C

**NEED FOR SURGICAL ASSISTANT:** During this spinal surgical procedure, my assistant was used to retract and protect the spinal nerves and dural sac. My assistant also employed the suction catheters to evacuate blood from the surgical field to improve visualization of the neural structures. The assistant was medically necessary to facilitate the completion of the surgery in a safe and expeditious manner. State of California regulations, as well as hospital bylaws, preclude the use of non-licensed health care personnel, such as operating room technicians, to perform these functions.

**FINDINGS:** At the start of the case, nerve signals revealed right L3 amplitude down 30%, right L4 and L5 amplitude down 40%. The patient had stenosis at L3-L4 and L4-L5 and L4-L5 had a right-sided central and foraminal disk extrusion.

**ESTIMATED BLOOD LOSS:** 40 mL.

**DRAINS:** None.

**SPECIMENS:** L4-L5 disk.

**COMPLICATIONS OF PROCEDURES:** None.

**ANESTHESIOLOGIST:** Shahram S. Farahvash, MD

**TYPE OF ANESTHESIA:** General.

---

Patient: BARDAKJIAN, STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA, BABAK MD  
Dictated By: BABAK BARCOHANA MD

**000059**

# **Valley Presbyterian Hospital**

15107 Vanowen Street, Van Nuys, California 91405

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Page 2 of 2

**INDICATIONS FOR PROCEDURE:** This is a 48-year-old gentleman with right lumbar radiculopathy and weakness who had failed conservative measures. Given this, I recommended he undergo the above procedure. Preoperatively, we discussed risks, benefits, alternatives. He understood and wished to proceed.

**DESCRIPTION OF PROCEDURE IN DETAIL:** The patient was identified in the preoperative holding area, given antibiotics in the operating room where he was successfully placed under general anesthesia. Neuromonitoring leads were placed, sequential compressive devices were applied. Remote intraoperative neuromonitoring was performed by Dr. Schreiber from 1126 hours until 1430 hours to include SSEP, MEP, and EMG performed by Conquest Medical. The patient was on the operative room table in prone position over a Wilson frame. All bony prominences were well padded. Spinal needles were placed, lateral \_\_\_\_\_ obtained to confirm the correct levels. Next, I injected Marcaine and epinephrine. Incision was then made over the L3-L4 and L4-L5 level. Incision was taken down to dorsal fascia, which was incised with Bovie cautery. I then subperiosteally dissected the L3 and L4 lamina. Kerrison was placed under the L3 lamina. Lateral films obtained to confirm the correct levels. Once this was confirmed, microscope was brought in and a right-sided hemilaminotomy, partial medial facetectomy, and foraminotomy performed at both L3-L4 and L4-L5 and ligamentum flavum was then sharply dissected. On the right at L3-L4, I decompressed the right L3 and L4 nerve roots for stenosis. Once this was done, I turned my attention to the L4-L5 level. I identified the traversing nerve root which my assistant retracted medially. I made an annulotomy followed by disectomy. There was a large central and paracentral extrusion as well as a right foraminal extrusion. After completion of the disectomy, all nerve signals returned to normal. I irrigated the disk space. I irrigated the wound. \_\_\_\_\_ performed and there was no leak of CSF. Hemostasis was achieved with bipolar cautery and Surgifoam. Wound was irrigated once again. The retractors were then removed, and I closed the deep fascia with #1 Vicryl stitch. I closed the subcutaneous tissues with 2-0 Vicryl stitch. Microscope was taken off the field and a 4-0 Monocryl closure was then performed. Dermabond was then applied. The patient was awakened from anesthesia and taken to recovery in stable condition. Lap, sponge, and instrument counts were correct x2. There were no apparent complications during the procedure.

The patient will be admitted to the orthopedic ward for routine postoperative care to include neurovascular checks, antibiotics, and physical therapy.

Dictated By: BABAK BARCOHANA MD

BB/NTS

DD: 08/06/2018 14:34:44

DT: 08/06/2018 15:58:06

Conf#: 259788

DID#: 1469759

CC: BABAK BARCOHANA MD; ESTHER KISHIMOTO; \*EndCC\*

<Electronically signed by BABAK BARCOHANA MD>

08/07/18 1006

---

Patient: BARDAKJIAN, STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 420-A  
Physician: BARCOHANA, BABAK MD  
Dictated By: BABAK BARCOHANA MD

**000060**

**Valley Presbyterian Hospital**  
15107 Vanowen Street, Van Nuys, California 91405

Page 1 of 1

Surgery Immediate Post-Op Note

**Date/Time of Note**

**Date/Time of Note**

DATE: 8/6/18

TIME: 14:32

**Operative Report**

**Preoperative Diagnosis**

Lumbar stenosis and radiculopathy

**Postoperative Diagnosis**

Lumbar stenosis and radiculopathy

**Operation/Procedure Performed**

Lumbar decompression and discectomy

**Surgeon**

see signature line

**First assist**

Esther Kishimoto

**Anesthesia:** general

**Estimated blood loss:** 10 - 50 ml's

**Transfusion Required**

none

**Specimen**

Lumbar disc

**Grafts/Implants**

none

**Complications**

none

BARCOHANA,BABAK MD

Aug 6, 2018 14:35

<Electronically signed by BABAK BARCOHANA MD>

08/06/18 1435

---

Patient: BARDAKJIAN,STEEVIO  
D.O.B: 05/23/1970  
Acct No.: V01013640246  
MR. No.: M001265555  
Room No: 170-A  
Physician: BARCOHANA,BABAK MD  
Dictated By: BABAK BARCOHANA MD

000061

VALLEY PRESBYTERIAN HOSPITAL  
a non-profit non-sectarian community asset  
15107 VANOWEN STREET  
VAN NUYS, CA 91405

818-902-2961; Fax: 818-902-3903

Lab No: 18-5604  
SPECIMEN: Disc L4-5 right

Date: 8/6/2018

CLINICAL: Herniated nucleus pulposus L4-5 right

GROSS EXAMINATION:

Received in formalin are multiple fragments of gray-white and gray-tan fibrocartilaginous tissue fragments that measure 3.5 x 3.0 x 1.2 cm in aggregate. Representative sampled in one cassette.

MICROSCOPIC DIAGNOSIS:

Disc, L4-L5, right, microdiscectomy:  
-- Degenerative fragments of fibrocartilage, compatible with herniated intervertebral disc.

MP/WS/db/tm  
Date of Service: 8/06/18; Date Received: 8/06/18  
Dictated: 8/07/18; Transcribed: 8/07/18; Sent by Fax: 8/07/18

Walid Salahi, M.D.  
Pathologist  
Electronically signed 08/07/2018

DENNIS KASIMIAN, M.D.  
Medical Director of Laboratory

PATIENT: BARDAKJIAN, STEEVIO  
AGE/SEX/DOB: 48/M 05/23/1970  
MR NO: M001265555 2  
VISIT: V01013640246  
PHYSICIAN: BARCOHANA, M.D., B.

ROOM NO: 420-A

TISSUE EXAMINATION REPORT

000062

## Surgical Case Record

Page: 1

Patient: MO01265555 BARDAKJIAN, STEEVIO Date of Birth: 05/23/1970  
 Account Num: V01013640246 Case Number: 0000174577 Age: 48  
 Physician: BARBA-BARCOHANA, BABAK MD Sex: M  
 Specialty: ORTS-ORTHOPEDIC SURGERY Room-Bed/T Loc: 420-A  
 O.R.: OR07-LAMI FLOW ROOM 07 Oper Date: 08/06/18  
 Facility: Valley Presbyterian Hospital Run Date: 08/10/18  
 Verified Date: 08/07/18 0957 MBALINGIT MARIBEL BALINGIT Run Time: 0002

## Allergies

Last Updated: 08/06/18

CODED Allergy/Adverse Reaction	Type	Sev	Date	Ver
Pt Reaction				
Comments				
NKA - No Known Allergy	Allergy		08/06/18	N

## Preoperative Times

-- Preoperative Area -- Time Date ---  
 Into Preop: 0956 08/06/18  
 Out of Preop:

## Preoperative Transfer Data

Staff	In	Out	Date
Preop:			
ZOE VLAHAVAS			

Patient Destination: READY READY  
 Transfer Method: 1GUR GURNEY

Preoperative Record filed by INES V CALZADO, REGISTERED NURSE on 08/06/18 at 1115

## Holding Room Times

-- Holding Room Area -- Time Date ---  
 Into Holding: 1119 08/06/18  
 Out of Holding: 1207 08/06/18

## Holding Room Transfer Data

Staff	In	Out	Date
Holding:			
RACQUEL R CRUZ	1119	1207	08/06/18

Patient Destination: OR OPERATING ROOM  
 Transfer Method: 1GUR GURNEY

## Holding Room Completed By

Completed Date: 08/06/18  
 Completed Time: 1207  
 Completed By: RACQUEL R CRUZ

Holding Room Record filed by RACQUEL R CRUZ, REGISTERED NURSE on 08/06/18 at 1219

000063

## Surgical Case Record

Page: 2

Patient: MO01265555 BARDAKJIAN, STEEVIO Date of Birth: 05/23/1970  
 Account Num: V01013640246 Case Number: 0000174577 Age: 48  
 Physician: BARBA-BARCOHANA, BABAK MD Sex: M  
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## Procedures

Proposed Procedures	Severity	R/L/B
p RIGHT L3 -4 AND L4-5 LUMBAR	LEVEL3	
Actual Procedures	Severity	R/L/B Wound Surgeon
p RIGHT L3-4, AND L4-5 LUMBAR	LEVEL4	RIGHT CL BARBA
MICRODISKECTOMY		1233 1428

Case Type: Planned  
 Anesthetic Type: GENERAL-DESFLURANE  
 ASA Class: ASA2 Mod Systematic Disease

## Diagnosis

Pre-Op Diagnosis  
 RIGHT L3-4 AND L4-5 HNP

Post-Op Diagnosis  
 RIGHT L3-4 AND L4-5 HNP

## Operative Staff

Surgeons	In	Out	Date
Procedure:			
p RIGHT L3-4, AND L4-5 LUMBAR			
MICRODISKECTOMY			
BARCOHANA, BABAK MD			
CONQUEST MEDICAL			
Surgeon:			
BARCOHANA, BABAK MD			
Assisting:			
Anesthesiologists	In	Out	Date
Anesthesiologist:			
Farahvash, Shahram S. M.D.	1208	1437	08/06/18
Other Case Staff	In	Out	Date
Circulator			
RIMMA M MANUEL	1208	1437	08/06/18
Scrub			
EMIL PALOR	1208	1437	08/06/18
PA			
ESTHER KISHIMOTO	1208	1437	08/06/18
Other			
COURTNEY RIBNICK (PRP REP)	1208	1336	08/06/18
GARY KRASTEIN	1208	1303	08/06/18
SEAN EDGHILL (CONQUEST TECH)	1208	1437	08/06/18

000064

## Surgical Case Record

Page: 3

Patient: MO01265555 BARDAKJIAN, STEEVIO Date of Birth: 05/23/1970  
 Account Num: V01013640246 Case Number: 0000174577 Age: 48  
 Physician: BARBA-BARCOHANA, BABAK MD Sex: M  
 Specialty: ORTS-ORTHOPEDIC SURGERY Room-Bed/T. Loc: 420-A  
 O.R.: OR07-LAMI FLOW ROOM 07 Oper Date: 08/06/18  
 Facility: Valley Presbyterian Hospital Run Date: 08/10/18  
 Verified  
 Date: 08/07/18 0957 MBALINGIT MARIBEL BALINGIT Run Time: 0002

## Operative Times

-- Operative Area -- Time Date ---  
 Into Room: 1208 08/06/18  
 Procedure Start: 1233 08/06/18  
 Procedure End: 1428 08/06/18  
 Out of OR: 1437 08/06/18

## Operative Medications

Date	Time	Medications Admin.	Dose	Dose Unit	Route	Site	Given By
08/06/18	1213	BP.25E30V	30	ML	INJ	OPSITE	BBARCOHANA
		Med Name: MARCAINE 0.25%/EPI (SDV)	30	ML			
08/06/18	1213	CA CHLORIDE 10% SYG	1,000	MG	INJ	OPSITE	BBARCOHANA
08/06/18	1213	THROMBIN	10,000	UNITS	TOP	OPSITE	BBARCOHANA
08/06/18	1213	PB SOLUTION	1,000	ML	IRR	OPSITE	BBARCOHANA
08/06/18	1213	HEP1000I	10,000	UNIT	IRR	OPSITE	BBARCOHANA
		Med Name: HEPARIN (1000 UNITS/ML)					

## Operative Intakes

Date	Time	User	Type	Intake	Route	Op Vol	End LTC
		Site		Beg Amt Rate			
08/06/18	1442	SFARAHVASH	SOL	LR - LACTATED RINGERS			
		HANDL		2,000 ml		1,800 ml	200 ml
					Total	1,800 ml	

## Operative Outputs

Date	Time	User	Type	Output	Site	Vol
08/06/18	1442	SFARAHVASH	EBL	ESTIMATED BLOOD LOSS	OPSITE	1428 ml
					Total	1428 ml

## Positions

PRONE

## Devices

BILATERAL ARMBOARDS

FOAM HEADREST

FOAM SUPPORTS

OSI TABLE

PILLOW

SAFETY BELT

WILSON FRAME

000065

**Surgical Case Record**

Page: 4

Patient:	M001265555 BARDAKJIAN, STEEVIO	Date of Birth:	05/23/1970
Account Num:	V01013640246	Case Number:	0000174577
Physician:	BARBA-BARCOHANA, BABAK MD	Age:	48
Specialty:	ORTS-ORTHOPEDIC SURGERY	Sex:	M
O.R.:	OR07-LAMI FLOW ROOM 07	Room-Bed/T. Loc:	420-A
Facility:	Valley Presbyterian Hospital	Oper Date:	08/06/18
Verified		Run Date:	08/10/18
Date	08/07/18 0957 MBALINGIT MARIBEL BALINGIT	Run Time:	0002

**Equipment****ORAPUMPS - A PUMP****ORBAIRS - BAIR HUGGER**

Warming Blanket Type: Upper Body

Setting: 38

Unit number

Comment:

**ORBOVIE - BOVIE**

Select company and serial number

Conmed 10LGP062

VLAB

Aquamantys

Gyrus

Ligasure

Olympus Bipolar

Other (If enter name and serial number)

Parameters

Mode Monopolar

Coag Setting 40

Cut Setting 40

Dispersive pad# 201804111

Exp Date of pad 20200410

Applied by RMANUEL RIMMA M MANUEL

Pad site Left thigh

Hair clipped N

Operator name if other than Surgeon

**ORFRAMEWILSON01 - FRAME WILSON 01****ORHEADLIGHT02 - HEADLIGHT WHITE SUN 02****ORMICROLEICA - MICROSCOPE LEICA****ORNEPTUNE - NEPTUNE SUCTION SYSTEM**

Select the serial number of the Neptune Suction System used

6 SN 1704606893

Neptune Pre-Use checklist has been acknowledged by all personnel without objections. Y

Comment:

**OR02SAT01 - 02 SAT MONITOR 01****ORTABLEOSI - TABLE OSI****ORTPSNEURO02 - TPS NEURO 02****000066**

## Surgical Case Record

Page: 5

Patient: M001265555 BARDAKJIAN, STEEVIO Date of Birth: 05/23/1970  
 Account Num: V01013640246 Case Number: 0000174577 Age: 48  
 Physician: BARBA-BARCOHANA, BABAK MD Sex: M  
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## Counts

## Procedures

RIGHT L3 -4 AND L4-5 LUMBAR

## INITIAL COUNT

Item	Comments
SHARPS	

## SPONGES

Initial Count Counted By

 EPALOR  
 RMANUEL

## FINAL COUNT

Item	Counted	Comments
SHARPS	Correct	

## SPONGES

Correct

Final Count Counted By

 EPALOR  
 RMANUEL

Surgeon Given Counts: Yes

X-Ray Taken: Not Applicable

## Dressings

## DERMABOND

## Operative Transfer Data

Surgery Outcome: C COMPLETED  
 Patient Destination: PACU PACU  
 Transfer Method: 2BED BED  
 Report Given To: MYEPREMYAN MANUEL YEPREMYAN

## Operative Completed By

Completed Date: 08/06/18

Completed Time: 1512

Completed By: RIMMA M MANUEL

Operative Record filed by MARIBEL BALINGIT on 08/07/18 at 0956

## Phase I Times

-- Phase I Area -- Time Date ---  
 Into PACU: 1437 08/06/18  
 Out of PACU: 1635 08/06/18

000067

**Surgical Case Record**

Page: 6

Patient:	M001265555 BARDAKJIAN, STEEVIO	Date of Birth:	05/23/1970
Account Num:	V01013640246	Case Number:	0000174577
Physician:	BARBA-BARCOHANA, BABAK MD	Age:	48
Specialty:	ORTS-ORTHOPEDIC SURGERY	Sex:	M
O.R.:	OR07-LAMI FLOW ROOM 07	Room-Bed/T.Loc:	420-A
Facility:	Valley Presbyterian Hospital	Oper Date:	08/06/18
Verified		Run Date:	08/10/18
Date	08/07/18 0957 MBALINGIT MARIBEL BALINGIT	Run Time:	0002

**Phase I Transfer Data**

Staff	In	Out	Date
PACU:			
ANNA LALANGAN	1437	1635	08/06/18

Patient Destination:	FLR	Nursing Unit
Transfer Method:	2BED	BED
Report Given To:	YULDUZ	

**Phase I Completed By**

Completed Date: 08/06/18  
Completed Time: 1635  
Completed By: ANNA LALANGAN

Phase I Record filed by ANNA LALANGAN on 08/06/18 at 1636

**Anesthesia Times**

-- Anesthesia Area -- Time Date ---  
Anesthesia Start: 1158 08/06/18  
Anesthesia Stop: 1427 08/06/18

**Anesthesia Data**

Anesthesia Type:	GENDES	GENERAL-DESFLURANE
ASA Class:	ASA2	ASA2 Mod Sysematic Disease

Anesthesia Record filed by ANNA LALANGAN on 08/06/18 at 1506

**Operative Vital Signs Assessments****Vital Signs**

By RIMMA M MANUEL on 08/06/18 at 1508

**Vital Signs Standard Units****Temperature**

Temp F 97.9  
Temperature Calculated as Celsius 36.61  
Source Temporal Artery Scan

**Heart Rate**

Occurrence #1  
Side Right  
Location Monitor

Filed by RIMMA M MANUEL on 08/06/18 at 1508

**000068**

**Surgical Case Record**

Page: 7

Patient:	M001265555 BARDAKJIAN, STEEVIO	Date of Birth:	05/23/1970
Account Num:	V01013640246	Case Number:	0000174577
Physician:	BARBA-BARCOHANA, BABAK MD	Age:	48
Specialty:	ORTS-ORTHOPEDIC SURGERY	Sex:	M
O.R.:	OR07-LAMI FLOW ROOM 07	Room-Bed/T. Loc:	420-A
Facility:	Valley Presbyterian Hospital	Oper Date:	08/06/18
Verified Date	08/07/18 0957 MBALINGIT MARIBEL BALINGIT	Run Date:	08/10/18
		Run Time:	0002

**Operative Assessments****Intraoperative Data**

By RIMMA M MANUEL

on 08/06/18 at 1321

**Data Verification Intraop OR****Verification***Holding area Pre Op checklist verified Yes***Safety**

Blood Pressure Location	Right Arm
DVT Type	Apump Sleeve
DVT Site	Bilateral Legs
DVT Applied by	RMANUEL
Warming Blanket	Upper Body
K Thermia Pad	No

**Preparation**

Clipped Location Modifier	Lower
Clipped site	Back
Clipped by	RMANUEL

Filed by RIMMA M MANUEL on 08/06/18 at 1321

**Post Op Summary**

By RIMMA M MANUEL

on 08/06/18 at 1508

**Post Op Summary****Post Op Summary**

Skin condition	Clear
ESU dispersal pad site condition	Clear
Level of Consciousness	Drowsy
Airway Status	Unassisted Natural
Oxygen Delivery Method VIA	Face Mask
Oxygen Liter Per Minute	6
Dressing Status	Dry and Intact
Wound Drainage	No

**Specimens**

Specimens	Yes
Pathology count	1

Filed by RIMMA M MANUEL on 08/06/18 at 1508

**OR Prep Assessment****000069**

## Surgical Case Record

Page: 8

Patient: M001265555 BARDAKJIAN, STEEVIO Date of Birth: 05/23/1970  
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 Physician: BARBA-BARCOHANA, BABAK MD Sex: M  
 Specialty: ORTS-ORTHOPEDIC SURGERY Room-Bed/T. Loc: 420-A  
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 Verified  
 Date: 08/07/18 0957 MBALINGIT MARIBEL BALINGIT Run Time: 0002

By RIMMA M MANUEL

on 08/06/18 at 1321

OR Prep AssessmentDescriptionOccurrence #1

*Skin Location* Back  
*Prep Solution* Chloraprep  
*Alcohol based Preps?* Yes  
*Visualized as dry* Yes  
*Dry time for Alcohol based prep(minutes)* 3  
*Prep by* 1 RMANUEL

Filed by RIMMA M MANUEL on 08/06/18 at 1322

User Legend

ALALANGAN = ANNA LALANGAN  
 BBARCOHANA = BABAK BARCOHANA  
 EKISHIMOTO = ESTHER KISHIMOTO  
 EPALOR = EMIL PALOR, SURGICAL TECH  
 GKRASTEIN = GARY KRASTEIN  
 MYEPREMYAN = MANUEL YEPREMYAN  
 RCRUZ2 = RACQUEL R CRUZ, REGISTERED NURSE  
 RMANUEL = RIMMA M MANUEL, REGISTERED NURSE  
 SFARAHVASH = SHAHRAM S FARAHVASH  
 ZVLAHAVAS = ZOE VLAHAVAS

Site Legend

HANDL = LEFT HAND  
 OPSITE = OPERATIVE SITE

000070

ID: 4  
Bardakjian, Steevio

08/02/2018 16:33:54

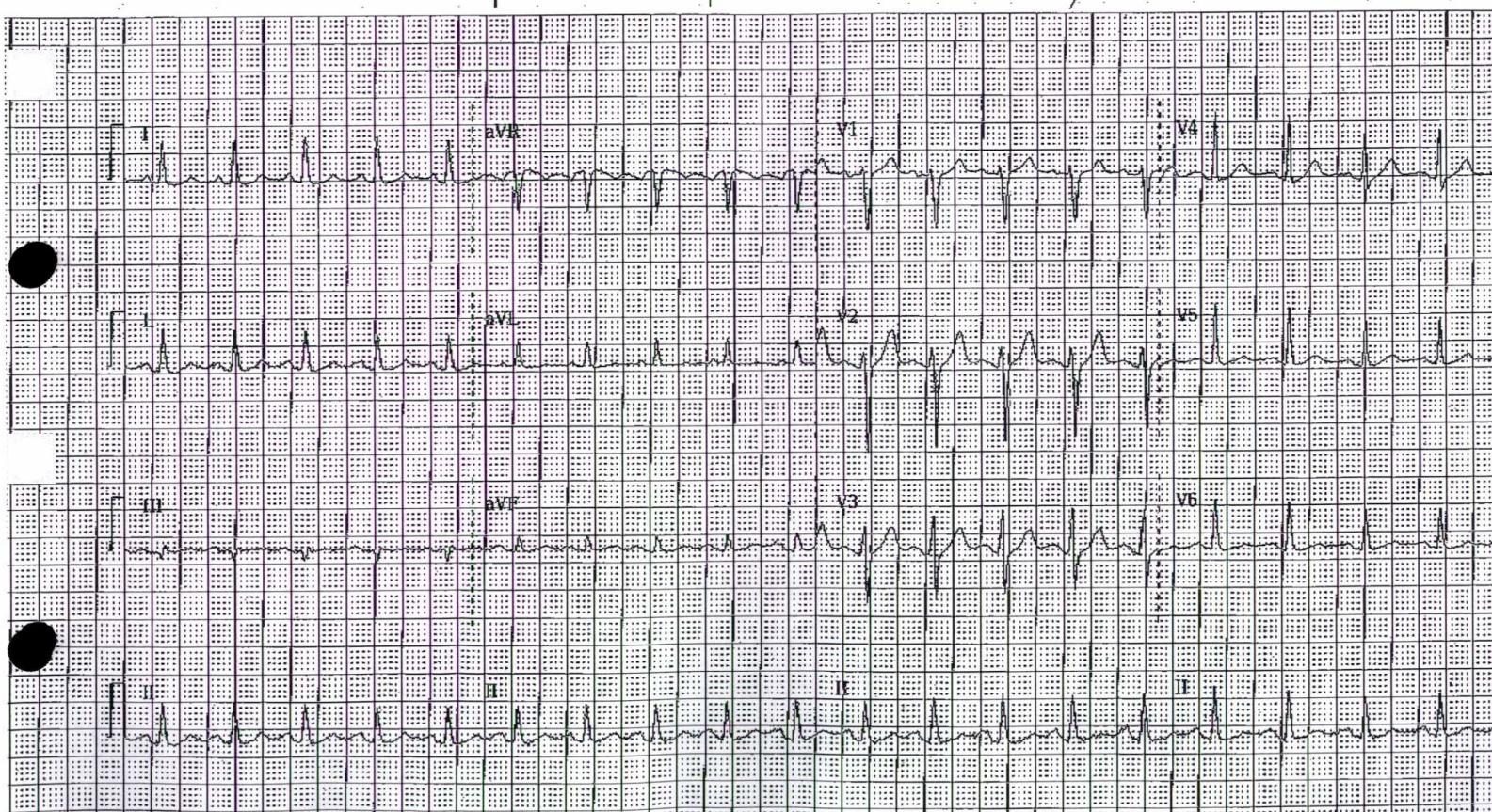
Sinus tachycardia

D.O.B.: 05/23/1970 48 Years  
Male  
Dr: Silberstein  
Tech: Jc

Vent. Rate: 116 bpm  
RR Interval: 517 ms  
PR Interval: 150 ms  
QRS Duration: 88 ms  
QT Interval: 302 ms  
QTc Interval: 400 ms  
QT Dispersion: 20 ms  
P Axis: 55 deg  
QRS Axis: 35 deg  
T Axis: 50 deg

\* Unconfirmed Analysis \*

Normal ECG except for rate



000071



Experience Excellence.

## Dr. Barcohana's Surgery Request Form

Patient: Steevio Bardakjian  
Diagnosis: right L3-4 and L4-5 HNP  
Attached

SCOI ID# 286721

Procedure: See

Work Comp

Facility: Valley Presbyterian Hospital URGENT

Patient Status: AM Admit

Anesthesia: General

Assistant: Esther Kishimoto, PA-C

Length of Surgery: 3

Type and Screen

Type and Cross Units: -

Bed:  Radiolucent (Reverse Pedestal)  OSI-Flattop

Equipment:

Microscope  Wilson Frame  C-Arm ( 1,  2)  
 Neuromonitoring (Conquest)  O-Arm  Portable X-Ray  
 Cell Saver  Bookwalter  Boss Retractor

Other: magellan

Post Op:  Ice Machine  Bone Stim

Brace:  Vista Collar  LS Corset  Trimod

A handwritten signature in black ink, appearing to read "Babak Barcohana".

Physician Signature:

Physician Name: Babak Barcohana, MD

7/27/2018 1:55:24 PM

Surgery Date: \_\_\_\_\_

Medical Clearance: \_\_\_\_\_

Pre Op Date: \_\_\_\_\_

Faxed to Hospital: \_\_\_\_\_

Post Op Date: \_\_\_\_\_

Case Built: \_\_\_\_\_

000072



Experience Excellence.

Page 2 of 2

## Dr. Barcohana's Surgery Request Form

### Procedure:

- Anterior Cervical discectomy, decompression and instrumented fusion, autograft, allograft, synthetic graft, BMA, ICBG
- Lumbar Microdiscectomy
- Lumbar Microdiscectomy, Possible annular repair
- Revision Lumbar Microdiscectomy
- Lumbar Decompression and instrumented fusion, autograft, allograft, synthetic graft, BMA, ICBG
- Lumbar Decompression and Possible Discectomy
- Lumbar Decompression, Discectomy and possible fusion, autograft, allograft, synthetic graft, BMA
- Kyphoplasty/Vertebroplasty
- Anterior Lumbar interbody fusion, retroperitoneal or far lateral approach, autograft, allograft, synthetic graft, BMA, instrumentation, ICBG
- Lumbar Decompression and instrumented fusion, presacral and posterior approach, autograft, allograft, synthetic graft, BMA, ICBG
- Posterior Cervical Decompression and Discectomy
- Posterior Cervical Decompression and Discectomy, Laminectomy, Laminoplasty or Instrumented fusion, autograft, allograft, synthetic graft, BMA, ICBG
- Revision Spinal Surgery
- Evaluation of Fusion
- Removal of Hardware
- Other: right L3-4 and L4-5

000073



222820

08/01/18

Babak Barcohana, MD  
6815 Noble Avenue  
Van Nuys, CA 91405

RE: Steevio Bardakjian  
Claim Number: 1900110B  
DOI: 07/03/18  
DOB: 05/23/70  
DOK: 07/30/18  
Employer: County of Los Angeles  
Claims Examiner: Regina Diaz  
Carrier: Tristar  
AMC Case #: 222820

**Utilization Review / Peer Review Report**

Dear Dr. Barcohana,

After reviewing the available information, my recommendation to the carrier is as follows:

<u>Requested Service/Procedure(s):</u>	<u>Determination(s):</u>
STAT Lumbar microdiscectomy right L3-4 and L4-5	Certify
One to two (1-2) night stay	Modified: Certify one (1) night stay
Assistant surgeon: PA	Certify
Neuromonitoring (medical and neurologist reader)	Certify
Pre-op medical clearance	Certify
Pre-op blood work, pre-op EKG, CXR	Modified: Certify pre-op blood work (CBC with diff, CMP, and UA), pre-op EKG, CXR
Aquatic physical therapy; eight (8) sessions (2x4)	Non-certify
Physical therapy; sixteen (16) sessions (2x8)	Modified: Certify eight (8) physical therapy sessions (two times a week for four weeks)
LS corset	Certify



222820

**Teleconference(s):**

On 07/31/18 at 14:24PT, a call was placed to speak with Dr. Barcohana at 818-901-6600 and a detailed message including a call back number was left on the voicemail of Victoria. Practice coordinator

Contact Not Achieved. Absent the opportunity to speak with the requesting physician, the submitted medical records were reviewed and the following is determined:

**Clinical History:**

Follow-up report dated 07/10/18 indicates that the patient had complaints of pain in the low back associated with pinching, popping sensation, and numbness radiating into the right ankle. The patient was taking Methylprednisolone and Oxycodone. Upon examination, tenderness over the right lower lumbar paraspinal was noted. The patient had been using cane for ambulation. Decreased sensation along the right knee as compared to the left lower extremity was noted. Decreased muscle strength was noted for the right foot as compared to the left.

MRI of the lumbar spine without contrast dated 07/10/18 revealed slight progression at L4-5 which includes a 5 mm disc bulge in moderately severe central spinal stenosis and congenitally small central spinal canal that resulted in unchanged moderate L3-L4 central spinal stenosis.

Initial orthopedic consultation report dated 07/27/18 indicates that the patient complains of pain in the low back rated at 4/10 radiating into the right leg and severe right leg pain rated at 9-10/10. The patient has severe difficulty to perform ADLs. Review of neurology system reveals numbness and sciatica pain in the right lower extremity. The patient has had steroid injections. The patient is taking Percocet, Metformin, Naproxen, and Metamucil. The patient has past medical history of diabetes. The patient has been using cane and crutches for ambulation. The patient's BMI measured at 29.0. Upon examination, fasciculation is noted on the right leg. Decreased sensation along the dorsal aspect of the right foot and lateral & medial right calf is noted. Positive straight leg raise test is noted. Muscle strength measured at 3/5 for the right tibialis anterior and external hallucis longus; and 4/5 for gastrocnemius.

**Documents submitted for review:**

- 07/31/18      Peer review referral form
- 07/27/18      Request for authorization
- 07/27/18      Initial orthopedic consultation report submitted by Babak Barcohana, MD
- 07/12/18      Prescription form
- 07/10/18      MRI lumbar spine without contrast
- 07/10/18      Prescription form
- 07/10/18      Follow-up report submitted by Robert Casey, MD

**Rationale/UR Determination(s):**

Regarding STAT lumbar microdiscectomy right L3-4 and L4-5, the submitted documentation reflects that the patient is expiring low back and severe right leg pain. Next, the submitted documentation reflects current objective findings for neurological dysfunction emanating from the lumbar spine (decreased sensation along the dorsal aspect of the right foot and lateral & medial right calf; and decreased muscle strength 3/5 for the right tibialis anterior and external hallucis longus and 4/5 for gastrocnemius). Next, diagnostic study results corroborates with current

clinical findings to support the medical necessity of the requested surgical procedure. Moreover, the submitted documentation reflects that the patient despite steroid injections and medications. Finally, the cited guidelines also support the necessity for the requested surgery as medically necessary. As such, STAT Lumbar microdiscectomy right L3-4 and L4-5 is certified.

Regarding one to two (1-2) night stay, the submitted documents reflects that the patient is authorized for STAT lumbar microdiscectomy right L3-4 and L4-5. However, the cited guidelines support the necessity for hospital stay for maximum 1 day without complication. As such, one (1) night stay is also certified.

Regarding assistant surgeon: PA, with the planned surgery assistant surgeon: PA is reasonable. As such, the request for assistant surgeon: PA is certified.

Regarding neuromonitoring (Medical and Neurologist reader), the submitted documentation reflects the patient is authorized for lumbar surgery. As such, neuromonitoring (Medical and Neurologist reader) is also certified.

Regarding pre-op medical clearance and pre-op blood work, Pre-op EKG, CXR, the submitted documentation reflects the patient is authorized for lumbar surgery. Next, the submitted document reflects that the patient has past medical history of diabetes and taking multiple medications which supports the medical necessity of medical clearance and pre-op labs. Given the age of the patient and the risk of anesthesia, pre-op medical clearance and pre-op blood work (CBC with diff, CMP, and UA), Pre-op EKG, CXR is certified.

Regarding aquatic physical therapy two times a week for four weeks (2x4), the submitted documentation does not reflect failure of land based therapy as the patient has been authorized for post-op physical therapy. Next, the submitted documentation does not reflect that the patient has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity. As such, aquatic physical therapy two times a week for four weeks (2x4) is not certified.

Regarding physical therapy two times a week for eight weeks (2x8), the submitted documentation reflects the patient is authorized for lumbar surgery. However full certification is not warranted without objective evidence of functional progress from the authorized therapy sessions. As such, physical therapy two times a week for four weeks (2x4) is also certified.

Regarding LS corset, the submitted documentation reflects the patient is authorized for lumbar surgery. As such, LS corset is also certified.

**Guidelines/Criteria Used:**

Evidence citations for lumbar microdiscectomy:

ACOEM practice guidelines, third online version  
Low Back Disorders Guideline (ACOEM February 24, 2016)  
Diagnostic and Treatment Recommendations  
Spinal Stenosis  
Treatment Recommendations

Lumbosacral Nerve Root Decompression  
Nerve root decompression is performed for symptomatic nerve root compression by disc herniation and/or spinal stenosis. Direct methods of nerve root decompression include standard



222820

open discectomy, laminotomy, foraminotomy, facetectomy, and laminectomy. Indirect methods of nerve root decompression potentially include chemonucleolysis with chymopapain, intradiscal electrothermal annuloplasty (IDET), and percutaneous discectomy (either by mechanical, electrical, or laser methods).

Endoscopic removal of a herniated disc fragment, while performed percutaneously, is a similar operation to standard open discectomy and is considered below. Standard open discectomy can be done with or without the use of an operating microscope or loop magnification and with or without endoscopic "tubes" to minimize the size of the skin incision and muscle dissection.

**Decompressive Surgery for Spinal Stenosis (Laminotomy/Facetectomy, Laminectomy)**  
Spinal stenosis means insufficient room for neural elements in the spinal canal and/or neural foramina. It can be congenital (e.g., short pedicles, narrow canal diameter) or acquired (degenerative enlargement of facets and ligaments and in addition the formation of osteophytes), or both. Stenosis can be in the central canal, in the lateral recess, or in the neural foramen. These degenerative changes are referred to as lumbar spondylosis. The typical symptom of lumbar spinal stenosis is neurogenic claudication, or leg pain that develops during walking and that is promptly relieved by rest. Standing may exacerbate the pain. Acquired lumbar spondylosis is a natural aging phenomenon with a strong genetic component that can become symptomatic.

Decompressive surgery for spinal stenosis involves techniques that remove bone from one or more structures to expand a narrowed spinal canal/neural foramen that impinges on neural structures.(16, 1917-1927) Laminotomy is removal of a portion of the lamina, usually to permit access to the central spinal canal to gain access to another structure such as a herniated disc or a neural foramen. Laminectomy refers to the complete removal of the lamina. It was traditionally performed as part of a discectomy, but is not performed any longer for that sole indication.(1928, 1929) Hemilaminectomy refers to removal of the left half or the right half of the lamina. Facetectomy is removal of part of or at times all of a facet joint. Posterior decompression is a term usually used to include any of the above surgeries for spinal stenosis. Fusion is sometimes recommended at the same time as a spinal stenosis decompression.(1930) The fusion section of these guidelines should be consulted for the indications for spine fusion performed simultaneously with decompression.

#### Decompression Surgery for Treatment of Spinal Stenosis

**Moderately Recommended.** Decompression surgery is moderately recommended as an effective treatment for patients with symptomatic spinal stenosis (neurogenic claudication) that is intractable to conservative management. Caution is warranted among elderly with multiple comorbidities.(1931)

**Strength of Evidence – Moderately Recommended, Evidence (B)**

**Level of Confidence – Moderate**

**Indications –** All of the following should be present: 1) radicular-type pain involving usually multiple dermatomes with pain and/or numbness, or myotomal muscle weakness all consistent with the nerve root levels affected; 2) imaging findings by MRI, or CT with or without myelography that confirm spinal stenosis and corroborate the dermatomal and myotomal findings predicted by the history and clinical examination; and 3) continued significant pain and functional limitation after at least 4 to 6 weeks of time and appropriate non-operative therapy that usually includes flexion exercises plus aerobic exercise (walking or cycling),(598) and NSAIDs. Progressive neurological deficits are considered a separate indication.



222820

Benefits – Relief of spinal stenosis-related symptoms.

Harms – Rare, but serious complications include infection, paralysis and death.

#### Rationale for Recommendation

The highest of the moderate-quality trials reported comparable results from physical therapy (PT) consisting of flexion exercises plus aerobic exercises versus decompressive surgery over 2 years, (598) although it is noteworthy that 57% of the PT group crossed over to surgery. One trial found no significant differences between a decompressive device and epidural steroid injection. (1338) One moderate-quality trial comparing decompressive surgery with non-operative management and found superiority of decompression surgery for patients with symptomatic spinal stenosis (neurogenic claudication) that is intractable despite conservative management.(1932, 1933) The few other trials compare various operative procedures. These procedures are commonly performed in settings of either central canal stenosis, lateral recess, or neuroforaminal stenosis. Decompressive surgery is invasive, has significant adverse effects and is costly, but if there is insufficient improvement with non-operative management and/or progressive neurological deficits, it is recommended.

There is no quality evidence of benefit to adding lumbar fusion to decompression. (1934) Fusion has no role in the surgical treatment of spinal stenosis, rather the role of fusion is to treat instability if proven to be present (see Fusion).

#### Evidence for the Use of Decompressive Surgery

There are 6 moderate-quality RCTs (598, 1647, 1932, 1933, 1935, 1936) incorporated into this analysis. There are 2 low-quality RCTs in Appendix 1.(1934, 1937)

We searched PubMed, EBSCO, Cochrane Review, and Google Scholar without limits on publication dates. We used the following search terms: decompression surgery, microdiscectomy, lumbar laminectomy, open decompression, microdecompression, spinal stenosis, herniated disc and spondylolisthesis to find 8,038 articles. Of the 8,038 articles we reviewed 29 articles and included 7 articles.

#### Evidence citations for night stay:

ODG-TWC guidelines for low back chapter last updated on 07/06/18

##### Hospital length of stay (LOS)

Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. (HCUP, 2011) Of recent lumbar discectomy cases, 62% underwent an inpatient hospital stay after surgery, whereas 38% had outpatient surgery, and outpatients had lower overall complication rates than those treated as inpatients. (Pugely, 2013)

##### ODG hospital length of stay (LOS) guidelines:

Discectomy (icd 80.51 - Excision of intervertebral disc)



222820

Actual data -- median 1 day; mean 2.1 days ( $\pm 0.0$ ); discharges 109,057; charges (mean) \$26,219

Best practice target (no complications) -- Outpatient

Laminectomy (icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root)

Actual data -- median 2 days; mean 3.5 days ( $\pm 0.1$ ); discharges 100,600; charges (mean) \$34,978

Best practice target (no complications) -- 1 day

Note: About 6% of discharges paid by workers' compensation.

Discectomy (ICD 80.51 - Excision of intervertebral disc)

Actual data -- median 1 day; mean 2.1 days ( $\pm 0.0$ ); discharges 109,057; charges (mean) \$26,219

Best practice target (no complications) – Outpatient.

#### Evidence citations for assistant surgeon:

Milliman Care Guidelines. Assistant Surgeon Guidelines. These guidelines are based on whether or not an assistant surgeon is medically necessary in nonteaching settings. They are not based on whether the additional hands of a surgical nurse, surgical technician, and physician assistant or surgeon-in-training are beneficial. These guidelines do not address variations such as multiple procedures or 2 primary surgeons. Furthermore, the guidelines are not based on the rules or policies of any particular hospital or payor.

American Association of Orthopaedic Surgeons

Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

#### Role of the First Assistant

According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital."

"The first assistant's role has traditionally been filled by a variety of individuals from diverse backgrounds. Practice privileges of those acting as first assistant should be based upon verified credentials reviewed and approved by the hospital credentialing committee (consistent with state laws)."

How does the operating surgeon determine if an assistant is necessary and, if so, what level of training is required? The surgeon's first responsibility is to assure good patient care. The quality of an outcome of an orthopaedic procedure is dependent on several factors; among them are the characteristics of the operation itself, the condition of the patient, and the characteristics of the operating environment.

#### Characteristics of the Patient

While the risk and complexity of the procedure are major considerations, other criteria include the following:

1. The urgency of the patient's condition. An example would be the need to internally fix a limb with vascular compromise.
2. The patient's age and general medical condition - cardiac, pulmonary, metabolic or hematologic factors that may cause complications with increased operative time or blood loss.

#### Characteristics of the Operation

In general, the more complex or risky the operation, the more highly trained the first assistant should be. Criteria for evaluating the procedure include:

1. anticipated blood loss

2. anticipated anesthesia time
3. anticipated incidence of intraoperative complications
4. procedures requiring considerable judgmental or technical skills
5. anticipated fatigue factors affecting the surgeon and other members of the operating team
6. Procedures requiring more than one operating team. In limb reattachment procedures, the time saved by the use of two operating teams is frequently critical to limb salvage. It should be noted that reduction in costly operating room time by the simultaneous work of two surgical teams can be cost effective.

**Characteristics of the Operating Environment:** The use of a physician first assistant varies geographically across the country, but also varies even among local institutions, in such settings as university hospitals, military facilities, community hospitals, and self-contained HMOs.

Variability is also due to the availability of other assistants, such as resident staff in teaching hospitals or high quality non-physician technical assistants. There also may be equipment aids to surgery, such as positioning devices, retractors, and power tools, that may serve to minimize the need for skilled assistance. It should be noted, though, that while these devices are helpful (and, at times, essential), they frequently require skilled assistance to operate or monitor.

**Conclusion:** While consensus seems to exist on the variables to be considered in determining the need for a trained first assistant, little consistency exists as to the most appropriate type of assistant. Some orthopedists routinely use technical assistants in cases for which other orthopedists prefer a second orthopedist. At this time, no national standard exists. While lists of procedures might seem useful, it should be recognized that such lists can never be all-inclusive. The ultimate decision as to the need for a surgical assistant must remain with the operating surgeon. To do otherwise would jeopardize the quality of care.

July 1987. Revised August 1988. Reviewed June 2010 American Academy of Orthopaedic Surgeons.

Evidence citation for neurophysiologic monitoring:

ODG-TWC chapter low back last updated on 07/06/18

Intraoperative neurophysiological monitoring (during surgery)

Recommended during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring. The following types of intraoperative monitoring may be necessary: somatosensory-evoked potentials, brainstem auditory-evoked potentials, EMG of cranial or spinal nerves, EEG, and electrocorticography (ECOG). Intraoperative EMG and nerve conduction velocity monitoring on peripheral nerves during surgery is not recommended. Intraoperative monitoring is not recommended for intraoperative visual-evoked potentials and motor-evoked potentials. Use of intraoperative SSEP (somatosensory evoked potential) or DSEP (dermatomal sensory evoked potential) monitoring is recommended as an adjunct in those circumstances during instrumented lumbar spinal fusion procedures in which the surgeon desires immediate intraoperative information regarding the potential of a neurological injury.

The occurrence of a postoperative neurological deficit is highly correlated with intraoperative changes in these monitoring modalities. An abnormal SSEP or DSEP during surgery, however, often does not correlate with a postoperative neurological injury because of a high false-positive rate. Use of intraoperative evoked EMG (electromyography) recordings is recommended in those circumstances in which the operating surgeon wishes to confirm the lack of a neurological injury during pedicle screw placement. A normal evoked EMG response is highly predictive of the lack of a neurological injury. An abnormal EMG response during the surgical procedure may or may not be associated with a clinically significant injury. (Resnick, 2005)

Although high-quality evidence supporting the use of monitoring in cervical, thoracic, and lumbar spinal surgeries is lacking, intraoperative neurophysiological monitoring during spine surgery is



222820

currently accepted as standard practice for many procedures and should be used at the discretion of the surgeon to improve outcomes of spinal surgery. (Gonzalez, 2009) Intraoperative monitoring of somatosensory evoked potentials and transcranial electrical motor evoked potentials in procedures that involve the spinal cord itself can predict adverse surgical outcomes in complex cases. All studies consistently showed that all occurrences of paraparesis, paraplegia, and quadriplegia were in patients who showed changes in their evoked potentials during surgery, whereas patients with no changes in evoked potentials had none of these adverse outcomes. However, in the majority of routine orthopedic spine procedures (mostly laminectomy, discectomy, or spinal fusion surgeries, procedures that do not actually involve the spinal cord itself but are very close to the spinal cord), the use of monitoring should be at the discretion of the surgeon. (Nuwer, 2012)

**Remote monitoring:** The monitoring physician should be present in the operating room or have access to neurophysiologic intraoperative monitoring data in real-time from a remote location and be in communication with the staff in the operating room. There are many methods of remote monitoring, however any method used must conform to local and national protected health information guidelines. According to Sentient (Baltimore, Maryland), one of the first providers of remote real-time intraoperative neurophysiological monitoring to augment local monitoring, this monitoring can reduce the risk of adverse neurological outcomes for patients undergoing spine or brain surgeries. (Emerson, 2008) (Edmonds, 2011) (Razumovsky, 2013)

Evidence citations for pre-op medical clearance, pre-op blood work, pre-op EKG, and CXR;

ODG-TWC guidelines for Low Back - Lumbar & Thoracic (Acute & Chronic) last updated on 07/06/18

Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing. (Feely, 2013). Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown. (AHRQ, 2013) The latest AHRQ comparative effectiveness research on the benefits and harms of routine preoperative testing, concludes that, except for cataract surgery, there is insufficient evidence comparing routine and per-protocol testing. (AHRQ, 2014).

Evidence citations for aquatic therapy:



222820

ACOEM practice guideline, third edition online version

Disorders

Chronic pain (effective May 15, 2017)

Chronic persistent pain

Diagnostic and treatment recommendations

Activity modification and exercise

Aquatic Therapy for Chronic Persistent Pain

Recommended.

A trial of aquatic therapy is selectively recommended for patients with chronic persistent pain, who meet the referral criteria for supervised exercise therapy and have co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Moderate

Indications: Moderate to severe chronic persistent pain in the lower extremities or torso; non-weight bearing status or partial weight-bearing; with significant de-conditioning. Those with diabetes mellitus may also benefit.

Benefits: Improved function, improved endurance, improved neuropathy control if diabetes is contributing

Harms: Negligible

Frequency/Dose/Duration: Start with 3 to 4 visits a week; demonstrate evidence of functional improvement within first 2 weeks to justify additional visits. Program should include up to 4 weeks of aquatic therapy with progression to a land-based, self-directed physical activity or self-directed aquatic therapy program by 6 weeks. For some patients with chronic persistent pain, aquatic exercise may be the preferred method. In these few cases, the program should become self managed and if any membership to a pool is covered, coverage should be continued if it can be documented that the patient is using the facility at least 3 times a week and following the prescribed exercise program.

Indications for Discontinuation: Non-tolerance, failure to progress, or reaching a 4 to 6 week timeframe.

Rationale: There is no quality evidence that aquatic exercise is helpful for treatment of chronic persistent pain. However, there are circumstances where aquatic exercise are indicated, including patients who are either non-weight-bearing or limited weight-bearing, have deconditioning due to chronic pain, and/or have diabetes mellitus that is co-contributing to their chronic persistent pain. Aquatic exercise is not invasive, has negligible adverse effects, is moderate cost in aggregate, has rationale for select indications, and thus is selectively recommended.

Evidence: There are no quality studies evaluating aquatic therapy for the treatment of chronic persistent pain syndrome.

Evidence citations for post-op physical therapy:



222820

ODG-TWC guidelines chapter Low Back - Lumbar and Thoracic (Acute and Chronic) last updated on 07/06/18 state that physical therapy is recommended.

**ODG Physical Therapy Guidelines –**

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".

Intervertebral disc disorders without myelopathy:

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

**Evidence citations for LS corset:**

ACOEM practice guidelines

Low Back Disorders Guideline (ACOEM February 24, 2016)

Diagnostic and Treatment Recommendations

Low Back Pain / Radicular Pain

Treatment Recommendations

Allied Health Professionals, Physical And Occupational Therapy, And Other Physical Methods

Devices

Many devices have been used to treat LBP, including shoe insoles and lifts, taping, lumbar supports and braces, magnets, bedding/mattresses, and hyperbaric oxygen.

Soft braces have been used to prevent LBP and studied in workers in high risk industries (warehousing, airline baggage handling). Theoretical mechanisms for the prevention of LBP include provision of trunk support and prevention of pain-producing events, reminders of "proper lifting technique," and an increase in intra-abdominal pressure and a decrease in intradiscal pressure.(1264) However, limiting movement to avoid pain is contrary to the cognitive behavioral approaches to LBP shown to be helpful. Proper lifting technique is problematic and reviewed elsewhere, and there is no quality evidence that such devices reduce intradiscal pressure. Reported compliance rates are poor (about 40%)(136, 1265) and complaints include excessive heat, restrictive movements, discomfort with sitting, rubbing or pinching of skin, and feelings of bruised ribs.(136, 1265)

*Dictated. Subject to transcription variance.*

**CONFLICT OF INTEREST ATTESTATION:**

*I have reviewed the above case and attest that I do not have a material professional, familial, or financial conflict of interest regarding any of the following: the referring entity; the insurance issuer or group health plan that is the subject of the review; the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator, plan fiduciary, or plan employee; the health care provider, the health provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the review; the facility at which the recommended health care service or treatment would be provided; or the developer or manufacturer of any principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is the subject of this review. I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I was not involved with the specific episode of care prior to referral of the case for review.*



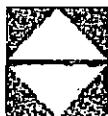
222820

*I attest that I have the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review as well as current, relevant experience and/or knowledge to render a determination for the case under review. I am currently providing direct patient care in this field of expertise and have done so for a minimum of five years.*

Respectfully,  
Allied Managed Care

*H. Leon Brooks*

H. Leon Brooks, MD  
American Board of Orthopaedic Surgery  
CA License A24906  
Physician Reviewer – Allied Managed Care  
Utilization Review Services



Southern California Orthopedic

INSTITUTE

6815 NOBLE AVENUE - VAN NUYS, CALIFORNIA 91405 - (818) 901-6600  
24051 NEWHALL RANCH RD. BLDG C, VALENCIA, CALIFORNIA 91354 - (661) 254-6364  
2400 BAHAMAS DRIVE - BAKERSFIELD, CALIFORNIA 93309 - (661) 328-5565  
3605 ALAMO STREET, SUITE 200 - SIMI VALLEY, CALIFORNIA 93063 - (805) 578-8550  
800 SOUTH FAIRMOUNT, STE 325 - PASADENA, CALIFORNIA 91105 - (626) 585-2948  
375 ROLLING OAKS DR., STE 210 - THOUSAND OAKS, CALIFORNIA 91361 - (805) 497-7015  
913 ALENE AVE, RIDGECREST, CALIFORNIA 93555 - (760) 499-7099

### PREOPERATIVE ORDERS

Patient: Steevio Bardakjian

Surgery Date: 7/31/18 Acct. # 286721

CONSENT: \_\_\_\_\_

SURGICAL PROCEDURE: Lumbar Microdiscectomy right L3-4 and L4-5

MEDICATION:

- Pre-op IV Antibiotic - Ancef 2 grams       Pre-op IV Abx - Vancomycin 1 gram  
 1 Liter LR on call to OR  
 OTHER \_\_\_\_\_  
 ELECTROLYTES       OTHER \_\_\_\_\_  
 GLUCOSE       BLEEDING TIME  
 Type and Screen  
 Type and Cross - \_\_\_\_\_ Units

SCANNED  
DATE: BY: TIME:

*[Handwritten signature]*

BARDAKJIAN, STEEVIO  
V01013640246 MR#M001265555  
08/06/18 MS1 M 48 ME  
BARCOHANA, BABAK 05/23/1970



000085

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 1

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED																																													
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000086

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 2

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM

**MEDICATION** DOSE

Discontinued 08/06/18 1830

DILAUDID 0.2 MG

Dose: Q5 min PRN up to a total of 5 Hydromorphone doses

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU	PRN	MILD PAIN LEVEL 1-3

DAYS HOURS TOT VOL DOSES

Comment: Reached Stop Date

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

\*\*This medication order may be carried out in SDS as PHASE

II recovery\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18 1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18 1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18 1125	MT	VPH-BG3	order transmitted
5	08/06/18 1126	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1136	PLEW	VPHRXDT04	order edited by PHA: Stop date edited from <blank>
7	08/06/18 1136	PLEW	VPHRXDT04	to 08/06/18 at 1830
8	08/06/18 1147	PLEW	VPH-BG3	order's status changed from LOGGED to IN PRO
9	08/06/18 1830	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP
10	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1125 PHA DILLIRX 0806-1025 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

**MEDICATION** DOSE

Discontinued 08/06/18 1136

DILAUDID 0.4 MG

Dose: Q5 min PRN up to a total of 5 Hydromorphone doses

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU	PRN	MODERATE PAIN LEVEL 4-6

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

\*\*This medication order may be carried out in SDS as PHASE

II recovery\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

000087

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 3

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED																
DATE	TIME	CATEGORY	PROCEDURE	ORDERED NUM	DT	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	POM											
							EVENT																	
1	08/06/18 1125	SFARAHVASH	VPHSHAW701				order entered in POM by SHAHRAM S FARAHVASH																	
2	08/06/18 1125	SFARAHVASH	VPHSHAW701				order source is MDORD - signature is necessary for entry																	
3	08/06/18 1125	SFARAHVASH	VPHSHAW701				order Esigned by Farahvash,Shahram S. M.D.																	
4	08/06/18 1125	MT	VPH-BG3				order transmitted																	
5	08/06/18 1126	MT	VPH-BG3				order's status changed from TRANS to LOGGED																	
6	08/06/18 1136	SYSTEM	VPH-BG3				order's status changed from LOGGED to IN PRO																	
7	08/06/18 1136	PLEW	VPHRXDT04				order edited by PHA: DC on 08/06/18 at 1136																	
8	08/06/18 1136	PLEW	VPH-BG3				order's status changed from IN PRO to COMP																	
9	08/06/18 1847	YSATYBALDI	VPH-VDI-429				order acknowledged via PCS																	
08/06/18 1125	PHA	DIL1IRX	0806-1026		1	CMP		08/06/18 1130	FARSH	SFARAHVASH	C	POM	S											
DIRECTIONS:			STOP DATE/TIME:			ORDER SET: ANES.POST																		
MEDICATION		DOSE																						
Discontinued 08/06/18 1830																								
DILAUDID		0.6 MG																						
Dose: Q5 min PRN up to a total of 5 Hydromorphone doses																								
ROUTE	SIG	SCHED	PRN REASON																					
IV	.PACU	PRN	SEVERE PAIN LEVEL 7-10																					
DAYS	HOURS	TOT VOL	DOSES																					
Comment: Reached Stop Date																								
Protocol text:																								
**Post Anesthesia Care Order**																								
**This medication order may be carried out in SDS as PHASE																								
II recovery**																								
(NOT to be administered by floor nurse)																								
(Please discontinue upon transfer to floor)																								
							EVENT																	
1	08/06/18 1125	SFARAHVASH	VPHSHAW701				order entered in POM by SHAHRAM S FARAHVASH																	
2	08/06/18 1125	SFARAHVASH	VPHSHAW701				order source is MDORD - signature is necessary for entry																	
3	08/06/18 1125	SFARAHVASH	VPHSHAW701				order Esigned by Farahvash,Shahram S. M.D.																	
4	08/06/18 1125	MT	VPH-BG3				order transmitted																	
5	08/06/18 1126	MT	VPH-BG3				order's status changed from TRANS to LOGGED																	
6	08/06/18 1136	PLEW	VPHRXDT04				order edited by PHA: Stop date edited from <blank>																	
7	08/06/18 1136	PLEW	VPHRXDT04				to 08/06/18 at 1830																	
8	08/06/18 1148	PLEW	VPH-BG3				order's status changed from LOGGED to IN PRO																	
9	08/06/18 1549	ALALANGAN	VPH-BG3				Order Acknowledgment received from PHA																	
10	08/06/18 1830	PHABKGJOB	VPH-BG3				order's status changed from IN PRO to COMP																	
08/06/18 1125	PHA	FEN100I	0806-1027		1	CMP		08/06/18 1130	FARSH	SFARAHVASH	C	POM	S											
DIRECTIONS:			STOP DATE/TIME:			ORDER SET: ANES.POST																		

000088

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 4

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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**MEDICATION**

Discontinued 08/06/18 1633  
**SUBLIMAZE** 25 MCG

Dose: Q5 min PRN up to a total of 5 Fentanyl doses  
\*Use as first line narcotic analgesic\*

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU ORDER	PRN	MILD PAIN LEVEL 1-3

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

(NOT to be administered by floor nurse)  
(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18 1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18 1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash, Shahram S. M.D.
4	08/06/18 1125	MT	VPH-BG3	order transmitted
5	08/06/18 1126	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1137	PLEW	VPHRXDT04	order edited by PHA: Stop date edited from <blank>
7	08/06/18 1137	PLEW	VPHRXDT04	to 08/06/18 at 1630
8	08/06/18 1148	PLEW	VPH-BG3	order's status changed from LOGGED to IN PRO
9	08/06/18 1633	BYAGHOUBIA	VPHRXDT03	order edited by PHA: DC on 08/06/18 at 1633
10	08/06/18 1633	BYAGHOUBIA	VPH-BG3	order's status changed from IN PRO to COMP
11	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1125 PHA FEN1001 0806-1028 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

**MEDICATION**

Discontinued 08/06/18 1633  
**SUBLIMAZE** 50 MCG

Dose: Q5 min PRN up to a total of 5 Fentanyl doses  
\*Use as first line narcotic analgesic\*

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU ODER	PRN	MODERATE PAIN LEVEL 4-6

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

(NOT to be administered by floor nurse)  
(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
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000089

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 5

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
1	08/06/18 1125	SFARAHVASH	VPHSHAW701				order entered in POM by SHAHRAM S FARAHVASH						
2	08/06/18 1125	SFARAHVASH	VPHSHAW701				order source is MDORD - signature is necessary for entry						
3	08/06/18 1125	SFARAHVASH	VPHSHAW701				order Esigned by Farahvash, Shahram S. M.D.						
4	08/06/18 1125	MT	VPH-BG3				order transmitted						
5	08/06/18 1126	MT	VPH-BG3				order's status changed from TRANS to LOGGED						
6	08/06/18 1137	PLEW	VPHRXDT04				order edited by PHA: Stop date edited from <blank>						
7	08/06/18 1137	PLEW	VPHRXDT04				to 08/06/18 at 1830						
8	08/06/18 1148	PLEW	VPH-BG3				order's status changed from LOGGED to IN PRO						
9	08/06/18 1517	ALALANGAN	VPH-BG3				Order Acknowledgment received from PHA						
10	08/06/18 1633	BYAGHOUEDIA	VPHRXDT03				order edited by PHA: DC on 08/06/18 at 1633						
11	08/06/18 1633	BYAGHOUEDIA	VPH-BG3				order's status changed from IN PRO to COMP						
12	08/06/18 1847	YSATYBALDI	VPH-VDI-429				order acknowledged via PCS						

08/06/18 1125 PHA FEN100I 0806-1029 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

**MEDICATION** DOSE

Discontinued 08/06/18 1633

SUBLIMAZE 75 MCG

Dose: Q5 min PRN up to a total of 5 Fentanyl doses  
\*Use as first line narcotic analgesic\*

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU ORDER	PRN	SEVERE PAIN LEVEL 7-10

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18 1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18 1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash, Shahram S. M.D.
4	08/06/18 1125	MT	VPH-BG3	order transmitted
5	08/06/18 1126	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1139	PLEW	VPHRXDT04	order edited by PHA: Stop date edited from <blank>
7	08/06/18 1139	PLEW	VPHRXDT04	to 08/06/18 at 1830
8	08/06/18 1149	PLEW	VPH-BG3	order's status changed from LOGGED to IN PRO
9	08/06/18 1633	BYAGHOUEDIA	VPHRXDT03	order edited by PHA: DC on 08/06/18 at 1633
10	08/06/18 1633	BYAGHOUEDIA	VPH-BG3	order's status changed from IN PRO to COMP
11	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1125 PHA PERCOSET 0806-1030 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

000090

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 6

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	SERVICE	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	ORDERED FROM
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**MEDICATION**

**DOSE**

Discontinued 08/06/18 1633

PERCOSET (5/325)

1 TAB

Dose: X1 dose PRN

ROUTE	SIG	SCHED	PRN REASON
PO	.PACU ORDER	PRN	PAIN LEVEL 1-5

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

\*\*To be used for patients in PHASE II Recovery Status\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18 1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18 1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18 1125	MT	VPH-BG3	order transmitted
5	08/06/18 1126	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1140	PLEW	VPHRXDT04	order edited by PHA: Stop date edited from <blank>
7	08/06/18 1140	PLEW	VPHRXDT04	to 08/06/18 at 1630
8	08/06/18 1149	PLEW	VPH-BG3	order's status changed from LOGGED to IN PRO
9	08/06/18 1633	BYAGHOUBIA	VPHRXDT03	order edited by PHA: DC on 08/06/18 at 1633
10	08/06/18 1633	BYAGHOUBIA	VPH-BG3	order's status changed from IN PRO to COMP
11	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1125 PHA PERCOSET 0806-1031 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS:

STOP DATE/TIME:

ORDER SET: ANES.POST

**MEDICATION**

**DOSE**

Discontinued 08/06/18 1633

PERCOSET (5/325)

2 TAB

Dose: X1 dose PRN

ROUTE	SIG	SCHED	PRN REASON
PO	.PACU ORDER	PRN	PAIN LEVEL 6-10

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

\*\*To be used for patients in PHASE II Recovery Status\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
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000091

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 7

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
1	08/06/18 1125	SFARAHVASH	VPHSHAW701				order entered in POM by SHAHRAM S FARAHVASH						
2	08/06/18 1125	SFARAHVASH	VPHSHAW701				order source is MDORD - signature is necessary for entry						
3	08/06/18 1125	SFARAHVASH	VPHSHAW701				order Esigned by Farahvash,Shahram S. M.D.						
4	08/06/18 1125	MT	VPH-BG3				order transmitted						
5	08/06/18 1126	MT	VPH-BG3				order's status changed from TRANS to LOGGED						
6	08/06/18 1141	PLEW	VPHRXDT04				order edited by PHA: Stop date edited from <blank>						
7	08/06/18 1141	PLEW	VPHRXDT04				to 08/06/18 at 1830						
8	08/06/18 1149	PLEW	VPH-BG3				order's status changed from LOGGED to IN PRO						
9	08/06/18 1633	BYAGHOUBIA	VPHRXDT03				order edited by PHA: DC on 08/06/18 at 1633						
10	08/06/18 1633	BYAGHOUBIA	VPH-BG3				order's status changed from IN PRO to COMP						
11	08/06/18 1847	YSATYBALDI	VPH-VDI-429				order acknowledged via PCS						

08/06/18 1125 PHA ZOF4I 0806-1032 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

**MEDICATION** **DOSE**

Discontinued 08/06/18 1633

ZOPFRAN INJ 4 MG

Dose: X 1 dose PRN nausea. May repeat X 1 dose in 30 minutes PRN  
(2 doses total)

\*Use as first line antiemetic\*

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU ORDER	PRN	NAUSEA AND/OR VOMITING

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

\*\*This medication order may be carried out in SDS as PHASE

II recovery\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18 1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18 1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18 1125	MT	VPH-BG3	order transmitted
5	08/06/18 1126	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1141	PLEW	VPHRXDT04	order edited by PHA: Stop date edited from <blank>
7	08/06/18 1141	PLEW	VPHRXDT04	to 08/06/18 at 1830
8	08/06/18 1149	PLEW	VPH-BG3	order's status changed from LOGGED to IN PRO
9	08/06/18 1517	ALALANGAN	VPH-BG3	Order Acknowledgment received from PHA
10	08/06/18 1633	BYAGHOUBIA	VPHRXDT03	order edited by PHA: DC on 08/06/18 at 1633
11	08/06/18 1633	BYAGHOUBIA	VPH-BG3	order's status changed from IN PRO to COMP
12	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1125 PHA TIG200I 0806-1033 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

000092

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 8

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

MEDICATION DOSE  
Discontinued 08/06/18 1633

TIGAN 200 MG

Dose: X1 dose PRN

ROUTE	SIG	SCHED	PRN REASON
IM	.PACU ORDER	PRN	NAUSEA AND/OR VOMITING

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

\*\*This medication order may be carried out in SDS as PHASE II recovery\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18 1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18 1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18 1125	MT	VPH-BG3	order transmitted
5	08/06/18 1126	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1141	PLEW	VPHRXDT04	order edited by PHA: Stop date edited from <blank>
7	08/06/18 1141	PLEW	VPHRXDT04	to 08/06/18 at 1830
8	08/06/18 1150	PLEW	VPH-BG3	order's status changed from LOGGED to IN PRO
9	08/06/18 1633	BYAGHOUEDIA	VPHRXDT03	order edited by PHA: DC on 08/06/18 at 1633
10	08/06/18 1633	BYAGHOUEDIA	VPH-BG3	order's status changed from IN PRO to COMP
11	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1125 PHA LABE5VIA10 0806-1034 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

MEDICATION DOSE  
Discontinued 08/06/18 1633

LABETALOL 5 MG

Dose: Q5min PRN SBP 160 mmHg or greater and/or DBP 100 mmHg or greater

MAX Dose: 20 mg

HOLD for HR 60 bpm or less

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU ORDER	PRN	HIGH BLOOD PRESSURE

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

000093

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 9

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	SERVICE	ORDERED											
DATE	TIME	CATEGORY	PROCEDURE	ORDERED NUM	DT	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM

(NOT to be administered by floor nurse)  
(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT	
1	08/06/18	1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18	1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18	1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18	1125	MT	VPH-BG3	order transmitted
5	08/06/18	1126	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18	1144	PLEW	VPHRXDT04	order edited by PHA: Stop date edited from <blank>
7	08/06/18	1144	PLEW	VPHRXDT04	to 08/06/18 at 1830
8	08/06/18	1150	PLEW	VPH-BG3	order's status changed from LOGGED to IN PRO
9	08/06/18	1633	BYAGHOUBIA	VPHRXDT03	order edited by PHA: DC on 08/06/18 at 1633
10	08/06/18	1633	BYAGHOUBIA	VPH-BG3	order's status changed from IN PRO to COMP
11	08/06/18	1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1125 PHA APR20I 0806-1035 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

**MEDICATION**

Discontinued 08/06/18 1830

**APRESOLINE**

5 MG

Dose: Q20min PRN SBP 160 mmHg or greater and/or DBP 100 mmHg or greater

MAX Dose: 20 mg

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU ORDER	PRN	HIGH BLOOD PRESSURE

**DAYS HOURS TOT VOL DOSES**

Comment: Reached Stop Date

Comment: INFUSE OVER 3-5 MINUTES

(Maximum infusion 5mg/min)

Check BP until stable

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT	
1	08/06/18	1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18	1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18	1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18	1125	MT	VPH-BG3	order transmitted
5	08/06/18	1126	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18	1144	PLEW	VPHRXDT04	order edited by PHA: Stop date edited from <blank>
7	08/06/18	1144	PLEW	VPHRXDT04	to 08/06/18 at 1830
8	08/06/18	1150	PLEW	VPH-BG3	order's status changed from LOGGED to IN PRO
9	08/06/18	1830	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP

000094

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 10

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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10 08/06/18 1847 YSATYBALDI VPH-VDI-429 order acknowledged via PCS

08/06/18 1125 PHA EPHE50DI2 0806-1036 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

**MEDICATION** DOSE

Discontinued 08/06/18 1633  
EPHEDrine 5 MG

Dose: Q5min PRN MAP 60 or less  
May repeat X 4 doses

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU ORDER	PRN	MAP LESS THAN 60

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*  
(NOT to be administered by floor nurse)  
(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1125	SFARAHVASH	VPHSHAW701 order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18	1125	SFARAHVASH	VPHSHAW701 order source is MDORD - signature is necessary for entry
3	08/06/18	1125	SFARAHVASH	VPHSHAW701 order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18	1125	MT	VPH-BG3 order transmitted
5	08/06/18	1126	MT	VPH-BG3 order's status changed from TRANS to LOGGED
6	08/06/18	1145	PLEW	VPHRXDT04 order edited by PHA: Stop date edited from <blank>
7	08/06/18	1145	PLEW	VPHRXDT04 to 08/06/18 at 1830
8	08/06/18	1150	PLEW	VPH-BG3 order's status changed from LOGGED to IN PRO
9	08/06/18	1633	BYAGHOUBIA	VPHRXDT03 order edited by PHA: DC on 08/06/18 at 1633
10	08/06/18	1633	BYAGHOUBIA	VPH-BG3 order's status changed from IN PRO to COMP
11	08/06/18	1847	YSATYBALDI	VPH-VDI-429 order acknowledged via PCS

08/06/18 1125 PHA RTPRO 0806-1037 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

000095

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 11

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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**MEDICATION** **DOSE**

Discontinued 08/06/18 1633  
PROVENTIL 0.083% (NEB) 2.5 MG

Dose: X1 dose PRN

ROUTE	SIG	SCHED	PRN REASON
HHN	.PACU ORDER	PRN	WHEEZING

**DAYS HOURS TOT VOL DOSES**

Comment: (TO BE ADMINISTERED BY RESPIRATORY THERAPY)

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1125	SFARAHVASH	VPHSHAW701 order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18	1125	SFARAHVASH	VPHSHAW701 order source is MDORD - signature is necessary for entry
3	08/06/18	1125	SFARAHVASH	VPHSHAW701 order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18	1125	MT	VPH-BG3 order transmitted
5	08/06/18	1126	MT	VPH-BG3 order's status changed from TRANS to LOGGED
6	08/06/18	1145	PLEW	VPHRXDT04 order edited by PHA: Stop date edited from <blank>
7	08/06/18	1145	PLEW	VPHRXDT04 to 08/06/18 at 1630
8	08/06/18	1151	PLEW	VPH-BG3 order's status changed from LOGGED to IN PRO
9	08/06/18	1633	BYAGHOUBIA	VPHRXDT03 order edited by PHA: DC on 08/06/18 at 1633
10	08/06/18	1633	BYAGHOUBIA	VPH-BG3 order's status changed from IN PRO to COMP
11	08/06/18	1847	YSATYBALDI	VPH-VDI-429 order acknowledged via PCS

08/06/18 1125 PHA RTATR 0806-1038 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

**MEDICATION** **DOSE**

Discontinued 08/06/18 1633  
ATROVENT 0.02% (NEB) 0.5 MG

Dose: X1 dose PRN

ROUTE	SIG	SCHED	PRN REASON
HHN	.PACU ORDER	PRN	WHEEZING

**DAYS HOURS TOT VOL DOSES**

Comment: (TO BE ADMINISTERED BY RESPIRATORY THERAPY)

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
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000096

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 12

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
1	08/06/18 1125	SFARAHVASH	VPHSHAW701										
2	08/06/18 1125	SFARAHVASH	VPHSHAW701										
3	08/06/18 1125	SFARAHVASH	VPHSHAW701										
4	08/06/18 1125	MT	VPH-BG3										
5	08/06/18 1126	MT	VPH-BG3										
6	08/06/18 1145	PLEW	VPHRXDT04										
7	08/06/18 1145	PLEW	VPHRXDT04										
8	08/06/18 1151	PLEW	VPH-BG3										
9	08/06/18 1633	BYAGHOUBIA	VPHRXDT03										
10	08/06/18 1633	BYAGHOUBIA	VPH-BG3										
11	08/06/18 1847	YSATYBALDI	VPH-VDI-429										

08/06/18 1125 PHA DEM25I 0806-1039 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

**MEDICATION** DOSE

Discontinued 08/06/18 1633

DEMEROL 25 MG

Dose: X1 dose PRN post-op rigors

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU ORDER	PRN	POST-OP RIGORS

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

(NOT to be administered by floor nurse)

(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18 1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18 1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18 1125	MT	VPH-BG3	order transmitted
5	08/06/18 1126	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1146	PLEW	VPHRXDT04	order edited by PHA: Stop date edited from <blank>
7	08/06/18 1146	PLEW	VPHRXDT04	to 08/06/18 at 1830
8	08/06/18 1151	PLEW	VPH-BG3	order's status changed from LOGGED to IN PRO
9	08/06/18 1633	BYAGHOUBIA	VPHRXDT03	order edited by PHA: DC on 08/06/18 at 1633
10	08/06/18 1633	BYAGHOUBIA	VPH-BG3	order's status changed from IN PRO to COMP
11	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1125 PHA BEN50I 0806-1040 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

000097

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 13

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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**MEDICATION**

Discontinued 08/06/18 1633  
**BENADRYL** 25 MG

Dose: X1 dose PRN pruritis. May repeat X 1 dose in 30 minutes PRN  
(Total 2 doses)

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU ORDER	PRN	PRURITUS

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

(NOT to be administered by floor nurse)  
(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18 1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18 1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash, Shahram S. M.D.
4	08/06/18 1125	MT	VPH-BG3	order transmitted
5	08/06/18 1126	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1146	PLEW	VPHRXDT04	order edited by PHA: Stop date edited from <blank>
7	08/06/18 1146	PLEW	VPHRXDT04	to 08/06/18 at 1630
8	08/06/18 1151	PLEW	VPH-BG3	order's status changed from LOGGED to IN PRO
9	08/06/18 1633	BYAGHOUBIA	VPHRXDT03	order edited by PHA: DC on 08/06/18 at 1633
10	08/06/18 1633	BYAGHOUBIA	VPH-BG3	order's status changed from IN PRO to COMP
11	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1125 PHA VER2I 0806-1041 1 CMP 08/06/18 1130 FARSH SFARAHVASH C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

**MEDICATION**

Discontinued 08/06/18 1633  
**VERSED** 0.5 MG

Dose: X1 dose PRN anxiety. May repeat X 1 dose in 30 minutes PRN  
(Total 2 doses)

ROUTE	SIG	SCHED	PRN REASON
IV	.PACU ORDER	PRN	ANXIETY

DAYS HOURS TOT VOL DOSES

**Protocol text:**

\*\*Post Anesthesia Care Order\*\*

(NOT to be administered by floor nurse)  
(Please discontinue upon transfer to floor)

DATE	TIME	USER	DEVICE	EVENT
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000098

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 14

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
1	08/06/18 1125	SFARAHVASH	VPHSHAW701				order entered in POM by SHAHRAM S FARAHVASH						
2	08/06/18 1125	SFARAHVASH	VPHSHAW701				order source is MDORD - signature is necessary for entry						
3	08/06/18 1125	SFARAHVASH	VPHSHAW701				order Esigned by Farahvash,Shahram S. M.D.						
4	08/06/18 1125	MT	VPH-BG3				order transmitted						
5	08/06/18 1126	MT	VPH-BG3				order's status changed from TRANS to LOGGED						
6	08/06/18 1146	PLEW	VPHRXDT04				order edited by PHA: Stop date edited from <blank>						
7	08/06/18 1146	PLEW	VPHRXDT04				to 08/06/18 at 1830						
8	08/06/18 1151	PLEW	VPH-BG3				order's status changed from LOGGED to IN PRO						
9	08/06/18 1633	BYAGHOUBIA	VPHRXDT03				order edited by PHA: DC on 08/06/18 at 1633						
10	08/06/18 1633	BYAGHOUBIA	VPH-BG3				order's status changed from IN PRO to COMP						
11	08/06/18 1847	YSATYBALDI	VPH-VDI-429				order acknowledged via PCS						

08/06/18 1125 NUR ANESPRO1 0806-0335 CMP 08/06/18 1125 FARSH SFARAHVASH C POM S

Comment

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

NUR DIRECTIONS: START DATE-TIME FREQUENCY  
08/06/18-1125 .Post Op PACU

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18 1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18 1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18 1125	MT	VPH-BG3	order transmitted
5	08/06/18 1126	MT	VPH-BG4	order's status changed from TRANS to IN PRO
6	08/06/18 1812	YSATYBALDI	VPH-VDI-429	order's status changed from IN PRO to COMP
7	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1125 NUR TRANPACU 0806-0336 CMP 08/06/18 1125 FARSH SFARAHVASH C POM S

Comment

DIRECTIONS: STOP DATE/TIME: ORDER SET: ANES.POST

NUR DIRECTIONS: START DATE-TIME FREQUENCY  
08/06/18-1125 .Post Op PACU

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1125	SFARAHVASH	VPHSHAW701	order entered in POM by SHAHRAM S FARAHVASH
2	08/06/18 1125	SFARAHVASH	VPHSHAW701	order source is MDORD - signature is necessary for entry
3	08/06/18 1125	SFARAHVASH	VPHSHAW701	order Esigned by Farahvash,Shahram S. M.D.
4	08/06/18 1125	MT	VPH-BG3	order transmitted
5	08/06/18 1126	MT	VPH-BG4	order's status changed from TRANS to IN PRO
6	08/06/18 1812	YSATYBALDI	VPH-VDI-429	order's status changed from IN PRO to COMP
7	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1151 ADMIT ADMIT 0806-0052 ROUT TRN 08/06/18 1149 KISES EKISHIMOTO N POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C

000099

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 15

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER										SERVICE			ORDERED		
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM		
4	08/06/18	1151	EKISHIMOTO	VPH-PROXYL2			admitting provider signature required by BARBA								
5	08/06/18	1151	MT	VPH-BG3			order transmitted								
6	08/06/18	1847	YSATYBALDI	VPH-VDI-429			order acknowledged via PCS								
7	08/07/18	1005	BBARCOHANA	VPHSURWC01			Admission Order co-Esigned by BARCOHANA, BABAK MD								
08/06/18 1151 ADMIT				STATUS	0806-0053	ROUT	TRN	08/06/18	1149	KISES	EKISHIMOTO	N	POM	S	
Diagnosis s/p microdiscectomy															
Place In: Inpatient															
Location: Med/Surg															
Patient Condition:															
Diagnosis Comment:															
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC															
DATE	TIME	USER	DEVICE	EVENT											
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order entered in POM by ESTHER KISHIMOTO								
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order source is MD ORDERED - signature is necessary for entry								
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order Esigned by KISHIMOTO,ESTHER K. PA-C								
4	08/06/18	1151	MT	VPH-BG3			order transmitted								
5	08/06/18	1847	YSATYBALDI	VPH-VDI-429			order acknowledged via PCS								
6	08/07/18	1005	BBARCOHANA	VPHSURWC01			co-Esigned by BARCOHANA, BABAK MD								
08/06/18 1151 NUR				VS	0806-0385	CMP	08/06/18	1149	KISES	EKISHIMOTO	C	POM	S		
Comment Per Unit Routine															
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC															
DATE	TIME	USER	DEVICE	EVENT											
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order entered in POM by ESTHER KISHIMOTO								
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order source is MD ORDERED - signature is necessary for entry								
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order Esigned by KISHIMOTO,ESTHER K. PA-C								
4	08/06/18	1151	MT	VPH-BG3			order transmitted								
5	08/06/18	1152	MT	VPH-BG4			order's status changed from TRANS to IN PRO								
6	08/06/18	1847	YSATYBALDI	VPH-VDI-429			order acknowledged via PCS								
7	08/07/18	1005	BBARCOHANA	VPHSURWC01			co-Esigned by BARCOHANA, BABAK MD								
8	08/08/18	1717	MT	VPH-BG4			order's status changed from IN PRO to COMP								
08/06/18 1151 PHA				<IV>	0806-1155	1	CMP	08/06/18	1149	KISES	EKISHIMOTO	C	POM	S	
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC															

000100

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 16

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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**MEDICATION**

Discontinued 08/07/18 2004

<Bag 1> Rate: 100 MLS/HR

1/2 NS + KCL 20 MEQ

ROUTE SIG SCHED PRN REASON  
IV SCH

**CLINICAL INDICATION**

Total Vol: 1,000 ML

DAYS HOURS TOT VOL BAGS

DATE	TIME	USER	DEVICE	DOSE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3	order transmitted
5	08/06/18	1152	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18	1231	BYAGHOUBIA	VPH-BG3	order's status changed from LOGGED to IN PRO
7	08/06/18	1758	YSATYBALDI	VPH-BG3	Order Acknowledgment received from PHA
8	08/07/18	1005	BARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD
9	08/07/18	2004	LJIMENEZ	VPHMS1DC03	order stop requested for 08/07/18 2004 by KISHIMOTO,ESTHER K. PA-C
10	08/07/18	2005	LJIMENEZ	VPH-VDI-084	order acknowledged via PCS
11	08/07/18	2005	LJIMENEZ	VPHMS1DC03	order edited by PHA: DC on 08/07/18 at 2004
12	08/07/18	2005	LJIMENEZ	VPH-BG3	order's status changed from IN PRO to COMP
13	08/07/18	2006	LJIMENEZ	VPH-VDI-084	order acknowledged via PCS
14	08/08/18	1554	BARCOHANA	VPHVRCWC01	co-Esigned by BARCOHANA,BABAK MD

08/06/18 1151 PHA HYDRO.5S2 0806-1158 1 CMP 08/06/18 1200 KISES EKISHIMOTO C POM S

DIRECTIONS:

STOP DATE/TIME:

ORDER SET: PRO.BARC

**MEDICATION**

Discontinued 08/08/18 1715

DILAUDID

**DOSE**

0.2 MG

ROUTE SIG SCHED PRN REASON  
IV Q1H PRN BREAKTHROUGH PAIN

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: "Identify patient as a Fall Risk"

COMMON SIDE EFFECTS This drug may cause constipation, nausea, vomiting, headache, or drowsiness

DATE	TIME	USER	DEVICE	DOSE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3	order transmitted
5	08/06/18	1152	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18	1240	PTANG	VPH-BG3	order's status changed from LOGGED to IN PRO
7	08/06/18	1758	YSATYBALDI	VPH-BG3	Order Acknowledgment received from PHA

000101

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 17

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
8	08/07/18 1005	BARCOHANA	VPHSURWC01				co-Esigned by BARCOHANA, BABAK MD						
9	08/08/18 1717	PHABKGJOB	VPH-BG3				order's status changed from IN PRO to COMP						

08/06/18 1151 PHA <IV> 0806-1159 1 CMP 08/06/18 2000 KISES EKISHIMOTO C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

**MEDICATION** DOSE CLINICAL INDICATION

Discontinued 08/07/18 1229  
<Bag 1> Rate: 100 MLS/HR  
**ANCEF 1 GM/50 ML (PMX)** Vol: 50 ML Total Vol: 50 ML

Comment: Infuse over 30 minutes  
-Thirty minute rule medication - Administer within 30 minutes before or after scheduled time

ROUTE SIG SCHED PRN REASON  
IVPB Q8H SCH

DAYS HOURS TOT VOL BAGS

Comment: Reached Stop Date

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18 1151	MT	VPH-BG3	order transmitted
5	08/06/18 1152	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1240	PTANG	VPH-BG3	order renewed in PHA
7	08/06/18 1240	PTANG	VPHRXDT06	order edited by PHA: Start from 08/06/18 - 1200 to 08/06/18 - 2000
8	08/06/18 1240	PTANG	VPHRXDT06	order edited by PHA: Stop date edited from 08/07/18 at 0429
9	08/06/18 1240	PTANG	VPHRXDT06	to 08/07/18 at 1229
10	08/06/18 1240	PTANG	VPH-BG3	order's status changed from LOGGED to IN PRO
11	08/06/18 1758	YSATYBALDI	VPH-BG3	Order Acknowledgment received from PHA
12	08/07/18 1005	BARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA, BABAK MD
13	08/07/18 1229	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP

08/06/18 1151 NUR NOTEMDP 0806-0386 CMP 08/06/18 1149 KISES EKISHIMOTO C POM S

Notify MD If: Vital Signs Temperature > 38.5 C (101.3F) HR-> 110 or < 55 SBP> 160 < 90

Notify MD If:Mental Status Changes Change in Neurovascular exam

Notify MD If:Respiratory Oxygen saturation < 93 %

Notify MD If: GI No BM in any 3 days

Notify MD if: Urine Output < 30 mL/shift

Notify MD of Other: Increase in pain

Notify MD Comment:

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C

000102

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 18

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
4	08/06/18 1151	MT	VPH-BG3				order transmitted						
5	08/06/18 1152	MT	VPH-BG4				order's status changed from TRANS to IN PRO						
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429				order acknowledged via PCS						
7	08/07/18 1005	BBARCOHANA	VPHSURWC01				co-Esigned by BARCOHANA, BABAK MD						
8	08/06/18 1717	MT	VPH-BG4				order's status changed from IN PRO to COMP						
08/06/18	1151	NUR	ISI	0806-0387			CMP	08/06/18	1149	KISES	EKISHIMOTO	C	POM
Comment 1- Instruct in use 2- 10 X Q 1 hour while awake													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			EVENT						
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order entered in POM by ESTHER KISHIMOTO						
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order source is MD ORDERED - signature is necessary for entry						
4	08/06/18	1151	MT	VPH-BG3			order Esigned by KISHIMOTO, ESTHER K. PA-C						
5	08/06/18	1152	MT	VPH-BG4			order transmitted						
6	08/06/18	1847	YSATYBALDI	VPH-VDI-429			order's status changed from TRANS to IN PRO						
7	08/07/18	1005	BBARCOHANA	VPHSURWC01			order acknowledged via PCS						
8	08/06/18	1717	MT	VPH-BG4			co-Esigned by BARCOHANA, BABAK MD						
08/06/18	1151	NUR	PULOX	0806-0388			CMP	08/06/18	1149	KISES	EKISHIMOTO	C	POM
Comment While on PCA													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			EVENT						
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order entered in POM by ESTHER KISHIMOTO						
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order source is MD ORDERED - signature is necessary for entry						
4	08/06/18	1151	MT	VPH-BG3			order Esigned by KISHIMOTO, ESTHER K. PA-C						
5	08/06/18	1152	MT	VPH-BG4			order transmitted						
6	08/06/18	1847	YSATYBALDI	VPH-VDI-429			order's status changed from TRANS to IN PRO						
7	08/07/18	1005	BBARCOHANA	VPHSURWC01			order acknowledged via PCS						
8	08/06/18	1717	MT	VPH-BG4			co-Esigned by BARCOHANA, BABAK MD						
08/06/18	1151	NUR	INOUT	0806-0389			CMP	08/06/18	1149	KISES	EKISHIMOTO	C	POM
Intake and Output Per Unit Routine													
Intake and Output Comment:													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			EVENT						
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order entered in POM by ESTHER KISHIMOTO						
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02			order source is MD ORDERED - signature is necessary for entry						
4	08/06/18	1151	MT	VPH-BG3			order Esigned by KISHIMOTO, ESTHER K. PA-C						
5	08/06/18	1152	MT	VPH-BG4			order transmitted						
6	08/06/18	1847	YSATYBALDI	VPH-VDI-429			order's status changed from TRANS to IN PRO						
7	08/07/18	1005	BBARCOHANA	VPHSURWC01			order acknowledged via PCS						

000103

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 19

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
8 08/08/18 1717 MT VPH-BG4 order's status changed from IN PRO to COMP													
08/06/18	1151	NUR	COMMODE	0806-0390			CMP	08/06/18	1149	KISES	EKISHIMOTO	C	POM
Comment PRN													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
DATE	TIME	USER	DEVICE	EVENT									
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO								
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry								
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C								
4	08/06/18	1151	MT	VPH-BG3	order transmitted								
5	08/06/18	1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO								
6	08/06/18	1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS								
7	08/07/18	1005	BBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD								
8	08/08/18	1717	MT	VPH-BG4	order's status changed from IN PRO to COMP								
08/06/18	1151	NUR	WALKER	0806-0391			CMP	08/06/18	1149	KISES	EKISHIMOTO	C	POM
Comment Leave in room and instruct in use PRN													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
DATE	TIME	USER	DEVICE	EVENT									
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO								
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry								
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C								
4	08/06/18	1151	MT	VPH-BG3	order transmitted								
5	08/06/18	1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO								
6	08/06/18	1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS								
7	08/07/18	1005	BBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD								
8	08/08/18	1717	MT	VPH-BG4	order's status changed from IN PRO to COMP								
08/06/18	1151	NUR	POICE	0806-0392			CMP	08/06/18	1149	KISES	EKISHIMOTO	C	POM
Comment For 20 minutes Q1 hour x 2 hours then PRN													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
DATE	TIME	USER	DEVICE	EVENT									
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO								
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry								
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C								
4	08/06/18	1151	MT	VPH-BG3	order transmitted								
5	08/06/18	1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO								
6	08/06/18	1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS								
7	08/07/18	1005	BBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD								
8	08/08/18	1717	MT	VPH-BG4	order's status changed from IN PRO to COMP								
08/06/18	1151	PHA	ZLP5T	0806-1160	1	CMP	08/06/18	1200	KISES	EKISHIMOTO	C	POM	S
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													

000104

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 20

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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**MEDICATION**

Discontinued 08/08/18 1715  
**AMBIEN** 5 MG

ROUTE	SIG	SCHED	PRN REASON
PO	HS MAY REPEAT X 1	PRN	INSOMNIA

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: "Identify patient as a Fall Risk"

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18 1151	MT	VPH-BG3	order transmitted
5	08/06/18 1152	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1239	PTANG	VPH-BG3	order's status changed from LOGGED to IN PRO
7	08/06/18 1758	YSATYBALDI	VPH-BG3	Order Acknowledgment received from PHA
8	08/07/18 1005	BEARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD
9	08/08/18 1717	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP

08/06/18 1151 PHA ZOF4I 0806-1161 1 CMP 08/06/18 1200 KISES EKISHIMOTO C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

**MEDICATION**

Discontinued 08/08/18 1715  
**ZOFRAN INJ** 4 MG

ROUTE	SIG	SCHED	PRN REASON
IV	Q6H	PRN	NAUSEA AND/OR VOMITING

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18 1151	MT	VPH-BG3	order transmitted
5	08/06/18 1152	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1239	PTANG	VPH-BG3	order's status changed from LOGGED to IN PRO
7	08/06/18 1758	YSATYBALDI	VPH-BG3	Order Acknowledgment received from PHA
8	08/07/18 1005	BEARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD
9	08/08/18 1717	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP

08/06/18 1151 PHA DULR 0806-1162 1 CMP 08/06/18 1200 KISES EKISHIMOTO C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

000105

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 21

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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**MEDICATION** **DOSE**

Discontinued 08/08/18 1715  
DULCOLAX SUPP 10 MG

ROUTE SIG SCHED PRN REASON  
PR DAILY PRN CONSTIPATION

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3 order transmitted
5	08/06/18	1152	MT	VPH-BG3 order's status changed from TRANS to LOGGED
6	08/06/18	1231	BYAGHOUBIA	VPH-BG3 order's status changed from LOGGED to IN PRO
7	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
8	08/07/18	1005	BARCOHANA	VPHSURWC01 co-Esigned by BARCOHANA,BABAK MD
9	08/08/18	1717	PHAEKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1151 PHA COL100 0806-1163 1 CMP 08/06/18 2100 KISES EKISHIMOTO C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

**MEDICATION** **DOSE**

Discontinued 08/08/18 1715  
COLACE 100 MG

Dose: Hold for loose stools

ROUTE SIG SCHED PRN REASON  
PO BID SCH

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: - Do NOT open capsule (liquid filled)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3 order transmitted
5	08/06/18	1152	MT	VPH-BG3 order's status changed from TRANS to LOGGED
6	08/06/18	1239	PTANG	VPH-BG3 order's status changed from LOGGED to IN PRO
7	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
8	08/07/18	1005	BARCOHANA	VPHSURWC01 co-Esigned by BARCOHANA,BABAK MD
9	08/08/18	1717	PHAEKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1151 PHA PRO40I 0807-0026 1 CMP 08/07/18 0600 KISES EKISHIMOTO C POM S

000106

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 22

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	SERVICE	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

MEDICATION DOSE  
Discontinued 08/08/18 1715  
PROTONIX IV 40 MG

ROUTE SIG SCHED PRN REASON  
IV DAILY@06 SCH

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: Dilute with 10 mL NS and IV push over at least 2 minutes

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3 order transmitted
5	08/06/18	1152	MT	VPH-BG3 order's status changed from TRANS to LOGGED
6	08/06/18	1239	PTANG	VPH-BG3 order renewed in PHA
7	08/06/18	1239	PTANG	VPHRXDT06 order edited by PHA: Other: OTHER
8	08/06/18	1239	PTANG	VPH-BG3 order's status changed from LOGGED to IN PRO
9	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
10	08/07/18	1005	EBARCOHANA	VPHSURWC01 co-Esigned by BARCOHANA,BABAK MD
11	08/08/18	1717	PHAEKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1151 PHA UDMYL 0806-1164 1 CMP 08/06/18 1200 KISES EKISHIMOTO C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

MEDICATION DOSE  
Discontinued 08/08/18 1715  
MAG-AL PLUS 15 ML

ROUTE SIG SCHED PRN REASON  
PO Q6H PRN CONSTIPATION/DYSPEPSIA

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: (Shake Well) (Equivalent to Mylanta)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3 order transmitted
5	08/06/18	1152	MT	VPH-BG3 order's status changed from TRANS to LOGGED
6	08/06/18	1231	BYAGHOUBIA	VPH-BG3 order's status changed from LOGGED to IN PRO
7	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
8	08/07/18	1005	EBARCOHANA	VPHSURWC01 co-Esigned by BARCOHANA,BABAK MD

000107

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 23

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM

9 08/08/18 1717 PHABKGJOB VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1151 PHA TYL325 0806-1165 1 CMP 08/06/18 1200 KISES EKISHIMOTO C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

**MEDICATION** DOSE

Discontinued 08/08/18 1715  
TYLENOL TAB 650 MG

ROUTE SIG SCHED PRN REASON  
PO Q4H PRN HA OR TEMP GREATER THAN 101.3F

DAY HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: Maximum total Acetaminophen: 3.25 gm/24 hours. Check  
for other meds containing Acetaminophen (APAP)

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18 1151	MT	VPH-BG3	order transmitted
5	08/06/18 1152	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1231	BYAGHOUBIA	VPH-BG3	order's status changed from LOGGED to IN PRO
7	08/06/18 1758	YSATYBALDI	VPH-BG3	Order Acknowledgment received from PHA
8	08/07/18 1005	BARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD
9	08/08/18 1717	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP

08/06/18 1151 PHA FLE10 0806-1166 1 CMP 08/06/18 1200 KISES EKISHIMOTO C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

**MEDICATION** DOSE

Discontinued 08/08/18 1715  
FLEXERIL 10 MG

ROUTE SIG SCHED PRN REASON  
PO TID PRN MUSCLE SPASMS

DAY HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: "Identify patient as a Fall Risk"

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18 1151	MT	VPH-BG3	order transmitted
5	08/06/18 1152	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1239	PTANG	VPH-BG3	order's status changed from LOGGED to IN PRO

000108

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 24

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED													
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM								
7	08/06/18 1758	YSATYBALDI	VPH-BG3																		
8	08/07/18 1005	BEARCOHANA	VPHSURWC01																		
9	08/08/18 1717	PHABKGJOB	VPH-BG3																		
08/06/18 1151	PHA	CEPASTAT1	0806-1167		1	CMP		08/06/18 1200	KISES	EKISHIMOTO	C	POM	S								
DIRECTIONS:			STOP DATE/TIME:			ORDER SET: PRO.BARC															
MEDICATION			DOSE																		
Discontinued 08/08/18 1715																					
CEPASTAT LOZENGE			1 LOZENGE																		
ROUTE	SIG	SCHED	PRN REASON																		
MT	PRN	PRN	SORE THROAT																		
DAYS	HOURS	TOT VOL	DOSES																		
Comment: DC'd by Discharge																					
DATE	TIME	USER	DEVICE	EVENT																	
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO																	
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry																	
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C																	
4	08/06/18 1151	MT	VPH-BG3	order transmitted																	
5	08/06/18 1152	MT	VPH-BG3	order's status changed from TRANS to LOGGED																	
6	08/06/18 1239	PTANG	VPH-BG3	order's status changed from LOGGED to IN PRO																	
7	08/06/18 1758	YSATYBALDI	VPH-BG3	Order Acknowledgment received from PHA																	
8	08/07/18 1005	BEARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA, BABAK MD																	
9	08/08/18 1717	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP																	
08/06/18 1151	PHA	BEN50I	0806-1168		1	CMP		08/06/18 1200	KISES	EKISHIMOTO	C	POM	S								
DIRECTIONS:			STOP DATE/TIME:			ORDER SET: PRO.BARC															
MEDICATION			DOSE																		
Discontinued 08/08/18 1715																					
BENADRYL			25 MG																		
ROUTE	SIG	SCHED	PRN REASON																		
IV	Q6H	PRN	ITCHING																		
DAYS	HOURS	TOT VOL	DOSES																		
Comment: DC'd by Discharge																					
Comment: "Identify patient as a Fall Risk"																					
DATE	TIME	USER	DEVICE	EVENT																	
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO																	
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry																	
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C																	
4	08/06/18 1151	MT	VPH-BG3	order transmitted																	
5	08/06/18 1153	MT	VPH-BG3	order's status changed from TRANS to LOGGED																	
6	08/06/18 1239	PTANG	VPH-BG3	order's status changed from LOGGED to IN PRO																	

000109

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 25

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	SERVICE	DATE	TIME	ORD	DOCTOR	ENTERED BY	CHNG	FROM
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7 08/06/18 1758 YSATYBALDI VPH-BG3 Order Acknowledgment received from PHA  
8 08/07/18 1005 BEARCOHANA VPHSURWC01 co-Esigned by BARCOHANA, BABAK MD  
9 08/08/18 1717 PHABKGJOB VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1151 PHA NAR4I 0806-1169 1 CMP 08/06/18 1200 KISES EKISHIMOTO C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

**MEDICATION** DOSE

Discontinued 08/08/18 1715

NARCAN 0.2 MG

Dose: Administer if patient becomes unresponsive or RR is 8 breaths/min or less. May repeat every 2 minutes until RR is greater than 10 breaths/min and patient alert (Maximum total dose 10 mg)

ROUTE SIG SCHED PRN REASON  
IV Q2M PRN RR 8 BREATHS/MIN OR LESS

DAY HOURS TOT VOL DOSES

Comment: DC'd by Discharge

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order Esigned by KISHIMOTO, ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3 order transmitted
5	08/06/18	1153	MT	VPH-BG3 order's status changed from TRANS to LOGGED
6	08/06/18	1239	PTANG	VPH-BG3 order's status changed from LOGGED to IN PRO
7	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
8	08/07/18	1005	BEARCOHANA	VPHSURWC01 co-Esigned by BARCOHANA, BABAK MD
9	08/08/18	1717	PHABKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1151 PHA DILPCA 0806-1170 1 CMP 08/06/18 1200 KISES EKISHIMOTO C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

**MEDICATION** DOSE

Discontinued 08/07/18 1000

DILAUDID PCA 0 MG

Dose: PCA to be started in PACU

ROUTE SIG SCHED PRN REASON  
IV Q4PCA SCH

DAY HOURS TOT VOL DOSES

Comment: Reached Stop Date

Condition	Dose/Route	Instruction
Loading dose	0 mg	

000110

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 26

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	SERVICE	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
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Basal rate 0 mg/hr (typical basal rate 0.1 mg/hr)  
Demand dose 0.2 mg  
Lockout interval 10 min  
4 hr max dose 6 mg

**Protocol text:**

If patient complains of inadequate pain relief and vital signs remain stable, may increase PCA to 0.4 mg intermittent dose with 12 minute lockout.

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18 1151	MT	VPH-BG3	order transmitted
5	08/06/18 1153	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1230	BYAGHOUBIA	VPH-BG3	order renewed in PHA
7	08/06/18 1230	BYAGHOUBIA	VPHRXDT03	order edited by PHA: Stop date edited from <blank>
8	08/06/18 1230	BYAGHOUBIA	VPHRXDT03	to 08/07/18 at 1000
9	08/06/18 1230	BYAGHOUBIA	VPH-BG3	order's status changed from LOGGED to IN PRO
10	08/06/18 1515	ALALANGAN	VPH-BG3	Order Acknowledgment received from PHA
11	08/07/18 1000	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP
12	08/07/18 1005	EEARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD

08/06/18 1151 PHA PCANOTE 0806-1171 1 CMP 08/06/18 1200 KISES EKISHIMOTO C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

**MEDICATION**  
Discontinued 08/07/18 2005  
**\*PCA Management Order\***

**DOSE**

0 EA

Dose: 1. Hold PCA at 1000 on POD 1  
2. Give 2 tabs of ordered PO analgesic 30 minutes prior to holding PCA

**ROUTE SIG SCHED PRN REASON**  
IV .PCA SCH

**DAYS HOURS TOT VOL DOSES**

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18 1151	MT	VPH-BG3	order transmitted
5	08/06/18 1153	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18 1231	BYAGHOUBIA	VPH-BG3	order's status changed from LOGGED to IN PRO
7	08/06/18 1758	YSATYBALDI	VPH-BG3	Order Acknowledgment received from PHA
8	08/07/18 1005	EEARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD
9	08/07/18 2006	LJIMENEZ	VPHMS1DC03	order stop requested for 08/07/18 2005 by KISHIMOTO,ESTHER K. PA-C
10	08/07/18 2006	LJIMENEZ	VPH-VDI-084	order acknowledged via PCS
11	08/07/18 2007	LJIMENEZ	VPHMS1DC03	order edited by PHA: DC on 08/07/18 at 2005

000111

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 27

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
12	08/07/18 2007	LJIMENEZ	VPH-BG3				order's status changed from IN PRO to COMP						
13	08/07/18 2020	LJIMENEZ	VPH-VDI-084				order acknowledged via PCS						
14	08/08/18 1554	BBARCOHANA	VPHVRWC01				co-Esigned by BARCOHANA, BABAK MD						
08/06/18	1151	CONS	PHY	0806-0040	ROUT		TRN	08/06/18	1149	KISES	EKISHIMOTO	N	POM
Consulting Physician: SILSY SILBERSTEIN, SYLVAIN MD Consulting Physician's Phone Number: SILSY (818) 778-1920 Reason for Consult: Post Op													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC DATE TIME USER DEVICE EVENT 1 08/06/18 1151 EKISHIMOTO VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO 2 08/06/18 1151 EKISHIMOTO VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry 3 08/06/18 1151 EKISHIMOTO VPHSHAWC02 order Esigned by KISHIMOTO,ESTHER K. PA-C 4 08/06/18 1151 MT VPH-BG3 order transmitted 5 08/06/18 1847 YSATYBALDI VPH-VDI-429 order acknowledged via PCS 6 08/07/18 1005 BBARCOHANA VPHSURWC01 co-Esigned by BARCOHANA, BABAK MD													
08/06/18	1151	DIET	CARB C	0806-0110	CMP		08/06/18 D		KISES	EKISHIMOTO	C	POM	S
Secondary Diet Snacks: Type: Supplements: Type: Frequency: Fluid Restrictions: Additional Diet Restrictions													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC DATE TIME USER DEVICE EVENT 1 08/06/18 1151 EKISHIMOTO VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO 2 08/06/18 1151 EKISHIMOTO VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry 3 08/06/18 1151 EKISHIMOTO VPHSHAWC02 order Esigned by KISHIMOTO,ESTHER K. PA-C 4 08/06/18 1151 MT VPH-BG3 order transmitted 5 08/06/18 1847 YSATYBALDI VPH-VDI-429 order acknowledged via PCS 6 08/07/18 1005 BBARCOHANA VPHSURWC01 co-Esigned by BARCOHANA, BABAK MD 7 08/08/18 1716 MT VPH-BG3 order's status changed from TRANS to COMP													
08/06/18	1151	NUR	OOBA	0806-0393	CMP		08/06/18 1149	KISES	EKISHIMOTO	C	POM		S
Comment													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC DATE TIME USER DEVICE EVENT 1 08/06/18 1151 EKISHIMOTO VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO 2 08/06/18 1151 EKISHIMOTO VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry 3 08/06/18 1151 EKISHIMOTO VPHSHAWC02 order Esigned by KISHIMOTO,ESTHER K. PA-C 4 08/06/18 1151 MT VPH-BG3 order transmitted 5 08/06/18 1152 MT VPH-BG4 order's status changed from TRANS to IN PRO													

000112

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 28

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429				order acknowledged via PCS						
7	08/07/18 1005	BBARCOHANA	VPHSURWC01				co-Esigned by BARCOHANA, BABAK MD						
8	08/08/18 1717	MT	VPH-BG4				order's status changed from IN PRO to COMP						
08/06/18 1151	NUR	AAT		0806-0394			CMP	08/06/18 1149	KISES	EKISHIMOTO	C	POM	S
Comment													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
DATE	TIME	USER	DEVICE	EVENT									
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO									
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry									
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C									
4	08/06/18 1151	MT	VPH-BG3	order transmitted									
5	08/06/18 1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO									
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS									
7	08/07/18 1005	BBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA, BABAK MD									
8	08/08/18 1717	MT	VPH-BG4	order's status changed from IN PRO to COMP									
08/06/18 1151	NUR	DCARE		0806-0395			CMP	08/06/18 1149	KISES	EKISHIMOTO	C	POM	S
Comment Record drain output q 8 hours													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
DATE	TIME	USER	DEVICE	EVENT									
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO									
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry									
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C									
4	08/06/18 1151	MT	VPH-BG3	order transmitted									
5	08/06/18 1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO									
6	08/06/18 1812	YSATYBALDI	VPH-VDI-429	order's status changed from IN PRO to COMP									
7	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS									
8	08/07/18 1005	BBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA, BABAK MD									
08/06/18 1151	NUR	ADVDAT		0806-0396			CMP	08/06/18 1149	KISES	EKISHIMOTO	C	POM	S
Breast Feeding Instructions:													
Formula Feeding Instructions:													
Advance Diet Instruction Comment:													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
NUR DIRECTIONS: START DATE-TIME FREQUENCY													
DATE	TIME	USER	DEVICE	EVENT									
08/06/18-1151	Q6H												
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO									
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry									
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C									
4	08/06/18 1151	MT	VPH-BG3	order transmitted									
5	08/06/18 1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO									
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS									
7	08/07/18 0441	LJIMENEZ	VPH-VDI-321	order's status changed from IN PRO to COMP									

000113

DATE: 08/09/18 @ 0023  
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Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 29

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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8 08/07/18 1005 BEARCOHANA VPHSURWC01 co-Esigned by BARCOHANA, BABAK MD

08/06/18 1151 NUR NOTMDPO 0806-0397 CMP 08/06/18 1149 KISES EKISHIMOTO C POM S

Notify the following Provider: Silberstein

Notify Provider Post Op: Review and approve post op med rec.

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

NUR DIRECTIONS: START DATE-TIME FREQUENCY

08/06/18-1151 .In-pt. Post Op

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3 order transmitted
5	08/06/18	1152	MT	VPH-BG4 order's status changed from TRANS to IN PRO
6	08/06/18	1847	YSATYBALDI	VPH-VDI-429 order acknowledged via PCS
7	08/07/18	1005	BEARCOHANA	VPHSURWC01 co-Esigned by BARCOHANA, BABAK MD
8	08/08/18	1717	MT	VPH-BG4 order's status changed from IN PRO to COMP

08/06/18 1151 P/T POSPINE 0806-0015 ROUT 1 LOG 08/06/18 1149 KISES EKISHIMOTO S POM S

PT Post Op Start When: Day of Surgery

PT Post Op Exercises:

Spine Equipment: Lumbosacral Corset

PT Wear Equipment PRN

Post Op Restrictions:

Other Physical Therapy Comment: Frequency QID

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3 order transmitted
5	08/06/18	1152	MT	VPH-BG3 order's status changed from TRANS to LOGGED
6	08/06/18	1152	MT	VPH-BG3 quantity edited via ITS: old value -
7	08/06/18	1847	YSATYBALDI	VPH-VDI-429 order acknowledged via PCS
8	08/07/18	1005	BEARCOHANA	VPHSURWC01 co-Esigned by BARCOHANA, BABAK MD

08/06/18 1151 NUR WEANIVF 0806-0398 CMP 08/06/18 1149 KISES EKISHIMOTO C POM S

Wean IV Fluid Wean IVF:

1- Saline Lock IV when tolerating PO greater than 500 mL/shift.

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02 order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3 order transmitted

000114

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 30

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
5	08/06/18 1152	MT	VPH-BG4				order's status changed from TRANS to IN PRO						
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429				order acknowledged via PCS						
7	08/07/18 1005	EBARCOHANA	VPHSURWC01				co-Esigned by BARCOHANA, BABAK MD						
8	08/08/18 1717	MT	VPH-BG4				order's status changed from IN PRO to COMP						

08/06/18 1151 NUR REINFORCE 0806-0399 CMP 08/06/18 1149 KISES EKISHIMOTO C POM S

Comment 1- Do not remove post-op dressings without my permission  
2- After initial dressing has been changed please change dressing daily and PRN.

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

NUR DIRECTIONS: START DATE-TIME FREQUENCY

08/06/18-1151 .Post-Op

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18 1151	MT	VPH-BG3	order transmitted
5	08/06/18 1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS
7	08/07/18 1005	EBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA, BABAK MD
8	08/08/18 1717	MT	VPH-BG4	order's status changed from IN PRO to COMP

08/06/18 1151 NUR SIDERAILS 0806-0400 CMP 08/06/18 1149 KISES EKISHIMOTO C POM S

Comment

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18 1151	MT	VPH-BG3	order transmitted
5	08/06/18 1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS
7	08/07/18 1005	EBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA, BABAK MD
8	08/08/18 1717	MT	VPH-BG4	order's status changed from IN PRO to COMP

08/06/18 1151 NUR CHECKS 0806-0401 CMP 08/06/18 1149 KISES EKISHIMOTO C POM S

Comment 1-Q2 hours x 8 hours, then q 4 hours x 16 hours , then routine  
2- Notify Provider of weakness or change in neurovascular exam

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18 1151	MT	VPH-BG3	order transmitted
5	08/06/18 1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO

000115

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 31

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429				order acknowledged via PCS						
7	08/07/18 1005	BBARCOHANA	VPHSURWC01				co-Esigned by BARCOHANA, BABAK MD						
8	08/08/18 1717	MT	VPH-BG4				order's status changed from IN PRO to COMP						
08/06/18 1151	NUR	ATHROMERIC	0806-0402				CMP	08/06/18 1149	KISES	EKISHIMOTO	C	POM	S
Comment Knee High Athrombic Pumps "while in bed"													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
DATE	TIME	USER	DEVICE	EVENT									
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO									
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry									
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO, ESTHER K. PA-C									
4	08/06/18 1151	MT	VPH-BG3	order transmitted									
5	08/06/18 1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO									
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS									
7	08/07/18 1005	BBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA, BABAK MD									
8	08/08/18 1717	MT	VPH-BG4	order's status changed from IN PRO to COMP									
08/06/18 1151	NUR	CORSET	0806-0403				CMP	08/06/18 1149	KISES	EKISHIMOTO	C	POM	S
Comment Patient has brace													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
NUR DIRECTIONS: START DATE-TIME FREQUENCY													
08/06/18-1151 .Post Op													
DATE	TIME	USER	DEVICE	EVENT									
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO									
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry									
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO, ESTHER K. PA-C									
4	08/06/18 1151	MT	VPH-BG3	order transmitted									
5	08/06/18 1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO									
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS									
7	08/07/18 1005	BBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA, BABAK MD									
8	08/08/18 1717	MT	VPH-BG4	order's status changed from IN PRO to COMP									
08/06/18 1151	NUR	NOTCON	0806-0404				CMP	08/06/18 1149	KISES	EKISHIMOTO	C	POM	S
Nursing Intervention Instructions: Notify Provider selected for med rec for consult													
DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC													
DATE	TIME	USER	DEVICE	EVENT									
1	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO									
2	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry									
3	08/06/18 1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO, ESTHER K. PA-C									
4	08/06/18 1151	MT	VPH-BG3	order transmitted									
5	08/06/18 1152	MT	VPH-BG4	order's status changed from TRANS to IN PRO									
6	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS									
7	08/07/18 1005	BBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA, BABAK MD									
8	08/08/18 1717	MT	VPH-BG4	order's status changed from IN PRO to COMP									

000116

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 32

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	ORDERED FROM
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08/06/18 1151 LAB CBC 0807-0256 ROUT CMP 08/07/18 0500 KISES EKISHIMOTO C POM S

Collected by nurse? N

Comments to Phlebotomist:

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02
4	08/06/18	1847	YSATYBALDI	VPH-VDI-429
5	08/07/18	0001	MT	VPH-BG3
6	08/07/18	0005	MT	VPH-BG3
7	08/07/18	0507	MAYUSO	VPH-BG3
8	08/07/18	0513	AUTOINS	VPH-BG3
9	08/07/18	1005	BBARCOHANA	VPHSURWC01

order entered in POM by ESTHER KISHIMOTO  
order source is MD ORDERED - signature is necessary for entry  
order Esigned by KISHIMOTO,ESTHER K. PA-C  
order acknowledged via PCS  
order transmitted  
order's status changed from TRANS to LOGGED  
order's status changed from LOGGED to IN PRO  
order's status changed from IN PRO to COMP  
co-Esigned by BARCOHANA,BABAK MD

08/06/18 1151 LAB BASIC 0807-0257 ROUT CMP 08/07/18 0500 KISES EKISHIMOTO C POM S

Collected by nurse? N

Comments to Phlebotomist:

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02
4	08/06/18	1847	YSATYBALDI	VPH-VDI-429
5	08/07/18	0001	MT	VPH-BG3
6	08/07/18	0005	MT	VPH-BG3
7	08/07/18	0507	MAYUSO	VPH-BG3
8	08/07/18	0543	ATAMANG	VPH-BG3
9	08/07/18	1005	BBARCOHANA	VPHSURWC01

order entered in POM by ESTHER KISHIMOTO  
order source is MD ORDERED - signature is necessary for entry  
order Esigned by KISHIMOTO,ESTHER K. PA-C  
order acknowledged via PCS  
order transmitted  
order's status changed from TRANS to LOGGED  
order's status changed from LOGGED to IN PRO  
order's status changed from IN PRO to COMP  
co-Esigned by BARCOHANA,BABAK MD

08/06/18 1151 LAB MG 0807-0258 ROUT CMP 08/07/18 0500 KISES EKISHIMOTO C POM S

Collected by nurse? N

Comments to Phlebotomist:

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02
4	08/06/18	1847	YSATYBALDI	VPH-VDI-429
5	08/07/18	0001	MT	VPH-BG3
6	08/07/18	0005	MT	VPH-BG3
7	08/07/18	0507	MAYUSO	VPH-BG3
8	08/07/18	0543	ATAMANG	VPH-BG3
9	08/07/18	1005	BBARCOHANA	VPHSURWC01

order entered in POM by ESTHER KISHIMOTO  
order source is MD ORDERED - signature is necessary for entry  
order Esigned by KISHIMOTO,ESTHER K. PA-C  
order acknowledged via PCS  
order transmitted  
order's status changed from TRANS to LOGGED  
order's status changed from LOGGED to IN PRO  
order's status changed from IN PRO to COMP  
co-Esigned by BARCOHANA,BABAK MD

000117

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 33

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	ORDERED FROM
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08/06/18 1151 EQUIP TRAPSETUP 0806-0002 ROUT 1 CMP 08/06/18 1149 KISES EKISHIMOTO C POM S

Equipment Comment:

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

	DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3	order transmitted
5	08/06/18	1152	MT	VPH-BG3	order's status changed from TRANS to LOGGED
6	08/06/18	1152	MT	VPH-BG3	quantity edited via ITS: old value -
7	08/06/18	1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS
8	08/07/18	1005	BBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD
9	08/07/18	1412	CLOPEZ3	VPH-BG3	order's status changed from LOGGED to COMP

08/06/18 1151 CONS CAS 0806-0041 ROUT TRN 08/06/18 1149 KISES EKISHIMOTO N POM S

Comments: Case Managment please arrange for home use: 3:1 Commode & Front  
wheeled walker PRN

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.BARC

	DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order entered in POM by ESTHER KISHIMOTO
2	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1151	EKISHIMOTO	VPHSHAWC02	order Esigned by KISHIMOTO,ESTHER K. PA-C
4	08/06/18	1151	MT	VPH-BG3	order transmitted
5	08/06/18	1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS
6	08/07/18	1005	BBARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA,BABAK MD

08/06/18 1152 PHA ENDO 0807-0027 CMP 08/07/18 1000 KISES PTANG C PHA

MEDICATION DOSE

Discontinued 08/08/18 1715

ENDOCET (10/325)

1 TAB

Dose: If PCA ordered, start after PCA discontinued

ROUTE	SIG	SCHED	PRN REASON
PO	Q4H	PRN	PAIN LEVEL 1-5

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: "Identify patient as a Fall Risk"

Maximum total Acetaminophen: 3.25 gm/24 hours. Check  
for other meds containing Acetaminophen (APAP)

	DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1152	PTANG	VPHSHAWC02	order entered in PHA by PHI T TANG
2	08/06/18	1152	PTANG	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry
3	08/06/18	1240	PTANG	VPHSHAWC02	new order created by PHA edit. Old OE order: 0806-1156

000118

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 34

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
4	08/06/18 1240	PTANG	VPH-BG3				order renewed in PHA						
5	08/06/18 1240	PTANG	VPH-BG3				order's status changed from LOGGED to IN PRO						
6	08/06/18 1241	PTANG	VPHRXDT06				order edited by PHA: Hold on 08/07/18 at 1000						
7	08/06/18 1758	YSATYBALDI	VPH-BG3				Order Acknowledgment received from PHA						
8	08/07/18 1000	PTANG	VPH-BG3				order edited by PHA						
9	08/07/18 1005	EBCARCOHANA	VPHSURWC01				co-Esigned by BARCOHANA, BABAK MD						
10	08/07/18 1014	EGAGEN	VPH-VDI-381				order acknowledged via PCS						
11	08/07/18 1822	EGAGEN	VPHMS1TC03				order restart requested for 08/07/18 1822 by KISHIMOTO, ESTHER K. PA-C						
12	08/07/18 1822	EGAGEN	VPH-VDI-381				order acknowledged via PCS						
13	08/07/18 1823	EGAGEN	VPHMS1TC03				order edited by PHA: Resumed on 08/07/18 at 1822						
14	08/07/18 1823	EGAGEN	VPH-BG7				order edited by PHA: Resumed on 08/07/18 at 1822						
15	08/07/18 1832	EGAGEN	VPH-BG3				Order Acknowledgment received from PHA						
16	08/08/18 1717	PHABKGJOB	VPH-BG3				order's status changed from IN PRO to COMP						
08/06/18 1152 PHA		ENDO		0807-0028			CMP	08/07/18 1000	KISES	PTANG	C	PHA	
<b>MEDICATION</b>				<b>DOSE</b>									
Discontinued 08/08/18 1715													
<b>ENDOCET (10/325)</b>				2 TAB									
Dose: If PCA ordered, start after PCA discontinued													
ROUTE	SIG		SCHED	PRN	REASON								
PO	Q4H			PRN	PAIN LEVEL 6-10								
DAYS	HOURS	TOT VOL	DOSES										
Comment: DC'd by Discharge													
Comment: "Identify patient as a Fall Risk"													
Maximum total Acetaminophen: 3.25 gm/24 hours. Check for other meds containing Acetaminophen (APAP)													
DATE	TIME	USER	DEVICE	EVENT									
1	08/06/18 1152	PTANG	VPHSHAWC02	order entered in PHA by PHI T TANG									
2	08/06/18 1152	PTANG	VPHSHAWC02	order source is MD ORDERED - signature is necessary for entry									
3	08/06/18 1241	PTANG	VPHSHAWC02	new order created by PHA edit. Old OE Order: 0806-1157									
4	08/06/18 1241	PTANG	VPH-BG3	order renewed in PHA									
5	08/06/18 1241	PTANG	VPH-BG3	order's status changed from LOGGED to IN PRO									
6	08/06/18 1241	PTANG	VPHRXDT06	order edited by PHA: Hold on 08/07/18 at 1000									
7	08/06/18 1758	YSATYBALDI	VPH-BG3	Order Acknowledgment received from PHA									
8	08/07/18 1000	PTANG	VPH-BG3	order edited by PHA									
9	08/07/18 1005	EBCARCOHANA	VPHSURWC01	co-Esigned by BARCOHANA, BABAK MD									
10	08/07/18 1014	EGAGEN	VPH-VDI-381	order acknowledged via PCS									
11	08/07/18 1822	EGAGEN	VPHMS1TC03	order restart requested for 08/07/18 1822 by KISHIMOTO, ESTHER K. PA-C									
12	08/07/18 1822	EGAGEN	VPH-VDI-381	order acknowledged via PCS									
13	08/07/18 1823	EGAGEN	VPHMS1TC03	order edited by PHA: Resumed on 08/07/18 at 1822									
14	08/07/18 1823	EGAGEN	VPH-BG7	order edited by PHA: Resumed on 08/07/18 at 1822									
15	08/07/18 1936	LJIMENEZ	VPH-VDI-084	order acknowledged via PCS									
16	08/07/18 2003	LJIMENEZ	VPH-BG3	Order Acknowledgment received from PHA									
17	08/08/18 1717	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP									
08/06/18 1208 PHA	<IV>		0806-1213	CMP	08/06/18 1230	BAREA		BYAGHOUBIA	C	PHA		W	

000119

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 35

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM

**MEDICATION**  
Discontinued 08/06/18 1231  
<Bag 1> Rate: 100 MLS/HR  
**ANCEF 2 GM/50 ML (PMX)** Vol: 50 ML Total Vol: 50 ML

Comment: (ANCEF)  
(INFUSE OVER 60 MINUTES)  
(EXPIRES IN 48 HOURS)

ROUTE	SIG	SCHED	PRN REASON
IVPB	PREOP	SCH	

**DAYS HOURS TOT VOL BAGS**

Comment: Reached Stop Date  

DATE	TIME	USER	DEVICE	EVENT
1 08/06/18	1208	BYAGHOUBIA	VPHRXDT03	order entered in PHA by BAHAREH YAGHOUBIAN
2 08/06/18	1208	BYAGHOUBIA	VPHRXDT03	order source is Written - no signature necessary for entry
3 08/06/18	1231	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP
4 08/06/18	1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS

08/06/18 1420 PHA GLU850 0806-1486 1 CMP 08/06/18 1755 SILSY SSILBERSTE C POM

**DIRECTIONS:** STOP DATE/TIME: ORDER SET:

**MEDICATION**  
Discontinued 08/08/18 1715  
**GLUCOPHAGE** 850 MG

ROUTE	SIG	SCHED	PRN REASON
PO	WITH BREAKFAST DINNE	SCH	

**DAYS HOURS TOT VOL DOSES**

Comment: DC'd by Discharge  
Comment: (GIVE WITH MEAL) Hold for creatinine clearance below 30 mL/min (CONTRAINDICATED)  
\*\*\*\* BLACK BOX WARNING \*\*\*\*  
(HOLD MEDICATION FOR 48 HOURS AFTER IV CONTRAST ADMINISTRATION)  
Consult pharmacist, prescriber and/or prescribing information for guidance.  
This medication needs to be administered within 30 minutes before or after the scheduled time.

DATE	TIME	USER	DEVICE	EVENT
1 08/06/18	1420	SSILBERSTE	DESKTOP-GQDUVK9	order entered in POM by SYLVAIN SILBERSTEIN
2 08/06/18	1420	SSILBERSTE	DESKTOP-GQDUVK9	order source is MDORD - signature is necessary for entry
3 08/06/18	1420	SSILBERSTE	DESKTOP-GQDUVK9	order Esigned by SILBERSTEIN, SYLVAIN MD
4 08/06/18	1421	MT	VPH-BG3	order transmitted
5 08/06/18	1421	MT	VPH-BG3	order's status changed from TRANS to LOGGED

000120

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 36

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	SERVICE			ENTERED BY	CHNG	ORDERED FROM
									DATE	TIME	ORD DOCTOR			
6	08/06/18	1428	MPHUNG	VPH-BG3										
7	08/06/18	1626	PHABKGJOB	VPH-BG7										
8	08/06/18	1758	YSATYBALDI	VPH-BG3										
9	08/08/18	1717	PHABKGJOB	VPH-BG3										

08/06/18 1427 PHA NOTE 0806-1497 CMP 08/06/18 1430 SILSY MPHUNG C PHA

MEDICATION DOSE

Discontinued 08/08/18 1715

NURSING NOTE 1 EA

ROUTE SIG SCHED PRN REASON  
XX NOTE SCH

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: TREATMENT OF HYPOGLYCEMIA

1) IMMEDIATE TREATMENT

- A) 15 grams of carbohydrate for results of 51-69mg/dL
- B) 25 grams of carbohydrate for results below 51mg/dL

TREATMENT OPTIONS

For patients who are able to swallow:(Follow with protein-containing snack or meal) Examples of 15 grams of carbohydrate are:(treatment for results 51-69mg/dL)  
a) 8 ounces (1 cup) nonfat or low fat milk  
b) 4 ounces (1/2 cup) fruit juice or regular soda  
(avoid orange juice for renal impaired patients)  
c) One tube (15 grams) of glucose gel (1 1/2 tubes for results below 51mg/dL)

FOR UNCONSCIOUS OR NPO PATIENTS WITH IV ACCESS:

- A) Dextrose 50% (1/2 amp = 25ml) for result 51-69mg/dL
- B) Dextrose 50% (1 amp = 50ml) for result below 51mg/dL

FOR UNCONSCIOUS OR NPO PATIENT WITHOUT IV ACCESS

FOR PATIENTS WITH BLOOD GLUCOSE RESULT BELOW 70mg/dL

- A) Glucagon 1 mg Intramuscular STAT
- B) One tube (15 grams) glucose gel squeezed into lower cheek of lateral patient position on their side.

\*\*\* GLUCOSE GEL IS IN THE OMNICEL AND OVERRIDEABLE \*\*\*

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1427	MPHUNG	VPHRXDT01 order entered in PHA by MINH PHUNG
2	08/06/18	1427	MPHUNG	VPHRXDT01 order source is PROTOCOL - no signature necessary for entry
3	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
4	08/08/18	1717	PHABKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1427 PHA DEXT37.53 0806-1498 CMP 08/06/18 1430 SILSY MPHUNG C PHA

000121

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 37

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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**MEDICATION**

Discontinued 08/08/18 1715

**GLUTOSE** 15 GM

ROUTE	SIG	SCHED	PRN REASON
PO	Q15M	PRN	DECREASED GLUCOSE

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: FOR PATIENT WHO ARE ABLE TO SWALLOW

FOR BLOOD GLUCOSE RESULT 51-69mg/dL

REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.

(GLUCOSE GEL FOUND IN OMNICEL)

NOTIFY PHARMACY AFTER ADMINISTRATION

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1427	MPHUNG	VPHRXDT01 order entered in PHA by MINH PHUNG
2	08/06/18	1427	MPHUNG	VPHRXDT01 order source is PROTOCOL - no signature necessary for entry
3	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
4	08/08/18	1717	PHABKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1427 PHA DEXT37.53 0806-1499 CMP 08/06/18 1430 SILSY MPHUNG C PHA

**MEDICATION**

Discontinued 08/08/18 1715

**GLUTOSE** 22.5 GM

ROUTE	SIG	SCHED	PRN REASON
PO	Q15M	PRN	DECREASED GLUCOSE

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

Comment: FOR PATIENT WHO ARE ABLE TO SWALLOW

FOR BLOOD GLUCOSE RESULT BELOW 51mg/dL

REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.

(GLUCOSE GEL FOUND IN OMNICEL)

NOTIFY PHARMACY AFTER ADMINISTRATION

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1427	MPHUNG	VPHRXDT01 order entered in PHA by MINH PHUNG
2	08/06/18	1427	MPHUNG	VPHRXDT01 order source is PROTOCOL - no signature necessary for entry
3	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
4	08/08/18	1717	PHABKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1427 PHA DEX50SYG 0806-1500 CMP 08/06/18 1430 SILSY MPHUNG C PHA

000122

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 38

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	SERVICE		ENTERED BY	CHNG	ORDERED FROM
									DATE	TIME			

**MEDICATION**  
Discontinued 08/08/18 1715  
**D50W SYRINGE**

DOSE

25 ML

ROUTE	SIG	SCHED	PRN REASON
IV	Q15M	PRN	DECREASED GLUCOSE

**DAYS HOURS TOT VOL DOSES**

Comment: DC'd by Discharge

Comment: FOR UNCONSCIOUS OR NPO PATIENT WITH IV ACCESS  
FOR BLOOD GLUCOSE RESULT 51-69mg/dL  
REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1427	MPHUNG	VPHRXDT01 order entered in PHA by MINH PHUNG
2	08/06/18	1427	MPHUNG	VPHRXDT01 order source is PROTOCOL - no signature necessary for entry
3	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
4	08/08/18	1717	PHAEKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1427 PHA DEX50SYG 0806-1501 CMP 08/06/18 1430 SILSY MPHUNG C PHA

**MEDICATION**  
Discontinued 08/08/18 1715  
**D50W SYRINGE**

DOSE

50 ML

ROUTE	SIG	SCHED	PRN REASON
IV	Q15M	PRN	DECREASED GLUCOSE

**DAYS HOURS TOT VOL DOSES**

Comment: DC'd by Discharge

Comment: FOR UNCONSCIOUS OR NPO PATIENT WITH IV ACCESS  
FOR BLOOD GLUCOSE BELOW 51mg/dL  
REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1427	MPHUNG	VPHRXDT01 order entered in PHA by MINH PHUNG
2	08/06/18	1427	MPHUNG	VPHRXDT01 order source is PROTOCOL - no signature necessary for entry
3	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
4	08/08/18	1717	PHAEKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1427 PHA GLUCAGON 0806-1502 CMP 08/06/18 1430 SILSY MPHUNG C PHA

000123

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 39

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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**MEDICATION**

**DOSE**

Discontinued 08/08/18 1715

**GLUCAGEN**

1 MG

ROUTE	SIG	SCHED	PRN REASON
IM	Q15M	PRN	DECREASED GLUCOSE

**DAYS HOURS TOT VOL DOSES**

Comment: DC'd by Discharge

Comment: FOR UNCONSCIOUS OR NPO PATIENT WITHOUT IV ACCESS AND

A BLOOD GLUCOSE RESULT BELOW 70mg/dL

REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1427	MPHUNG	VPHRXDT01 order entered in PHA by MINH PHUNG
2	08/06/18	1427	MPHUNG	VPHRXDT01 order source is PROTOCOL - no signature necessary for entry
3	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
4	08/06/18	1717	PHABKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1427 PHA DEXT37.53 0806-1503 CMP 08/06/18 1430 SILSY MPHUNG C PHA

**MEDICATION**

**DOSE**

Discontinued 08/08/18 1715

**GLUTOSE**

15 GM

ROUTE	SIG	SCHED	PRN REASON
BUCCAL	Q15M	PRN	DECREASED GLUCOSE

**DAYS HOURS TOT VOL DOSES**

Comment: DC'd by Discharge

Comment: FOR UNCONSCIOUS OR NPO PATIENT WITHOUT IV ACCESS AND A BLOOD GLUCOSE RESULT BELOW 70mg/dL

If unconscious squeeze gel into lower cheek of lateral patient position on their side

REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.

(GLUCOSE GEL FOUND IN OMNICEL)

NOTIFY PHARMACY AFTER ADMINISTRATION

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1427	MPHUNG	VPHRXDT01 order entered in PHA by MINH PHUNG
2	08/06/18	1427	MPHUNG	VPHRXDT01 order source is PROTOCOL - no signature necessary for entry
3	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
4	08/06/18	1717	PHABKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1436 PHA UDLANTUS 0807-0060 1 CMP 08/07/18 0800 SILSY SSILBERSTE C POM

000124

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 40

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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DIRECTIONS: STOP DATE/TIME: ORDER SET:

MEDICATION DOSE

Discontinued 08/08/18 1715  
LANTUS 14 UNITS

Dose: (CONCENTRATION: 100 UNITS/ML)  
Dosing Set: 0.15 units/kg once daily "Mild"  
Calculated Dose: 14 UNITS Dosing Weight: 92.6 KG (Actual Body Weight)  
Round to Nearest: 1  
Dose: 0.15 UNITS Per: KG  
Calculated Weight: 92.6 KG

ROUTE SIG SCHED PRN REASON  
SC DAILY@0800 SCH

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge  
Comment: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)  
\*\* ATTENTION: This is insulin glargine (LANTus)  
(CONCENTRATION: 100 UNITS/ML) EXP: \_\_\_\_\_ @ \_\_\_\_\_  
DO NOT DILUTE OR MIX WITH ANY OTHER INSULIN PRODUCT  
(For SUBCUTANEOUS administration ONLY)  
\*\*Holding basal insulin is not recommended (this  
includes NPO patients). Instead, notify prescriber for  
adjustment. Notify prescriber of patient refusal of  
either basal or mealtime insulin at the time of refusal  
or missed doses."

\*This medication has been classified as a 30 minute  
rule medication\*

This medication needs to be administered within 30  
minutes before or after the scheduled time.

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1436	SSILBERSTE	DESKTOP-GQDUVK9 order entered in POM by SYLVAIN SILBERSTEIN
2	08/06/18	1436	SSILBERSTE	DESKTOP-GQDUVK9 PHA INTERACTION: ANTIDIABETICS/SYSTEMIC NON-CARDIOSELECTIVE BET
3	08/06/18	1436	SSILBERSTE	DESKTOP-GQDUVK9 PHA INT COMMENT: MD AWARE - OK TO GIVE
4	08/06/18	1436	SSILBERSTE	DESKTOP-GQDUVK9 order source is MDORD - signature is necessary for entry
5	08/06/18	1436	SSILBERSTE	DESKTOP-GQDUVK9 order Esigned by SILBERSTEIN,SYLVAIN MD
6	08/06/18	1436	MT	VPH-BG3 order transmitted
7	08/06/18	1436	MT	VPH-BG3 order's status changed from TRANS to LOGGED
8	08/06/18	1440	MPHUNG	VPH-BG3 order's status changed from LOGGED to IN PRO
9	08/06/18	1758	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
10	08/08/18	1717	PHAEKGJOB	VPH-BG3 order's status changed from IN PRO to COMP

08/06/18 1513 PTH PATHPROC 0806-0030 STAT 1 CMP 08/06/18 1512 BARBA RMANUEL C POM V S

Pre Op Dx HNP L4-5 RIGHT  
Actual Procedure MICRODISKECTOMY L4-5 RT  
Collect Date 08/06/18

000125

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 41

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	SERVICE			ENTERED BY	CHNG	ORDERED FROM
									DATE	TIME	ORD DOCTOR			

Collect Time 1512  
OR RM 7  
Path Report CC to  
Collection By RMANUEL RIMMA M MANUEL  
Pathology Specimen(s) Enter ONE \*PATHPROC \*Order Per Patient  
\*\*Complete Tissue Code Option & Comment As Necessary\*\*  
Specimen A: DISC Disc Lumbar  
Preparation WITH FORMALIN  
Specimen A Comment: DISC L4-5 RIGHT  
Specimen B:  
Preparation  
Specimen B Comment:  
Specimen C:  
Preparation  
Specimen C Comment:  
Specimen D:  
Preparation  
Specimen D Comment:  
Specimen E:  
Preparation  
Specimen E Comment:  
Specimen F:  
Preparation  
Specimen F Comment:  
Specimen G:  
Preparation  
Specimen G Comment:  
Specimen H:  
Preparation  
Specimen H Comment:  
Specimen Comment

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.PTSUR

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18 1513	RMANUEL	VPHSHAWC02	order entered in POM by RIMMA M MANUEL
2	08/06/18 1513	RMANUEL	VPHSHAWC02	order source is Verbal - signature is necessary for entry
3	08/06/18 1513	MT	VPH-BG3	order transmitted
4	08/06/18 1847	YSATYBALDI	VPH-VDI-429	order acknowledged via PCS
5	08/07/18 1005	BBARCOHANA	VPHSURWC01	order Esigned by BARCOHANA, BABAK MD
6	08/07/18 1712	BKG DAEMON		order's status changed from TRANS to COMP

08/06/18 1813 NUR EGBEDSIDE 0806-0860 CMP 08/06/18 1757 SILSY SSILBERSTE C POM S

Glucose Monitoring for pt. who are eating With meals: B, L, D/HS snacks and prn signs and symptoms of hyper/hypoglycemia

Glucose Monitoring for NPO/Tube patients Monitor glucose Q4H and PRN Signs and Symptoms of hyper/hypoglycemia.

1. If no correctional insulin required within 24 hours, may decrease to Q6H. Return to Q4H if correction dose required.
2. If no correctional insulin required after another 24 hours, may decrease to Q8H. Return to Q4H if correction dose required.

000126

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 42

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	SERVICE	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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DIRECTIONS:

STOP DATE/TIME:

ORDER SET: RX.SSINS2

NUR DIRECTIONS: START DATE-TIME FREQUENCY  
08/06/18-1813 .As Ordered  
DATE TIME USER DEVICE EVENT  
1 08/06/18 1813 SSILBERSTE DESKTOP-GQDUVK9 order entered in POM by SYLVAIN SILBERSTEIN  
2 08/06/18 1813 SSILBERSTE DESKTOP-GQDUVK9 order source is MDORD - signature is necessary for entry  
3 08/06/18 1813 SSILBERSTE DESKTOP-GQDUVK9 order Esigned by SILBERSTEIN,SYLVAIN MD  
4 08/06/18 1813 MT VPH-BG3 order transmitted  
5 08/06/18 1814 MT VPH-BG4 order's status changed from TRANS to IN PRO  
6 08/06/18 1847 YSATYBALDI VPH-VDI-429 order acknowledged via PCS  
7 08/08/18 1717 MT VPH-BG4 order's status changed from IN PRO to COMP

08/06/18 1813 PHA NOVO3I 0806-2043 1 CMP 08/06/18 2100 SILSY SSILBERSTE C POM S

DIRECTIONS:

STOP DATE/TIME:

ORDER SET: RX.SSINS2

MEDICATION DOSE

Discontinued 08/07/18 0150

NOVOLOG \*MILD\* ALGORITHM

NOVOLOG INSULIN PEN 0 UNIT

Dose: NOVOLOG \*MILD\* ALGORITHM

Do not hold for NPO patients unless approved by Prescriber

ROUTE	SIG	SCHED	PRN	REASON
SC	Q4			SCH

DAYS HOURS TOT VOL DOSES

Comment: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)  
(For SUBCUTANEOUS administration ONLY)  
(CONCENTRATION: 100 UNITS/ML) (SINGLE PT INSULIN PEN)  
\*This medication has been classified as a 30 minute  
rule medication\*  
This medication needs to be administered within 30  
minutes before or after the scheduled time.

Condition	Dose/Route	Instruction
*MILD* ALGORITHM		
Blood Glucose (mg/dL)	Insulin Dose (units)	
Less than 70	No Insulin----->Initiate Hypoglycemia Protocol	
70-140	0	
141-180	1	
181-220	2	
221-260	3	
261-300	4	
301-350	5	
Greater than 350	7 units & call MD***	

Protocol text:

\*\*\*Call prescriber for correction dose adjustment of  
basal/mealtime dose. If no returned call from prescriber

000127

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 43

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	SERVICE	ORDERED											
DATE	TIME	CATEGORY	PROCEDURE	ORDERED NUM	DT	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	PON

with ONE HOUR, initiate chain of command per VPH Chain of Command Policy.

DATE	TIME	USER	DEVICE	EVENT
1	08/06/18	1813	SSILBERSTE	DESKTOP-GQDUVK9 order entered in POM by SYLVAIN SILBERSTEIN
2	08/06/18	1813	SSILBERSTE	DESKTOP-GQDUVK9 PHA DUPLICATE: INSULINS
3	08/06/18	1813	SSILBERSTE	DESKTOP-GQDUVK9 PHA DUP COMMENT: MD AWARE - OK TO GIVE
4	08/06/18	1813	SSILBERSTE	DESKTOP-GQDUVK9 order source is MDORD - signature is necessary for entry
5	08/06/18	1813	SSILBERSTE	DESKTOP-GQDUVK9 order Esigned by SILBERSTEIN, SYLVAIN MD
6	08/06/18	1813	MT	VPH-BG3 order transmitted
7	08/06/18	1814	MT	VPH-BG3 order's status changed from TRANS to LOGGED
8	08/06/18	1816	PTANG	VPH-BG3 order's status changed from LOGGED to IN PRO
9	08/06/18	1840	YSATYBALDI	VPH-BG3 Order Acknowledgment received from PHA
10	08/07/18	0159	LJIMENEZ	VPHMS1DC03 order edited by PHA: Label Comment Edited
11	08/07/18	0159	LJIMENEZ	VPHMS1DC03 order edited by PHA: Stop date edited from <blank>
12	08/07/18	0159	LJIMENEZ	VPHMS1DC03 to 08/07/18 at 0150
13	08/07/18	0159	LJIMENEZ	VPH-BG7 order edited by PHA: DC on 08/07/18 at 0150
14	08/07/18	0159	LJIMENEZ	VPH-BG3 order's status changed from IN PRO to COMP
15	08/07/18	0159	LJIMENEZ	VPH-BG3 Order links edited by PHA
16	08/07/18	0200	LJIMENEZ	VPH-VDI-321 order acknowledged via PCS

08/07/18 0158 PHA NOVO3I 0807-0309 1 CMP 08/07/18 0720 SILSY LJIMENEZ C POM

DIRECTIONS: STOP DATE/TIME: ORDER SET:

**MEDICATION** **DOSE**

Discontinued 08/07/18 0720

NOVOLOG \*MILD\* ALGORITHM

NOVOLOG INSULIN PEN 0 UNIT

Dose: NOVOLOG \*MILD\* ALGORITHM  
Do not hold for NPO patients unless approved by Prescriber

ROUTE	SIG	SCHED	PRN	REASON
SC	AC MEALS AND BEDTIME SCH			

DAYS HOURS TOT VOL DOSES

Comment: RE ENTERED

Comment: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)  
(For SUBCUTANEOUS administration ONLY)  
(CONCENTRATION: 100 UNITS/ML) (SINGLE PT INSULIN PEN)  
\*This medication has been classified as a 30 minute rule medication\*  
This medication needs to be administered within 30 minutes before or after the scheduled time.

Condition	Dose/Route	Instruction
*MILD* ALGORITHM		
Blood Glucose (mg/dL)	Insulin Dose (units)	
Less than 70	No Insulin----->	Initiate Hypoglycemia Protocol

000128

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 44

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
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70-140		0									
141-180		1									
181-220		2									
221-260		3									
261-300		4									
301-350		5									
Greater than 350		7 units & call MD***									

**Protocol text:**

\*\*\*Call prescriber for correction dose adjustment of basal/mealtime dose. If no returned call from prescriber with ONE HOUR, initiate chain of command per VPH Chain of Command Policy.

DATE	TIME	USER	DEVICE	EVENT
1	08/07/18 0158	LJIMENEZ	VPHMS1DC03	order entered in POM by LORELYN JIMENEZ
2	08/07/18 0158	LJIMENEZ	VPHMS1DC03	order source is CONT-ORD - no signature necessary for entry
3	08/07/18 0158	MT	VPH-BG3	order transmitted
4	08/07/18 0159	MT	VPH-BG3	order's status changed from TRANS to LOGGED
5	08/07/18 0159	LJIMENEZ	VPH-BG3	Order links edited by PHA
6	08/07/18 0200	LJIMENEZ	VPH-VDI-321	order acknowledged via PCS
7	08/07/18 0214	SYSTEM	VPH-BG3	order's status changed from LOGGED to IN PRO
8	08/07/18 0214	MPONCEDELE	VPHRXDT06	order edited by PHA: DC on 08/07/18 at 0720
9	08/07/18 0214	MPONCEDELE	VPH-BG3	order's status changed from IN PRO to COMP
10	08/07/18 0254	LJIMENEZ	VPH-VDI-321	order acknowledged via PCS

08/07/18 0158 PHA ACC 0807-0310 1 CMP 08/07/18 0200 SILSY LJIMENEZ C POM S

DIRECTIONS: STOP DATE/TIME: ORDER SET: RX.SSINS2

MEDICATION	DOSE
Discontinued 08/08/18 1715	
ACCU-CHEK AT 0200	
ACCU-CHEK	1 EA

Dose: For eating patients: if HS dose is administered, check BG at 2 a.m. (Do not cover unless ordered by Prescriber.)

ROUTE	SIG	SCHED	PRN	REASON
XX	02	SCH		

DAYS HOURS TOT VOL DOSES

Comment: DC'd by Discharge

DATE	TIME	USER	DEVICE	EVENT
1	08/07/18 0158	LJIMENEZ	VPHMS1DC03	order entered in POM by LORELYN JIMENEZ
2	08/07/18 0158	LJIMENEZ	VPHMS1DC03	order source is CONT-ORD - no signature necessary for entry
3	08/07/18 0158	MT	VPH-BG3	order transmitted
4	08/07/18 0159	MT	VPH-BG3	order's status changed from TRANS to LOGGED
5	08/07/18 0200	LJIMENEZ	VPH-VDI-321	order acknowledged via PCS
6	08/07/18 0200	LJIMENEZ	VPH-BG3	Order Acknowledgment received from PHA
7	08/07/18 0212	MPONCEDELE	VPH-BG3	order's status changed from LOGGED to IN PRO
8	08/08/18 1717	PHABKGJOB	VPH-BG3	order's status changed from IN PRO to COMP

000129

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 45

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
08/07/18	0158	PHA	MDORDER	0807-0311		1	CMP	08/07/18	0200	SILSY	LJIMENEZ	C	POM
DIRECTIONS:													
STOP DATE/TIME: ORDER SET: RX.SSINS2													
<b>MEDICATION</b>													
One Time Medication													
Discontinued 08/07/18 0201													
DC PREVIOUS CORRECTIVE INSULIN													
* MISCELLANEOUS PHARMACY ORDER													
0 EA													
Dose: Discontinue all previous corrective insulin orders													
ROUTE	SIG		SCHED	PRN REASON									
XX	ONCE		ONE										
DAYS	HOURS	TOT VOL	DOSES										
Comment: Reached Stop Date													
DATE	TIME	USER	DEVICE	EVENT									
1	08/07/18	0158	LJIMENEZ	VPHMS1DC03	order entered in POM by LORELYN JIMENEZ								
2	08/07/18	0158	LJIMENEZ	VPHMS1DC03	order source is CONT-ORD - no signature necessary for entry								
3	08/07/18	0159	MT	VPH-BG3	order transmitted								
4	08/07/18	0159	MT	VPH-BG3	order's status changed from TRANS to LOGGED								
5	08/07/18	0200	LJIMENEZ	VPH-VDI-321	order acknowledged via PCS								
6	08/07/18	0200	LJIMENEZ	VPH-BG3	Order Acknowledgment received from PHA								
7	08/07/18	0212	MPONCEDELE	VPH-BG3	order's status changed from LOGGED to IN PRO								
8	08/07/18	0212	PHAEKGJOB	VPH-BG3	order's status changed from IN PRO to COMP								
08/07/18	0214	PHA	NOVO3I	0807-0342	CMP	08/07/18	0720	SILSY	MPONCEDELE	C	PHA	W	

000130

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 46

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	SERVICE	DATE	TIME	ORD	DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
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**MEDICATION**

Discontinued 08/08/18 1715  
NOVOLOG INSULIN PEN 0 UNIT

Dose: (Adult SC Insulin - Mild Algorithm)  
\*\* ATTENTION: This is insulin Aspart (NovoLOG)  
(CONCENTRATION: 100 UNITS/ML)  
Novolog Insulin -\*Mild\* Sliding Scale for patients eating meals

ROUTE SIG SCHED PRN REASON  
SC AC MEALS AND BEDTIME SCH

DAY HOURS TOT VOL DOSES

Comment: DC'd by Discharge  
Comment: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)  
\*\*Do not hold for NPO patients unless approved by Prescriber\*\* (For SUBCUTANEOUS administration ONLY)  
(Sliding scale corrective insulin)  
(Can be given in addition to basal and bolus insulin)  
-Sliding scale corrective insulin alone is not recommended as the only method for blood glucose control\*

Condition	Dose/Route	Instruction
**MILD ALGORITHM**	Mealtime Insulin Dose (units)	Bedtime Insulin Dose (units)
Blood Sugar (mg/dL)	No Insulin ----> Initiate Hypoglycemic Protocol	
less than 70	0	0
70-140	1	0
141-180	2	1
181-220	3	2
221-260	4	3
261-300	5	4
301-350	7 units and Call MD***	4 units and Call MD***
greater than 350		

\*\*\*If no returned call from

**Protocol text:**

\*\*\*Call prescriber for correction dose adjustment of basal/mealtime dose. If no returned call from Prescriber within ONE HOUR, initiate chain of command per VPH Chain of Command Policy.

\*If HS dose is administered, check BG at 2 a.m.

\*Do not cover 2 a.m. unless ordered by prescriber.

\*If HS BG less than 120 mg/dL, give snack with carbohydrate and protein

DATE	TIME	USER	DEVICE	EVENT
1	08/07/18 0214	MPONCEDELE	VPHRXDT06	order entered in PHA by MANUEL PONCE DE LEON
2	08/07/18 0214	MPONCEDELE	VPHRXDT06	order source is Written - no signature necessary for entry
3	08/07/18 0254	LJIMENEZ	VPH-VDI-321	order acknowledged via PCS

000131

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 47

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED					
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM
4	08/07/18 0407	LJIMENEZ	VPH-BG3				Order Acknowledgment received from PHA						
5	08/08/18 1717	PHABKGJOB	VPH-BG3				order's status changed from IN PRO to COMP						

08/07/18 0956 P/T 60 0807-0007 ROUT TRN 08/07/18 0955 KISES YSAADIA N POM S

PT Plan of Care Frequency 7 x QID

PT Treatment Duration Length of stay or until goals met

PT Treatment Pt and family education, bed mobility, transfers, gait, stairs, therex.

DIRECTIONS: STOP DATE/TIME: ORDER SET: PRO.PTC1  
DATE TIME USER DEVICE EVENT  
1 08/07/18 0956 YSAADIA VPHMS1TC02 order entered in POM by YAMIT SAADIA  
2 08/07/18 0956 YSAADIA VPHMS1TC02 order source is POC - signature is necessary for entry  
3 08/07/18 0956 MT VPH-BG3 order transmitted  
4 08/07/18 1004 EKISHIMOTO VPHSHAW702 order Esigned by KISHIMOTO,ESTHER K. PA-C  
5 08/07/18 1005 BBARCOHANA VPHSURWC01 co-Esigned by BARCOHANA,BABAK MD  
6 08/07/18 1014 EGAGEN VPH-VDI-381 order acknowledged via PCS

08/07/18 1022 PHA TOR30I 0807-0979 1 CMP 08/07/18 1021 KISES EKISHIMOTO C POM

DIRECTIONS: STOP DATE/TIME: ORDER SET:

MEDICATION DOSE

One Time Medication

Discontinued 08/07/18 1022

TORADOL 30 MG

ROUTE SIG SCHED PRN REASON  
IV ONCE STA

DAYS HOURS TOT VOL DOSES

Comment: Reached Stop Date

Comment: For IV route: give over 30 seconds.

Please flush line with saline after IV administration

\*\*\*\* BLACK BOX WARNING \*\*\*\*

Automatic STOP after 72 hours - must be reordered to continue

DOSAGE ADJUSTMENTS REQUIRED for age, weight and renal dysfunction - Consult pharmacist, prescriber and/or prescribing information for guidance.

DATE TIME USER DEVICE EVENT  
1 08/07/18 1022 EKISHIMOTO VPHMS1WC01 order entered in POM by ESTHER KISHIMOTO  
2 08/07/18 1022 EKISHIMOTO VPHMS1WC01 order source is MD ORDERED - signature is necessary for entry  
3 08/07/18 1022 EKISHIMOTO VPHMS1WC01 order Esigned by KISHIMOTO,ESTHER K. PA-C  
4 08/07/18 1022 MT VPH-BG3 order transmitted  
5 08/07/18 1023 MT VPH-BG3 order's status changed from TRANS to LOGGED  
6 08/07/18 1027 EGAGEN VPH-VDI-381 order acknowledged via PCS  
7 08/07/18 1031 EGAGEN VPH-BG3 Order Acknowledgment received from PHA  
8 08/07/18 1032 SCHUNG VPH-BG3 order's status changed from LOGGED to IN PRO  
9 08/07/18 1032 PHABKGJOB VPH-BG3 order's status changed from IN PRO to COMP

000132

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 48

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER		SERVICE						ORDERED												
DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM							
10	08/07/18 1302	BECARCOHANA	VPHPACWC02				co-Esigned by BARCOHANA, BAAK MD													
11	08/07/18 1307	EGAGEN	VPH-BG3				order unacknowledged via PHA													
12	08/07/18 1307	EGAGEN	VPH-BG3				Order Acknowledgment received from PHA													
08/07/18	1601	PHA	MAGOX400	0807-1748		1	CMP	08/07/18	2100	SILSY	EGAGEN	C	POM							
DIRECTIONS:				STOP DATE/TIME:			ORDER SET:													
MEDICATION				DOSE																
Discontinued 08/08/18 1715				400 MG																
ROUTE	SIG		SCHED	PRN	REASON															
PO	BID		SCH																	
DAYS	HOURS	TOT VOL	DOSES																	
Comment: DC'd by Discharge																				
Comment: CONTAINS 241.3mg of Elemental Magnesium																				
DATE	TIME	USER	DEVICE	EVENT																
1	08/07/18 1601	EGAGEN	VPHMS1TC30	order entered in POM by EMILY GAGEN																
2	08/07/18 1601	EGAGEN	VPHMS1TC30	order source is Verbal - signature is necessary for entry																
3	08/07/18 1601	MT	VPH-BG3	order transmitted																
4	08/07/18 1602	MT	VPH-BG3	order's status changed from TRANS to LOGGED																
5	08/07/18 1603	MDEGLES	VPH-BG3	order's status changed from LOGGED to IN PRO																
6	08/07/18 1604	EGAGEN	VPH-VDI-381	order acknowledged via PCS																
7	08/07/18 1744	SSILBERSTE	DESKTOP-GQDUVK9	order Esigned by SILBERSTEIN, SYLVAIN MD																
8	08/07/18 2003	LJIMENEZ	VPH-BG3	Order Acknowledgment received from PHA																
9	08/08/18 1717	PHAEKGJOB	VPH-BG3	order's status changed from IN PRO to COMP																

08/08/18 0714 LAB COMMP 0808-0663 ROUT CMP 08/08/18 0713 SILSY SSILBERSTE C POM

Collected by nurse? N  
Comments to Phlebotomist:

DIRECTIONS:				STOP DATE/TIME:			ORDER SET:													
DATE	TIME	USER	DEVICE	EVENT																
1	08/08/18 0714	SSILBERSTE	DESKTOP-GQDUVK9	order entered in POM by SYLVAIN SILBERSTEIN																
2	08/08/18 0714	SSILBERSTE	DESKTOP-GQDUVK9	order source is MDORD - signature is necessary for entry																
3	08/08/18 0714	SSILBERSTE	DESKTOP-GQDUVK9	order Esigned by SILBERSTEIN, SYLVAIN MD																
4	08/08/18 0715	MT	VPH-BG3	order transmitted																
5	08/08/18 0715	MT	VPH-BG3	order's status changed from TRANS to LOGGED																
6	08/08/18 0732	LJIMENEZ	VPH-VDI-084	order acknowledged via PCS																
7	08/08/18 0838	LKHDLARYA	VPH-BG3	order's status changed from LOGGED to IN PRO																
8	08/08/18 0918	RBETKA	VPH-BG3	order's status changed from IN PRO to COMP																

08/08/18 0714 LAB MG 0808-0664 ROUT CMP 08/08/18 0713 SILSY SSILBERSTE C POM

Collected by nurse? N  
Comments to Phlebotomist:

000133

DATE: 08/09/18 @ 0023  
USER: AHERNANDEZ

Valley Presbyterian Hospital OE \*LIVE\*  
PATIENT ORDER SUMMARY

PAGE 49

PATIENT: V01013640246 - BARDAKJIAN, STEEVIO  
UNIT #: M001265555

ORDER	DATE	TIME	CATEGORY	PROCEDURE	ORDER NUM	PRI	QTY	STATUS	SERVICE	DATE	TIME	ORD DOCTOR	ENTERED BY	CHNG	FROM	ORDERED
-------	------	------	----------	-----------	-----------	-----	-----	--------	---------	------	------	------------	------------	------	------	---------

DIRECTIONS: STOP DATE/TIME: ORDER SET:  
DATE TIME USER DEVICE EVENT  
1 08/08/18 0714 SSILBERSTE DESKTOP-GQDUVK9 order entered in POM by SYLVAIN SILBERSTEIN  
2 08/08/18 0714 SSILBERSTE DESKTOP-GQDUVK9 order source is MDORD - signature is necessary for entry  
3 08/08/18 0714 SSILBERSTE DESKTOP-GQDUVK9 order Esigned by SILBERSTEIN,SYLVAIN MD  
4 08/08/18 0715 MT VPH-BG3 order transmitted  
5 08/08/18 0715 MT VPH-BG3 order's status changed from TRANS to LOGGED  
6 08/08/18 0732 LJIMENEZ VPH-VDI-084 order acknowledged via PCS  
7 08/08/18 0838 LKHDLARYA VPH-BG3 order's status changed from LOGGED to IN PRO  
8 08/08/18 0918 REETKA VPH-BG3 order's status changed from IN PRO to COMP

08/08/18 0714 LAB CBC 0808-0665 ROUT CMP 08/08/18 0713 SILSY SSILBERSTE C POM

Collected by nurse? N  
Comments to Phlebotomist:

DIRECTIONS: STOP DATE/TIME: ORDER SET:  
DATE TIME USER DEVICE EVENT  
1 08/08/18 0714 SSILBERSTE DESKTOP-GQDUVK9 order entered in POM by SYLVAIN SILBERSTEIN  
2 08/08/18 0714 SSILBERSTE DESKTOP-GQDUVK9 order source is MDORD - signature is necessary for entry  
3 08/08/18 0714 SSILBERSTE DESKTOP-GQDUVK9 order Esigned by SILBERSTEIN,SYLVAIN MD  
4 08/08/18 0715 MT VPH-BG3 order transmitted  
5 08/08/18 0715 MT VPH-BG3 order's status changed from TRANS to LOGGED  
6 08/08/18 0732 LJIMENEZ VPH-VDI-084 order acknowledged via PCS  
7 08/08/18 0838 LKHDLARYA VPH-BG3 order's status changed from LOGGED to IN PRO  
8 08/08/18 0843 AUTOINS VPH-BG3 order's status changed from IN PRO to COMP

08/08/18 1153 DC DC 0808-0030 ROUT TRN 08/08/18 BARBA BBARCOHANA N POM

Disposition Order .HOME Home, Self-Care  
Enter instructions below  
Discharge Instructions Comment DC IV and DC home if cleared by physical therapy.  
May shower  
Prescriptions given  
Call if increased pain or fevers  
Follow-up arranged

DIRECTIONS: STOP DATE/TIME: ORDER SET:  
DATE TIME USER DEVICE EVENT  
1 08/08/18 1153 BBARCOHANA VPHMS1WC02 order entered in POM by BABAK BARCOHANA  
2 08/08/18 1153 BBARCOHANA VPHMS1WC02 order source is MDORD - signature is necessary for entry  
3 08/08/18 1153 BBARCOHANA VPHMS1WC02 order Esigned by BARCOHANA,BABAK MD  
4 08/08/18 1153 MT VPH-BG3 order transmitted  
5 08/08/18 1219 HBUJNEVICI VPH-VDI-321 order acknowledged via PCS

000134

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\*\*\*Summary Discharge Report - Do not Destroy\*\*\*

RUN DATE: 08/09/18  
RUN TIME: 0020

BATCH # 445017

USER:  
INTERFACE USER

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000135

RUN DATE: 08/09/18  
RUN TIME: 0020

Valley Presbyterian Hospital LAB \*LIVE\*  
\*\*\*Summary Discharge Report - Do not Destroy\*\*\*

PAGE 1

LOCATION

PATIENT: BARDAKJIAN, STEEVIO	ACCT: V01013640246	LOC: MS1	U: M001265555
DOB: 05/23/1970	AGE/SX: 48/M	ROOM: 420	REG: 08/06/18
REG DR: BARCOHANA, BABAK MD	STATUS: DIS IN	BED: A	DIS: 08/08/18

\*\*\* Hematology \*\*\*

Date	8-8-18	8-7-18	Reference	Units
Time	0812	0434		
WBC	9.0	9.8	(4.8-10.8)	10 <sup>3</sup> /ul
RBC	4.25 L	4.51 L	(4.70-6.10)	10 <sup>6</sup> /ul
HEMOGLOBIN	12.5 L	13.4 L	(14.0-18.0)	g/dl
HEMATOCRIT	36.8 L	38.4 L	(42.0-52.0)	%
MCV	86.6	85.1	(82.0-101.0)	fL
MCH	29.4	29.7	(29.0-33.0)	pg
MCHC	34.0	34.9	(32.0-37.0)	g/dl
RDW	12.8	12.0	(11.5-14.5)	%
PLT	195	226	(140-415)	10 <sup>3</sup> /UL
MPV	9.8	9.8	(7.4-10.4)	fL
NEUT%	68.4	84.8 H	(39.0-77.0)	%
LYMPH%	20.0	7.3 L	(15.0-51.0)	%
MONO%	10.2	7.4	(0.0-11.0)	%
EOS%	0.8	0.0	(0.0-7.0)	%
BASO%	0.2	0.0	(0.0-2.0)	%
NRBC%	0.0	0.0	(0.0-0.0)	/100WBC
NEUT#	6.1	8.3 H	(1.6-7.5)	10 <sup>3</sup> /ul
LYMPH#	1.8	0.7 L	(0.8-2.9)	10 <sup>3</sup> /ul
MONO#	0.9	0.7	(0.3-0.9)	10 <sup>3</sup> /ul
EOS#	0.1	0.0	(0.0-0.5)	10 <sup>3</sup> /ul
BASO#	0.0	0.0	(0.0-0.1)	10 <sup>3</sup> /ul
NRBC#	0.0	0.0	(0.0-0.0)	10 <sup>3</sup> /ul

\*\*\* Chemistry \*\*\*

Date	8-8-18	8-7-18	Reference	Units
Time	0812	0434		
SODIUM	137	135	(135-144)	mmol/L
POTASSIUM	4.2	4.9	(3.5-5.1)	mmol/L
CHLORIDE	100	100	(97-110)	mmol/L
CARBON DIOXIDE	30	25	(21-31)	mmol/L
ANION GAP	11	15	(8-16)	
GLUCOSE	219	238 H	(70-220)	mg/dl
BUN	13	13	(7-20)	mg/dl
CREATININE	0.88	0.87	(0.61-1.24)	mg/dl
CALCIUM	8.7	8.9	(8.4-10.2)	mg/dl
MAGNESIUM	1.7	1.6 L	(1.7-2.5)	mg/dl
AST/SGOT	31		(15-46)	IU/L
ALT/SGPT	23		(13-69)	IU/L
ALK PHOSPHATASE	38 L		(42-121)	IU/L

Flags: Critical Hi = \*H      Critical Lo = \*L      Microbiology Abnormal = \*  
Abnormal Hi = H      Abnormal Lo = L      Blood Bank Abnormal = \*

Valley Presbyterian Hospital Laboratory   Dennis Kasimian M.D. Medical Director  
Walid Salahi M.D. Co-Medical Director  
15107 Vanowen St. Van Nuys, CA 91405      CLIA #: 05D0560695

000136

RUN DATE: 08/09/18  
RUN TIME: 0020

Valley Presbyterian Hospital LAB \*LIVE\*  
\*\*\*Summary Discharge Report - Do not Destroy\*\*\*

PAGE 2

LOCATION

Patient: BARDAKJIAN, STEEVIO

V01013640246 DOB: 05/23/1970 (Continued)

\*\* CONTINUED ON NEXT PAGE \*\*

000137

RUN DATE: 08/09/18  
RUN TIME: 0020

Valley Presbyterian Hospital LAB \*LIVE\*  
\*\*\*Summary Discharge Report - Do not Destroy\*\*\*

PAGE 3

LOCATION

Patient: BARDAKJIAN, STEEVIO		V01013640246	DOB: 05/23/1970	(Continued)	
*** Chemistry (Continued) ***					
Date	8-8-18	8-7-18		Reference	Units
Time	0812	0434			
TOTAL BILI	0.6			(0.2-1.3)	mg/dl
BILIRUBIN DIR	0.00			(0.00-0.20)	mg/dl
INDIRECT BILI	0.6			(0-1.1)	mg/dl
TOTAL PROTEIN	6.5			(6.1-8.1)	g/dl
ALBUMIN	3.6			(3.3-4.9)	g/dl
GLOB	2.90			(1.3-3.2)	g/dl
A/G RATIO	1.24				
***** POINT OF CARE TESTING *****					
Date	-----8-8-18-----		8-7-18		
Time	1246	0820	2135	Reference	Units
GLUCOSE, POC	198(A)	221(B) H   248(C) H   (70-220)			mg/dL
(A)	Result Verified				
(B)	Result Verified				
(C)	Post meal result				
Date	-----8-7-18-----				
Time	1807	1215	0825	Reference	Units
GLUCOSE, POC	240(D) H   233(E) H   208(F)		(70-220)		mg/dL
(D)	over 180 MD aware				
(E)	over 180 MD aware				
(F)	over 180 MD aware				
Date	8-7-18	-----8-6-18-----			
Time	0143	2106	1825	Reference	Units
GLUCOSE, POC	257 H   265(G) H   216(H)		(70-220)		mg/dL
(G)	Post meal result				
(H)	Result Verified				

Flags: Critical Hi = \*H      Critical Lo = \*L      Microbiology Abnormal = \*  
Abnormal Hi = H      Abnormal Lo = L      Blood Bank Abnormal = \*

Valley Presbyterian Hospital Laboratory   Dennis Kasimian M.D. Medical Director  
Walid Salahi M.D. Co-Medical Director  
15107 Vanowen St. Van Nuys, CA 91405      CLIA #: 05D0560695

000138

RUN DATE: 08/09/18  
RUN TIME: 0020

Valley Presbyterian Hospital LAB \*LIVE\*  
\*\*\*Summary Discharge Report - Do not Destroy\*\*\*

PAGE 4

LOCATION

Patient: BARDAKJIAN, STEEVIO

V01013640246 DOB: 05/23/1970 (Continued)

\*\* CONTINUED ON NEXT PAGE \*\*

000139

RUN DATE: 08/09/18  
RUN TIME: 0020

Valley Presbyterian Hospital LAB \*LIVE\*  
\*\*\*Summary Discharge Report - Do not Destroy\*\*\*

PAGE 5

LOCATION

Patient: BARDAKJIAN, STEEVIO	V01013640246	DOB: 05/23/1970	(Continued)
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\*\*\*\*\* POINT OF CARE TESTING (Continured) \*\*\*\*\*

Date	8-6-18	Reference	Units
Time	1038		
GLUCOSE, POC	210(I)     (70-220)		mg/dL
	(I) Notify Doctor		

Flags: Critical Hi = \*H      Critical Lo = \*L      Microbiology Abnormal = \*  
Abnormal Hi = H      Abnormal Lo = L      Blood Bank Abnormal = \*

Valley Presbyterian Hospital Laboratory   Dennis Kasimian M.D. Medical Director  
15107 Vanowen St. Van Nuys, CA 91405   Walid Salahi M.D. Co-Medical Director  
CLIA #: 05D0560695

000140

RUN DATE: 08/09/18  
RUN TIME: 0020

Valley Presbyterian Hospital LAB \*LIVE\*  
\*\*\*Summary Discharge Report - Do not Destroy\*\*\*

PAGE 1

LOCATION

Patient: BARDAKJIAN, STEEVIO

V01013640246 DOB: 05/23/1970 (Continued)

\*\* CONTINUED ON NEXT PAGE \*\*

000141

# INTERNAL MEDICINE ASSOCIATES

15211 VANOWEN ST., STE 100  
VAN NUYS, CA 91405  
(818) 778-1920

## Final Report

08/03/2018 08:24

MRN :	M11669	Location: LAB	Accession	88942
Patient:	BARDAKJIAN, STEEVIO	Sex: M	DOB (Age):	05/23/1970 (48)
Patient cmnt:				
Order Date:	08/02/2018 17:02 PDT	Draw 08/02/2018 17:01 PDT	Received	08/02/2018 17:01 PDT
Verify Date:	08/03/2018 08:23 PDT	Ord Dr.: SILBERSTEIN, MD,SYLVAIN S.	Att Dr.:	
Consult Dr.:		Visit Id: V78499	Room:	
Comment:				

Procedure	Normal	Abnormal	Flags	Units	Ref. Range	Tech
— Department: CHEMISTRY —						
OMP METABOLIC PROFILE (1)						
SODIUM	136			mEq/L	134-149	JVP
POTASSIUM	4.9			mEq/L	3.6-5.5	JVP
CHLORIDE	98			mEq/L	94-112	JVP
CARBON DIOXIDE		33	H	mEq/L	21-32	JVP
GLUCOSE		210	H	mg/dL	70-105	JVP
BUN	10			mg/dL	6-20	JVP
CREATININE	1.0			mg/dL	0.6-1.4	JVP
BUN/CREAT RATIO	10.0			RATIO	8.0-36.0	JVP
URIC ACID	5.1			mg/dL	2.5-9.2	JVP
CALCIUM	10.0			mg/dL	8.6-10.3	JVP
TOTAL PROTEIN	7.6			g/dL	6.3-8.1	JVP
ALBUMIN	4.6			g/dL	3.2-5.0	JVP
GLOBULIN	3.0			g/dL	2.0-4.8	JVP
A/G RATIO	1.5			CALC	0.6-2.2	JVP
ALK. PHOSPHATASE	61			mg/dL	53-128	JVP
ALT (SGPT)	37			U/L	10-40	JVP
AST (SGOT)	24			U/L	5-34	JVP
TOTAL BILIRUBIN	0.9			mg/dL	0.2-1.3	JVP
MAGNESIUM (1)	1.4			mg/dL	1.2-2.1	JVP
HBA1C (1)		>14.0	H	%	4.5-6.2	JVP

INTERPRETIVE COMMENT:

Reportable Range is 3.3 to 14.0%

— Department: HEMATOLOGY —

OMPLET BLOOD COUNT (1)						
WBC	6.2			x10^3/UL	4.1-10.9	JVP
RBC	5.32			x10^6/UL	4.20-6.30	JVP
HGB	15.1			g/dL	12.0-18.0	JVP
HCT	47.0			%	37.0-51.0	JVP
MCV	88.4			fL	80.0-97.0	JVP
MCH	28.4			pg	26.0-32.0	JVP
MCHC	32.1			g/dL	31.0-36.0	JVP
RDW	13.1			%	11.5-15.0	JVP

## INTERNAL MEDICINE ASSOCIATES

15211 VANOWEN ST., STE 100

VAN NUYS, CA 91405

(818) 778-1920

## Final Report

08/03/2018 08:24

MRN :	M11669	Location: LAB	Accession 88942
Patient:	BARDAKJIAN, STEEVIO	Sex: M	DOB (Age): 05/23/1970 (48)
Patient cmnt:			
Order Date:	08/02/2018 17:02 PDT	Draw 08/02/2018 17:01 PDT	Received 08/02/2018 17:01 PDT
Verify Date:	08/03/2018 08:23 PDT	Ord Dr.: SILBERSTEIN, MD,SYLVAIN S.	Att Dr.:
Consult Dr.:		Visit Id: V78499	Room:
Comment:			

Procedure	Normal	Abnormal	Flags	Units	Ref. Range	Tech
— Department: HEMATOLOGY —						
PLT	262			x10^3/UL	130-440	JVP
GRAN #	3.9			x10^3/UL	2.0-7.8	JVP
LYMPH#	1.8			x10^3/UL	0.6-4.1	JVP
MID#	0.5			x10^3/UL	0.0-1.8	JVP
GRAN %	62.8			%	37.0-76.0	JVP
MID%	7.7			%	0.1-24.0	JVP
LYMPH %	29.5			%	10.0-58.5	JVP
SED RATE (1)		29	H	mm/hr	0-20	JVP
— Department: URINALYSIS —						
A DIP STICK (1)						
COLOR	YELLOW				YELLOW	JVP
APPEARANCE	CLEAR				CLEAR	JVP
SPECIFIC GRAVITY	1.025				1.005 - 1.030	JVP
PH	5.5				5.0 - 7.5	JVP
GLUCOSE		100 mg/dL	A		NEGATIVE	JVP
BILIRUBIN	NEGATIVE				NEGATIVE	JVP
KETONE		TRACE	A		NEGATIVE	JVP
BLOOD	NEGATIVE				NEGATIVE	JVP
PROTEIN	NEGATIVE				NEGATIVE	JVP
NITRITE	NEGATIVE				NEGATIVE	JVP
LEUKOCYTES	NEGATIVE				NEGATIVE	JVP
UROBILINOGEN	0.2 E.U./dL				0.0 - 2.0	JVP
— Department: COAGULATION —						
PROTIME (1)	12.3			SEC	10.1-12.9	JVP
INR (1)		1.11	L	RATIO	2.00-4.00	JVP
APTT (1)		22	L	SEC	24-35	JVP

INTERNAL MEDICINE ASSOCIATES, 15211 VANOWEN ST., STE 100, VAN NUYS, CA, 91405. Ph: (818) 778-1920. Director: JOSHUA ROKAW, MD.

DATE: 8/02/18

STAT X-RAY REPORT

REFERENCE #: 16440

PATIENT NAME: BARDAKJIAN, STEEVIO  
PART: axr

DOB: 5/23/70

D DTD      No  
O no new rib fracture  
C no vertebral fracture or  
    lumbar disc

Internal Medicine Associates 15211 Vanowen St., STE 100, Van Nuys, CA 91405 / T: 818-778-1920 / F: 818-787-8804  
Steven Rouff, M.D. / Sylvain Silberstein, M.D. / Joshua Rokaw, M.D. / Michael Polisky, M.D. / Linda Sevilla, M.D.

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 MS1 M 48 ME  
BARCOHANA, BABAK 05/23/1970

000144

# **Valley Presbyterian Hospital**

15107 Vanowen Street, Van Nuys, California 91405  
Radiology Main Line: 818-902-2951

## **DIAGNOSTIC IMAGING REPORT**

**Patient:** BARDAKJIAN,STEEVIO **DOB:** 05/23/1970 **Age:** 48 **Sex:** M

**MR #:** M001265555 **Acct #:** V01013640246 **DOS:** 08/06/18 0000

**Ordering MD:** BARCOHANA, BABAK MD **Location:** REC **Room/Bed:** 170-A

PROCEDURE: Lumbar spine radiograph

CLINICAL INDICATION: Intraoperative examination.

TECHNIQUE: Single cross-table lateral radiograph of the lumbar spine.

COMPARISON: None relevant listed.

### FINDINGS:

Surgical equipment projects over L3-L4 and L5-S1. Dorsal soft tissues.  
Mild degenerative changes throughout the lumbar spine.

### IMPRESSION:

Surgical equipment projects over the L3-L5 levels.

RPTAT: AA

---

Louisy Golden, Physician Date Time  
Electronically viewed and signed by Louisy Golden, Physician on 08/06/2018 13:42

D: 08/06/2018 13:42 T: 08/06/2018 13:42  
LG/

CC: BARCOHANA,BABAK MD

201808061231

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Report #: 0806-0116

Page 1 of 1

201808061231

**000145**

# **Valley Presbyterian Hospital**

15107 Vanowen Street, Van Nuys, California 91405  
Radiology Main Line: 818-902-2951

## **DIAGNOSTIC IMAGING REPORT**

**Patient:** BARDAKJIAN,STEEVIO **DOB:** 05/23/1970 **Age:** 48 **Sex:** M

**MR #:** M001265555 **Acct #:** V01013640246 **DOS:** 08/06/18 0000

**Ordering MD:** BARCOHANA, BABAK MD **Location:** REC **Room/Bed:** 170-A

PROCEDURE: Lumbar spine radiograph

CLINICAL INDICATION: Intraoperative examination.

TECHNIQUE: Single cross-table lateral radiograph of the lumbar spine.

COMPARISON: None relevant listed.

### FINDINGS:

Surgical equipment projects over L3-L4 dorsal soft tissues.  
Mild degenerative changes throughout the lumbar spine.

### IMPRESSION:

Surgical equipment projects within the L3-L4 dorsal soft tissues.

RPTAT: AA

---

Louisy Golden, Physician      Date    Time  
Electronically viewed and signed by Louisy Golden, Physician on 08/06/2018 13:42

D: 08/06/2018 13:42 T: 08/06/2018 13:42  
LG/

CC: BARCOHANA,BABAK MD

201808061241

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Report #: 0806-0117

Page 1 of 1

201808061241

**000146**

1

PLACE TOP EDGE OF FIRST REPORT FORM HERE

MANUAL PACU-1 V01013640246 6-AUG-2018 14:44:43 OR ALM VOL 20% @25 MM/S HR 87  
PACE 1 ARR OFF MODERATE NBP 141/83 (101) mmHg @ 14:42 SP02 100 RR 9



2

PLACE TOP EDGE OF SECOND REPORT FORM HERE

MANUAL PACU-1 V01013640246 6-AUG-2018 15:51:09 OR ALM VOL 20% @25 MM/S HR 91  
PACE 1 ARR OFF MODERATE NBP 148/89 (106) mmHg @ 15:47 SP02 99 RR 11



3

PLACE TOP EDGE OF THIRD REPORT FORM HERE

4

PLACE TOP EDGE OF FOURTH REPORT FORM HERE

**VALLEY**  
PRESBYTERIAN  
HOSPITAL



## CARDIAC RHYTHM STRIP

Page 1 of 1

206S-1263 (12/30/15)

PATIENT I.D.

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 SUR M 48 ME  
BARCOHANA, BABAK 05/23/1970  
000147

# COMPREHENSIVE PROCEDURAL CHECKLIST

PRE-PROCEDURE CHECK-IN	PRE-PROCEDURE BRIEFING	TIME OUT	DEBRIEFING
Pre-Procedure / Procedure RN (Holding Area)	Before Induction of Anesthesia	Before Skin Incision	Before the Patient Leaves the Operating Room
Patient/patient representative actively confirms with Registered Nurse (RN):	RN and anesthesia care provider confirm:	Initiated by designated team member All other activities to be suspended (unless a life-threatening emergency)	RN confirms:
Identity <input checked="" type="checkbox"/> Yes Procedure and Procedure Site <input checked="" type="checkbox"/> Yes Consent(s): Procedural (Patient & RN Signatures) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes Informed (Physician Signature) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes Anesthesia (Patient & Anesthesiologist signatures) <input checked="" type="checkbox"/> Yes Specialty Consent (Appropriate Signatures) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA Site marked by person performing the procedure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA <b>RN confirms presence of:</b> History and Physical current (within 30 days) and updated (within 24 hours) <input checked="" type="checkbox"/> Yes Diagnostic and radiologic test results <input checked="" type="checkbox"/> Yes Blood products available <input type="checkbox"/> Yes <input type="checkbox"/> Any special equipment, devices, implants? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA <b>SCIP Measures</b> Beta Blocker <input type="checkbox"/> Yes Antibiotic <input checked="" type="checkbox"/> Yes addressed Case Cancelled _____  Print Name <u>Limma</u> Signature <u>RUE</u> Date/Time <u>8-6-18</u> <u>1152</u>	Introduction of team members <input checked="" type="checkbox"/> Yes Confirmation of: Identity, procedure, procedure site, and consent(s) <input checked="" type="checkbox"/> Yes Site marked by person performing the procedure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA Patient allergies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA Difficult airway or aspiration risk? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (preparation confirmed) Risk of blood loss (> 500 ml) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA # of units available _____ Anesthesia safety check completed <input checked="" type="checkbox"/> Yes Any special equipment, devices, implants? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA <b>SCIP Measure</b> Venous thromboembolism prophylaxis ordered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA  Print Name <u>Limma</u> Signature <u>RUE</u> Date/Time <u>8-6-18</u> <u>1208</u>	Introduction of team members <input checked="" type="checkbox"/> Yes <b>All:</b> Confirmation of: Identity, procedure, incision, site, consent(s) <input checked="" type="checkbox"/> Yes Site is marked and visible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA Relevant images properly labeled and displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA Fire Risk <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 Completed by RN <input checked="" type="checkbox"/> Yes Concerns _____ <b>Anticipated Critical Events</b> <b>Surgeon:</b> States the following: <input checked="" type="checkbox"/> critical or non-routine steps <input checked="" type="checkbox"/> case duration <input checked="" type="checkbox"/> anticipated blood loss <input checked="" type="checkbox"/> other safety concerns <b>Anesthesia Provider:</b> <input checked="" type="checkbox"/> Appropriate antibiotic prophylaxis within one hour before incision; two hours for Vancomycin (Documented) <input checked="" type="checkbox"/> Additional concerns? <b>Scrub and Circulating Nurse:</b> <input checked="" type="checkbox"/> Sterilization indicators have been confirmed <input checked="" type="checkbox"/> Additional concerns? <b>Briefing:</b> All members of the team have discussed care plan and addressed concerns and all agree <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Multiple procedures requiring timeout <input type="checkbox"/> Additional timeout completed Print Name <u>Limma</u> Signature <u>RUE</u> Date/Time <u>8-6-18</u> <u>1233</u>	Name of operative procedure <input checked="" type="checkbox"/> Yes Completion of swabs, sponge, sharp, and instrument counts <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA Staff and providers remain in the room until count is complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA Specimens identified and labeled <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA Any equipment problems to be addressed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA To all team members: What are the key concerns for post-operative management of this patient?  Print Name <u>Limma</u> Signature <u>RUE</u> Date/Time <u>8-6-18</u> <u>1428</u>

**VALLEY**

PRESBYTERIAN  
HOSPITAL



## COMPREHENSIVE PROCEDURAL CHECKLIST

Page 1 of 1

7021-004 (12/7/17) PATIENT I.D.

BARDAKJIAN, STEEVIO  
 V01013640246 MR# M001265555  
 08/06/18 SUR M 48  
 BARCOHANA, BABAK 05/23/1970

**000148**

## Pre-Operative Instructions

Date of Surgery: 8/6/18

Time of Surgery: 12w

Arrival Time: 10w

Instructions given to:  Patient \_\_\_\_\_  Responsible Caregiver \_\_\_\_\_

In person  By phone  Unable to reach  Other: \_\_\_\_\_

ON THE DAY OF YOUR PRE-OP APPOINTMENT:

- Please arrive 30 minutes prior to your appointment
- Bring your photo ID, insurance cards, authorization, AICD or pacemaker card (original or a copy of it that includes the front and the back).
- Bring any orders given to you by your physician's office
- Bring a copy of your laboratory reports or any other reports or documents with you
- Ask your physician about taking any medications before your procedure

ON THE NIGHT BEFORE YOUR SURGERY:

- **Do not eat or drink anything**, including water, chewing gum, and candy after midnight
- Do not smoke after midnight
- **Make arrangements for a responsible adult to drive you home. You will NOT be able to take a bus or cab alone.**

ON THE DAY OF YOUR SURGERY GO TO SAME DAY SURGERY DEPARTMENT, 2<sup>ND</sup> FLOOR  
WEST CIRCLE TOWER

- It is recommended that you shower or bathe the morning of surgery unless your doctor has instructed otherwise
- Do not wear any make-up, lotion, perfume, hairspray, hair gel, or dark nail polish
- Do not shave the operative site
- You may brush your teeth and gargle but do not swallow the water
- Do not wear contact lenses. Bring eye glasses
- Wear comfortable clothes. Leave all valuables and jewelry at home
- **Arrive two (2) hours** before your scheduled procedure
- Bring any equipment that is needed for your surgery including BIPAP and CPAP machines
- Bring your photo ID and insurance cards with you
- **Bring a list of your medications** including the dose and how often you take them and when the last dose was taken

Notify your doctor if you develop any signs of illness before your surgery. Report symptoms such as fever, sore throat, cough, breathing difficulty, chest pain, or skin problems near your operative site.

AFTER YOUR SURGERY:

- **YOU WILL NOT BE ALLOWED TO DRIVE YOURSELF HOME**
- Do not drive, drink alcohol, or make important decisions for 24 hours

Visiting children under the age of 14 years old will not be allowed in the Same Day Surgery Department.

If you have any questions or concerns regarding your pre-op instructions or surgery, please notify your pre-op nurse or surgeon prior to the day of your procedure:

- Pre-operative Nurse: (818) 902-5155; Hours of Operation 7:00 am – 5:00 pm.
- Surgeon: \_\_\_\_\_

Date of Pre-op Interview: \_\_\_\_\_ Time: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

**VALLEY**  
PRESBYTERIAN  
**HOSPITAL**

**PRE ANESTHESIA TESTING (PAT)**  
**PRE-OPERATIVE INSTRUCTIONS**

Page 1 of 1

PAT

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 MS1 M 48 ME  
BARCOHANA, BABAK 05/23/1970

000149

ADMISSION		TRANSFER		TRANSFER		TRANSFER		DISCHARGE	
Date: <u>8/16</u>	<input type="checkbox"/> None	Date: <input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Rt	<input type="checkbox"/> Lt	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Rt	<input type="checkbox"/> Lt	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Rt	<input type="checkbox"/> Lt	
<input type="checkbox"/> Glasses			<input type="checkbox"/> Glasses			<input type="checkbox"/> Glasses			
<input type="checkbox"/> Contact Lens	<input type="checkbox"/> Rt	<input type="checkbox"/> Lt	<input type="checkbox"/> Contact Lens	<input type="checkbox"/> Rt	<input type="checkbox"/> Lt	<input type="checkbox"/> Contact Lens	<input type="checkbox"/> Rt	<input type="checkbox"/> Lt	
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Partial: <input type="checkbox"/> Upper	<input type="checkbox"/> Lower	Partial: <input type="checkbox"/> Upper	<input type="checkbox"/> Lower	Partial: <input type="checkbox"/> Upper	<input type="checkbox"/> Lower	Partial: <input type="checkbox"/> Upper	<input type="checkbox"/> Lower	Partial: <input type="checkbox"/> Upper	<input type="checkbox"/> Lower
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<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair						
<input type="checkbox"/> Crutches	<input type="checkbox"/> Walker	<input type="checkbox"/> Crutches	<input type="checkbox"/> Walker						
<input type="checkbox"/> Prosthetic Device:		<input type="checkbox"/> Prosthetic Device:		<input type="checkbox"/> Prosthetic Device:		<input type="checkbox"/> Prosthetic Device:		<input type="checkbox"/> Prosthetic Device:	
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<input type="checkbox"/> Home	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Home	<input type="checkbox"/> Pharmacy						
Valuables: <input type="checkbox"/> None	Valuables: <input type="checkbox"/> None	Valuables: <input type="checkbox"/> None	Valuables: <input type="checkbox"/> None	Valuables: <input type="checkbox"/> None	Valuables: <input type="checkbox"/> None	Valuables: <input type="checkbox"/> None	Valuables: <input type="checkbox"/> None	Valuables: <input type="checkbox"/> None	
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<input type="checkbox"/> Kept w/ Patient	<input type="checkbox"/> Kept w/ Patient	<input type="checkbox"/> Kept w/ Patient	<input type="checkbox"/> Kept w/ Patient	<input type="checkbox"/> Kept w/ Patient	<input type="checkbox"/> Kept w/ Patient	<input type="checkbox"/> Kept w/ Patient	<input type="checkbox"/> Kept w/ Patient	<input type="checkbox"/> Kept w/ Patient	
Staff Signature <u>8/16</u>	Staff Signature	Staff Signature							

I understand that all valuables are to be sent home or locked in the safe and that the hospital IS NOT RESPONSIBLE for items I choose to keep in my possession, in my room or on my person. I further understand that I am to report missing items to hospital personnel immediately.

Yo entiendo que todos los artículos de valor/ pertenencias deben ser enviadas a la casa o guardados en la caja fuerte y que el hospital NO sera responsable de reembolsarme por estos artículos. Yo entiendo tambien que debo reportar inmediatamente al personal los artículos perdidos.

Patient Signature/ Firma del Paciente

Date/ Fecha

Witness Signature/ Firma del Testigo

Date/ Fecha

Patient Inventory at Discharge: Patient has received all belongings as noted above.

Patient Signature/ Firma del Paciente

Date/ Fecha

Witness Signature/ Firma del Testigo

Date/ Fecha

**VALLEY**  
PRESBYTERIAN  
HOSPITAL

### PATIENT BELONGINGS RECORD

Page 1 of 1

8720-048 (10/22/15)

WHITE: MEDICAL RECORD

YELLOW: PATIENT COPY

PATIENT I.D.

BARDAKJIAN, STEEVIO  
V01013640246 MR# M001265555  
08/06/18 SUR M 48 ME  
BARCOHANA, BABAK 05/23/1970



000150

Age/Sex	Date Range: Beginning - 08/09/18	Attending	BARCOHANA, BABAK MD	Printed: 08/09/18 at 0118   Page 1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Unit #	M001265555	Account #:	V01013640246	Status: DIS IN Admitted: 08/06/18 at 0940 Location: MS1 Room/Bed: 420-A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY <b>BARDAKJIAN, STEEVIO</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Activity</th> <th>Occurred</th> <th>Recorded</th> <th>Sts</th> <th>Freq/Target</th> <th>Pri</th> <th>From</th> <th colspan="2">POC:PAI PROB:PAI OTCM:PAI</th> </tr> <tr> <th>Type</th> <th>Date</th> <th>Date</th> <th>Date</th> <th>Doc</th> <th>Units</th> <th>Change</th> <th></th> <th>Type</th> <th>Date</th> <th>Date</th> <th>Date</th> <th>Doc</th> <th>Units</th> <th>From</th> </tr> </thead> <tbody> <tr> <td colspan="14"><b>Plan of Care: PAI - NUR:Pain/Comfort</b></td> </tr> <tr> <td colspan="14">Problem PAI - NUR:Alteration in comfort</td> </tr> <tr> <td colspan="14">Related to: -Pain -S/P Lumbar Decompression and microdiscectomy</td> </tr> <tr> <td>Create</td> <td>08/06/18 1100 TAZ</td> <td>08/06/18 1100 TAZ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Create</td> <td>08/06/18 1540 ARL</td> <td>08/06/18 1541 ARL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ed Text</td> <td>08/07/18 0656 LOJ</td> <td>08/07/18 0656 LOJ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Ed Target</td> <td>08/06/18 1541 ARL</td> <td>08/06/18 1541 ARL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="14">Prior Text: Related to: -Pain -Trauma/Surgery</td> </tr> <tr> <td>Ed Status</td> <td>08/06/18 1717 his</td> <td>08/06/18 1717 his</td> <td></td> <td></td> <td></td> <td></td> <td>A-&gt;D</td> <td>Document</td> <td>08/06/18 1814 YUY</td> <td>08/06/18 1819 YUY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="14">IT Outcome NUR:verbalizes relief of discomfort</td> </tr> <tr> <td colspan="14">Document Interventions: -monitor use of PCA AND instruction given</td> </tr> <tr> <td>Create</td> <td>08/06/18 1100 TAZ</td> <td>08/06/18 1100 TAZ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Create</td> <td>08/06/18 1540 ARL</td> <td>08/06/18 1541 ARL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ed Target</td> <td>08/06/18 1100 TAZ</td> <td>08/06/18 1100 TAZ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Ed Target</td> <td>08/07/18 1657 EG</td> <td>08/07/18 1705 EG</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ed Status</td> <td>08/06/18 1814 YUY</td> <td>08/06/18 1814 YUY</td> <td></td> <td></td> <td></td> <td></td> <td>A-&gt;C</td> <td>Ed Text</td> <td>08/08/18 0338 LOJ</td> <td>08/08/18 0338 LOJ</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ed Text</td> <td>08/07/18 0656 LOJ</td> <td>08/07/18 0656 LOJ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Prior Text: Document Interventions:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="14">Prior Text: Document Interventions:</td> </tr> <tr> <td colspan="14">LT Outcome NUR:pt:pain relief goal met</td> </tr> <tr> <td colspan="14">Document Interventions: -monitor effectiveness of med given</td> </tr> <tr> <td>Create</td> <td>08/06/18 1100 TAZ</td> <td>08/06/18 1100 TAZ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Create</td> <td>08/06/18 1540 ARL</td> <td>08/06/18 1541 ARL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ed Target</td> <td>08/06/18 1100 TAZ</td> <td>08/06/18 1100 TAZ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Ed Status</td> <td>08/06/18 1814 YUY</td> <td>08/06/18 1814 YUY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Document</td> <td>08/06/18 1815 YUY</td> <td>08/06/18 1819 YUY</td> <td></td> <td></td> <td></td> <td></td> <td>A-&gt;C</td> <td>Ed Text</td> <td>08/07/18 0658 LOJ</td> <td>08/07/18 0658 LOJ</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="14">Outcome Progress..... 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Unit #	M001265555	Account #:	V01013640246	Status: DIS IN Admitted: 08/06/18 at 0940 Location: MS1 Room/Bed: 420-A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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Patient out of bed ambulating with PT and eating.								Document	08/08/18	0402	LOJ	08/08/18	0402	LOJ		Outcome Progress....Stabilize incision clean and dry								Ed Status	08/08/18	1717	his	08/08/18	1717	his	A->D	oooooooooooooooooooooooooooo								Plan of Care: PT:ACT - PT:Activity	Problem PT:ACG1 - PT:Activity Intolerance- Gait			[D]				Related to: Disease Process, Surgery, Injury								Create	08/07/18	0956	YS	08/07/18	0957	YS		Ed Status	08/08/18	1717	his	08/08/18	1717	his	A->D	LT Outcome	PT:Restore Activity=Gait			[D]	08/14/18			Modified Independent; Front Wheel Walker; 150 feet								Document Interventions:								Create	08/07/18	0956	YS	08/07/18	0957	YS		Ed Target	08/07/18	0957	YS	08/07/18	0957	YS	None -> 08/14/18	Ed Status	08/08/18	1717	his	08/08/18	1717	his	A->D	oooooooooooooooooooooooooooo								Problem	PT:ACG1 - PT:Activity Intolerance- Stairs			[D]				Related to: Disease Process, Surgery, Injury								Create	08/07/18	0956	YS	08/07/18	0957	YS		Ed Status	08/08/18	1717	his	08/08/18	1717	his	A->D	LT Outcome	PT:Restore Activity=Stairs			[D]	08/14/18			Modified Independent; 15 stairs indoors.								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Reaction.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>Patient willing to receive blood or blood products.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Y</td> </tr> <tr> <td>**If medically necessary/ordered will you accept blood or blood products?**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>**If no, explain patient refusal of accepting blood or blood products, and band patient appropriately**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>**If unable to obtain, document reason in comment section**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Malignant Hyperthermia.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>If yes, please list with dates</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> 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Nasal Cannula										Oxymetry Method.....	Continuous Pulse Oximetry										O2 SAT.....	.....99 %										Subjective.....	Current complaint of pain										Pain Scale Used.....	NUMERIC										Pain Intensity.....	.....6										Current pain level score										Date: 08/06/18 1455										0250226	1000007	Pre Post Anesthesia Rec Score Aldrete		A	.Pre and Post Procedure						OR	Document	08/06/18 1455 ARL	08/06/18 1618 ARL									Respirations.....	Cough and deep breathe										Circulation....	BP 20mmHg of preop level										Consciousness...	Arousable on calling										Color.....	Pink										Activity.....	Moves all 4 extremities										Total.....	9 points										Discharge the patient from post sedation or procedure recovery when patient reaches Aldrete Score Criteria of eight (8) or pre-procedure score.										Date: 08/06/18 1457										0250226	Vital Signs		A	.On Admission							OR	Document	08/06/18 1457 ARL	08/06/18 1544 ARL									Pulse Rate.....	.....88 beats per minute										Side.....	.....Right										Location.....	.....Monitor										Rhythm.....	.....Regular										Systolic.....	.....142 mm Hg										Diastolic.....	.....86 mm Hg										Mean.....	.....104 mm Hg										Location.....	.....Right Arm										Source.....	.....Automatic Cuff										Position.....	.....Semifowlers										Resp Rate.....	.....14 breaths per minute										Oxygen Delivery Method....	Nasal Cannula										Oxymetry Method.....	Continuous Pulse Oximetry										O2 SAT.....	.....100 %										Subjective.....	Current complaint of pain										Pain Scale Used.....	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<td>Mean.....</td> <td colspan="10">107 mm Hg</td> </tr> <tr> <td>Location.....</td> <td colspan="10">Right Arm</td> </tr> <tr> <td>Source.....</td> <td colspan="10">Automatic Cuff</td> </tr> <tr> <td>Position.....</td> <td colspan="10">Semifowlers</td> </tr> <tr> <td>Resp Rate.....</td> <td colspan="10">14 breaths per minute</td> </tr> <tr> <td>Oxygen Delivery Method....</td> <td colspan="10">Nasal Cannula</td> </tr> <tr> <td>Oxymetry Method.....</td> <td colspan="10">Continuous Pulse Oximetry</td> </tr> <tr> <td>O2 SAT.....</td> <td colspan="10">99 %</td> </tr> <tr> <td>Subjective.....</td> <td colspan="10">Current complaint of pain</td> </tr> <tr> <td>Pain Scale Used.....</td> <td colspan="10">NUMERIC</td> </tr> <tr> <td>Pain Intensity.....</td> <td colspan="10">3</td> </tr> <tr> <td>Current pain level score</td> <td colspan="10"></td> <td>Date: 08/06/18 1525</td> </tr> <tr> <td colspan="13"><b>9999910 Review care plan</b></td> <td>A</td> <td>05, 17</td> <td>OR</td> </tr> <tr> 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Eyes open spontaneously. Alert, oriented to person, place, time, and situation. Follows commands. Speech clear and understandable. No swallowing difficulty. Denies headache. Behavior/appearance appropriate. No nervousness, mood change, depression or hallucinations. No seizure activity noted. No weakness, tics, tremor, paralysis or coordination problems.</td> <td colspan="10"></td> </tr> <tr> <td>Location.....</td> <td colspan="10">Bilateral</td> </tr> <tr> <td>Pupil Shape.....</td> <td colspan="10">Round</td> </tr> <tr> <td>Pupil Reaction.....</td> <td colspan="10">Brisk</td> </tr> <tr> <td>Pupil Equality.....</td> <td colspan="10">Equal</td> </tr> <tr> <td>Patient Orientation.....</td> <td colspan="10">Person</td> </tr> <tr> <td></td> <td colspan="10">Place</td> </tr> <tr> <td>Additional LOC Comments...</td> <td colspan="10"></td> </tr> <tr> <td>...s/p l3-14, 14-15 right lumbar decompression microdiscectomy</td> <td colspan="10"></td> </tr> <tr> <td>Eye Opening.....</td> <td colspan="10">Spontaneous</td> </tr> <tr> <td>Motor.....</td> <td colspan="10">Obey Commands</td> </tr> <tr> <td>Verbal.....</td> <td colspan="10">Oriented and appropriate</td> </tr> <tr> <td>Glasgow Coma Scale Total.....</td> <td colspan="10">15 points</td> </tr> <tr> <td>If less than 8, prepare for possible intubation</td> <td colspan="10"></td> </tr> <tr> <td>Mood and Affect Description.....</td> <td colspan="10">Cooperative</td> </tr> <tr> <td></td> <td colspan="10">.....Calm</td> </tr> <tr> <td>Complains of headache.....</td> <td colspan="10">N</td> </tr> </tbody></table>													Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts Doc	Freq/Target Units	Pri Change	From	0250226 Vital Signs	Document 08/06/18	1512	ARL	08/06/18	1544	ARL	A	.On Admission		OR	Pulse Rate.....	90 beats per minute										Side.....	Right										Location.....	Monitor										Rhythm.....	Regular										Systolic.....	145 mm Hg										Diastolic.....	82 mm Hg										Mean.....	103 mm Hg										Location.....	Right Arm										Source.....	Automatic Cuff										Position.....	Semifowlers										Resp Rate.....	12 breaths per minute										Oxygen Delivery Method.....	Nasal Cannula										Oxymetry Method.....	Continuous Pulse Oximetry										O2 SAT.....	99 %										Subjective.....	Current complaint of pain										Pain Scale Used.....	NUMERIC										Pain Intensity.....	4										Current pain level score											Date: 08/06/18 1517	<b>0250226 Vital Signs</b>													A	.On Admission	OR	Document 08/06/18	1517	ARL	08/06/18	1544	ARL	A	.On Admission		OR	Pulse Rate.....	90 beats per minute										Side.....	Right										Location.....	Monitor										Rhythm.....	Regular										Systolic.....	149 mm Hg										Diastolic.....	89 mm Hg										Mean.....	109 mm Hg										Location.....	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Moves all 4 extremities										Total.....	9 points										Discharge the patient from post sedation or procedure recovery when patient reaches Aldrete Score Criteria of eight (8) or pre-procedure score.											Date: 08/06/18 1522	<b>0250226 Vital Signs</b>													A	.On Admission	OR	Document 08/06/18	1522	ARL	08/06/18	1544	ARL	A	.On Admission		OR	Pulse Rate.....	90 beats per minute										Side.....	Right										Location.....	Monitor										Rhythm.....	Regular										Systolic.....	140 mm Hg										Diastolic.....	90 mm Hg										Mean.....	107 mm Hg										Location.....	Right Arm										Source.....	Automatic Cuff										Position.....	Semifowlers										Resp Rate.....	14 breaths per minute										Oxygen Delivery Method....	Nasal Cannula										Oxymetry Method.....	Continuous Pulse Oximetry										O2 SAT.....	99 %										Subjective.....	Current complaint of pain										Pain Scale Used.....	NUMERIC										Pain Intensity.....	3										Current pain level score											Date: 08/06/18 1525	<b>9999910 Review care plan</b>													A	05, 17	OR	Document 08/06/18	1525	ARL	08/06/18	1534	ARL	A	05, 17		OR	<b>9999920 Update care plan</b>													A	17, 05	OR	Document 08/06/18	1525	ARL	08/06/18	1534	ARL	A	17, 05		OR	<b>9999930 12 Hour Chart Review</b>													A	13, 01	OR	* Review and validate that all current orders have been entered and noted.													Document 08/06/18	1525	ARL	08/06/18	1534	ARL	A	13, 01		OR	<b>0250227 Neurological Assessment Adult</b>													A	.per unit policy	OR	Document 08/06/18	1526	ARL	08/06/18	1534	ARL	A	.per unit policy		OR	Neurological Assessment WNL.....	Y										WNL: PERRLA. Eyes open spontaneously. Alert, oriented to person, place, time, and situation. Follows commands. Speech clear and understandable. No swallowing difficulty. Denies headache. Behavior/appearance appropriate. No nervousness, mood change, depression or hallucinations. No seizure activity noted. No weakness, tics, tremor, paralysis or coordination problems.											Location.....	Bilateral										Pupil Shape.....	Round										Pupil Reaction.....	Brisk										Pupil Equality.....	Equal										Patient Orientation.....	Person											Place										Additional LOC Comments...											...s/p l3-14, 14-15 right lumbar decompression microdiscectomy											Eye Opening.....	Spontaneous										Motor.....	Obey Commands										Verbal.....	Oriented and appropriate										Glasgow Coma Scale Total.....	15 points										If less than 8, prepare for possible intubation											Mood and Affect Description.....	Cooperative											.....Calm										Complains of headache.....	N									
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Unit #	48 M	BARCOHANA, BABAK MD	Account #:	V01013640246	Status	DIS IN	Admitted	08/06/18 at 0940																																																																																																					
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Date Range: Beginning - 08/09/18		Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY										Printed: 08/09/18 at 0118   Page 15						
Age/Sex	48 M <th>Attending</th> <td data-cs="2" data-kind="parent">BARCOHANA, BABAK MD</td> <td data-kind="ghost"></td> <th data-cs="2" data-kind="parent">BARDAKJIAN, STEEVIO</th> <th data-kind="ghost"></th> <th>Status</th> <td>DIS IN</td> <th>Admitted</th> <td data-cs="2" data-kind="parent">08/06/18 at 0940</td> <td data-kind="ghost"></td>	Attending	BARCOHANA, BABAK MD		BARDAKJIAN, STEEVIO		Status	DIS IN	Admitted	08/06/18 at 0940								
Unit #	M001265555	Account #	V01013640246				Location	MS1	Room/Bed	420-A								
<b>INT: 3000388</b>																		
Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts	Freq/Target	Pri	From	Activity Type	Occurred Date	Occurred Time	By				
3000388	Incentive Spirometer Nursing			A		OR		Date: 08/06/18 1545		1000007		Pre Post Anesthesia Rec Score Aldrete						
Create	08/06/18	1534	ARL	08/06/18	1534	ARL				Document	08/06/18	1545	ARL	08/06/18	1618	ARL		
Date:	08/06/18 1535			A		OR		.Pre and Post Procedure		.Pre and Post Procedure		OR						
3000388	Incentive Spirometer Nursing			A		OR		Respirations.....Cough and deep breathe		1000007		.Pre and Post Procedure		OR				
Document	08/06/18	1535	ARL	08/06/18	1536	ARL												
	Initial instruction on use of IS provided.....Y			A		OR		Circulation.....BP 20mmHg of preop level		1000007		Consciousness...Fully awake responsive		1000007				
	Return Demonstration performed and Reconstructed as needed...Y			A		OR		Color.....Pink		1000007		Activity.....Moves all 4 extremities		1000007				
	Incentive Spirometry Number of Repetitions.....6 repetitions			A		OR		Total.....10 points		1000007		Discharge the patient from post sedation or		1000007				
	Incentive Spirometry Volume Amount in ml.....2000 ml			A		OR		procedure recovery when patient reaches		1000007		Aldrete Score Criteria of eight (8) or		1000007				
	Breath Hold.....Good			A		OR		pre-procedure score.		1000007		Procedure.....IS Instruct		1000007				
	Procedure.....IS Instruct			A		OR		Date: 08/06/18 1537		1000007		.Pre and Post Procedure		OR				
0250226	Vital Signs			A		.On Admission		OR	Date: 08/06/18 1547		0250226		Vital Signs		.On Admission			
Document	08/06/18	1537	ARL	08/06/18	1544	ARL												
	Pulse Rate.....90 beats per minute			A		OR		Document		08/06/18 1547		ARL		08/06/18 1614		ARL		
	Side.....Right			A		OR		Pulse Rate.....92 beats per minute		0250226		Side.....Right		08/06/18 1547		ARL		
	Location.....Monitor			A		OR		Location.....Monitor		0250226		Rhythm.....Regular		08/06/18 1547		ARL		
	Rhythm.....Regular			A		OR		Rhythm.....Regular		0250226		Systolic.....140 mm Hg		08/06/18 1547		ARL		
	Systolic.....140 mm Hg			A		OR		Systolic.....140 mm Hg		0250226		Diastolic.....89 mm Hg		08/06/18 1547		ARL		
	Diastolic.....87 mm Hg			A		OR		Diastolic.....87 mm Hg		0250226		Mean.....108 mm Hg		08/06/18 1547		ARL		
	Mean.....104 mm Hg			A		OR		Mean.....104 mm Hg		0250226		Location.....Right Arm		08/06/18 1547		ARL		
	Location.....Right Arm			A		OR		Source.....Automatic Cuff		0250226		Source.....Automatic Cuff		08/06/18 1547		ARL		
	Source.....Automatic Cuff			A		OR		Position.....Semifowlers		0250226		Position.....Semifowlers		08/06/18 1547		ARL		
	Position.....Semifowlers			A		OR		Resp Rate.....14 breaths per minute		0250226		Resp Rate.....15 breaths per minute		08/06/18 1547		ARL		
	Resp Rate.....14 breaths per minute			A		OR		Oxygen Delivery Method....Nasal Cannula		0250226		Oxygen Delivery Method....Nasal Cannula		08/06/18 1547		ARL		
	Oxygen Delivery Method....Nasal Cannula			A		OR		Oxymetry Method.....Continuous Pulse Oximetry		0250226		Oxymetry Method.....Continuous Pulse Oximetry		08/06/18 1547		ARL		
	Oxymetry Method.....Continuous Pulse Oximetry			A		OR		02 SAT.....99 %		0250226		02 SAT.....100 %		08/06/18 1547		ARL		
	02 SAT.....99 %			A		OR		Subjective.....Current complaint of pain		0250226		Subjective.....Current complaint of pain		08/06/18 1547		ARL		
	Subjective.....Current complaint of pain			A		OR		Pain Scale Used.....NUMERIC		0250226		Pain Scale Used.....NUMERIC		08/06/18 1547		ARL		
	Pain Scale Used.....NUMERIC			A		OR		Date: 08/06/18 1540		0250226		Date: 08/06/18 1552		08/06/18 1552		ARL		
2750050	CP: Monitor pain level			A		CP		Document		08/06/18 1540		08/06/18 1541		ARL		08/06/18 1614		
Create	08/06/18	1540	ARL	08/06/18	1541	ARL												
5000050	CP: Instruct pt to report onset of pain			A		CP		Document		08/06/18 1540		08/06/18 1541		ARL		08/06/18 1614		
Create	08/06/18	1540	ARL	08/06/18	1541	ARL												
Date: 08/06/18 1542	Vital Signs			A		.On Admission		OR	Document		08/06/18 1542		ARL		08/06/18 1614			
0250226	Vital Signs			A		.On Admission		OR	Pulse Rate.....90 beats per minute		0250226		Pulse Rate.....90 beats per minute		08/06/18 1542		ARL	
	Side.....Right			A		OR		Side.....Right		0250226		Location.....Monitor		08/06/18 1542		ARL		
	Location.....Monitor			A		OR		Rhythm.....Regular		0250226		Rhythm.....Regular		08/06/18 1542		ARL		
	Rhythm.....Regular			A		OR		Systolic.....140 mm Hg		0250226		Diastolic.....83 mm Hg		08/06/18 1542		ARL		
	Systolic.....140 mm Hg			A		OR		Diastolic.....83 mm Hg		0250226		Mean.....102 mm Hg		08/06/18 1542		ARL		
	Mean.....102 mm Hg			A		OR		Mean.....102 mm Hg		0250226		Location.....Right Arm		08/06/18 1542		ARL		
	Location.....Right Arm			A		OR		Source.....Automatic Cuff		0250226		Source.....Automatic Cuff		08/06/18 1542		ARL		
	Source.....Automatic Cuff			A		OR		Position.....Semifowlers		0250226		Position.....Semifowlers		08/06/18 1542		ARL		
	Position.....Semifowlers			A		OR		Resp Rate.....17 breaths per minute		0250226		Resp Rate.....17 breaths per minute		08/06/18 1542		ARL		
	Resp Rate.....17 breaths per minute			A		OR		Oxygen Delivery Method....Nasal Cannula		0250226		Oxygen Delivery Method....Nasal Cannula		08/06/18 1542		ARL		
	Oxygen Delivery Method....Nasal Cannula			A		OR		Oxymetry Method.....Continuous Pulse Oximetry		0250226		Oxymetry Method.....Continuous Pulse Oximetry		08/06/18 1542		ARL		
	Oxymetry Method.....Continuous Pulse Oximetry			A		OR		02 SAT.....99 %		0250226		02 SAT.....100 %		08/06/18 1542		ARL		
	02 SAT.....99 %			A		OR		Subjective.....Current complaint of pain		0250226		Subjective.....Current complaint of pain		08/06/18 1542		ARL		
	Subjective.....Current complaint of pain			A		OR		Pain Scale Used.....NUMERIC		0250226		Pain Scale Used.....NUMERIC		08/06/18 1542		ARL		
	Pain Scale Used.....NUMERIC			A		OR		Date: 08/06/18 1540		0250226		Date: 08/06/18 1552		08/06/18 1552				

Age/Sex	48 M	Date Range:	Beginning - 08/09/18	Attending	BARCOHANA, BABAK MD	Printed:	08/09/18 at 0118	Page	16																																																																																																																																																																																																																																																																																							
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No fears or anxiety related to hospitalization.											0250255 Pain Management							A	.per unit policy		OR	**Each time a pain management intervention is provided please complete pain reassessment intervention per current policy and procedure**											Document	08/06/18 1645 YUY	08/06/18 1811 YUY									Subjective.....Potential for pain											.....Denies pain											Pain Intensity.....1											Current pain level score											Patient Stated Goal for Pain Relief...1											Goal											Pain Scale Used.....NUMERIC											Pharmacological Pain Intervention.....Y PCA, DILAUDID.											Patient Response.....Effective											Physician Notified.....N										
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WNL: Heart rate regular per auscultation, heart sounds normal (S1 & S2), no murmur noted. No syncope, fainting, dyspnea, or cyanosis on exertion. No dizziness/vertigo. Denies chest pain. No cardiac implant or internal defibrillator device noted (pacemaker, AICD). No jugular venous distention. Strength of the radial, dorsalis and pedis and posterior tibial pulses is 2+. Capillary refill to nailbed < 3 seconds. Extremities warm and pink in color. Denies calf pain. No edema noted.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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WNL: Breath sounds clear/vesicular (soft, low-pitched sounds) throughout all lung fields and bronchial over major airways. No adventitious breath sounds noted. Trachea midline. Respirations unlabored. Equal chest expansion with inspiration. No cough noted. No sputum/secretions noted.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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WNL: Abdomen flat or evenly rounded, soft, symmetrical, and non-tender to palpation. Bowel sounds active in all 4 quadrants. Moving bowels within own pattern with no change in consistency. Denies gastrointestinal complaints.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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WNL: If toilet trained: Able to empty bladder per voiding without incontinence or catheter. Urine clear and yellow to amber in color, without odor. Denies dysuria, nocturia, polyuria, and oliguria. No pain in flank, groin, suprapubic region, lower abdomen or low back.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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No skeletal deformities or contractures noted. IF WALKING: Steady gait and balance, OR crawls as age appropriate; sits up as age appropriate. Normal spine curvature. No weakness noted in extremities. Extremities with full range of motion (ROM). No spasticity or flaccidity noted. No abnormal movements (tremors, dystonia). No joint swelling/tenderness, or redness noted.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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WNL: Behavior and affect calm and appropriate for situation. No mood swings noted. Mood appropriate for situation with regards to cultural influences. Effective coping skills/patterns with regards to cultural influences. Adequate support system. Normal age appropriate growth and development. No signs of suspected abuse. No fears or anxiety related to hospitalization.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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Date Range: Beginning - 08/09/18				Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY										Printed: 08/09/18 at 0118   Page 18				
Age/Sex	48 M <th>Attending</th> <td>BARCOHANA, BABAK MD<th data-cs="10" data-kind="parent"></th><th data-kind="ghost"></th><th data-kind="ghost"></th><th data-kind="ghost"></th><th data-kind="ghost"></th><th data-kind="ghost"></th><th data-kind="ghost"></th><th data-kind="ghost"></th><th data-kind="ghost"></th><th data-kind="ghost"></th><th>Status</th><td>DIS IN</td><th>Admitted</th><td>08/06/18 at 0940</td></td>	Attending	BARCOHANA, BABAK MD <th data-cs="10" data-kind="parent"></th> <th data-kind="ghost"></th> <th>Status</th> <td>DIS IN</td> <th>Admitted</th> <td>08/06/18 at 0940</td>											Status	DIS IN	Admitted	08/06/18 at 0940	
Unit #	M001265555	Account #	V01013640246											Location	MS1	Room/Bed	420-A	
<b>INT: 0250331</b>															<b>INT: 3000380</b>			
Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts	Freq/Target	Pri	From	Change	Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	From
0250331	I: Vital Signs						A			OE		Document	08/06/18	1645	YUY	08/06/18	1811	YUY
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						Initial instruction on use of IS provided.....N						
0250930	I: Activity as Tolerated						A			OE		Return Demonstration performed and Reconstructed as needed...Y						
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						Incentive Spirometry Number of Repetitions.....4 repetitions						
1250370	I: Out of Bed w/assist						A			OE		Incentive Spirometry Volume Amount in ml.....2000 ml						
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						Breath Hold.....Good						
1250390	I: Bedside Commode						A			OE		Respiratory Treatment Tolerance.....Good						
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						Procedure.....Demo Eval						
1250500	I: Walker in room						A			OE		3500060 I: Intake and Output						
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						Document	08/06/18	1645	YUY	08/06/18	1811	YUY
2000002	IV Invasive Line Status						A	.per unit policy		OR		3750004 Integumentary Assessment Intact Skin						
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						**Each time the Integumentary Assessment is completed and it is *With Wound/Incision/Pressure ulcer present* please complete Wound Assessment Intervention per current policy and procedure**						
IV Location Modifier.....Left												Document	08/06/18	1645	YUY	08/06/18	1811	YUY
IV Body Site.....Hand												Skin Parameters.....See Wound Assessment						
IV Infusion Port.....Medial												3750008 Integumentary Wound Assessment						
IV Catheter Type.....Peripheral IV												Document	08/06/18	1645	YUY	08/06/18	1811	YUY
***IF NEW CENTRAL LINE***												Wound/Incision/Pressure Ulcer Present.....Y						
Please complete General Procedure Intervention.												Date Wound Identified.....08/06/18						
Line Status.....Maintain												Picture Taken.....N						
Catheter Gauge.....20 gauge												Wound Location Modifier.....Posterior						
IV Patency.....Intact With Blood Return												Wound Location Body Site.....Back						
IV Line Site Observation...Asymptomatic												DOCUMENT ****IMAGE OF BUTTOCKS WOUND BELOW****						
Site and Tubing Labeled....Y												(Inpatient Only)						
Initials, Date and Time noted												Wound Type.....Incision						
2000040	I: Advance Diet/Reg Post Op						A	Q6H		OE		Wound Appearance.....Clean & Dry						
Please place appropriate Dietary Order using contingency source.												Wound Appearance Comment.....DERMABOND						
(Document a nurses note if patient not tolerating meal).												Drainage Amount.....None						
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						Surrounding Tissue Appearance.....Blanchable						
2500021	I: Monitor Pulse/Oximetry						A			OE		Dry						
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						.....Intact						
2750004	Patient Controlled Analgesia Record PCA						A			OR		Wound Dressing.....Open to air						
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						Specialty Mattress.....Pressure ReducingMattress						
PCA Medication.....Dilaudid												Measures to Improve Skin Integrity.....Dry Flow Pad Only						
Infusion Mode Setting.....Intermittent												.....No Chucks						
Intermittent Dose Setting.....0.2 mg												.....Off Load Heels w/Pillows						
PCA Lockout Interval.....10 minutes																		
PCA Four Hour Dose Limit.....6.00																		
PCA Changes Verified by Two Licensed Personnel...Y																		
Type of Change made to PCA setting.....Post op																		
First RN Signature.....YULDUZ, RN																		
Second RN Signature.....JUDY, RN																		
Total mg PCA Dose only.....1.6 mg																		
Total mg Dose Delivered.....1.6 mg																		
(Should = PCA Cont. dose)																		
Total of Attempts.....14 attempts																		
Level of Consciousness Score.....1 Awake and Alert																		
Resp rate.....18 breaths per minute																		
Pain Intensity.....1																		
Current pain level score																		
Patient Stated Goal for Pain Relief.....1																		
Goal																		
3000160	I: Thrombolic Pump						A			OE		4250080 I: Incentive Spire Instruction						
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						Document	08/06/18	1645	YUY	08/06/18	1811	YUY
3000388	I: Incentive Spirometer Nursing						A			OR		4500120 I: Oxygen via Nasal Cannula						
Document	08/06/18	1645	YUY	08/06/18	1811	YUY						Document	08/06/18	1645	YUY	08/06/18	1811	YUY

Age/Sex	48 M	Date Range:	Beginning - 08/09/18	Attending	BARCOHANA, BABAK MD	Printed:	08/09/18 at 0118	Page	19																																																																																												
Unit #	M001265555	Account #:	V01013640246	Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY				Status	DIS IN	Admitted	08/06/18 at 0940																																																																																										
BARDAKJIAN, STEEVIO										Location	MS1	Room/Bed	420-A																																																																																								
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Date Range: Beginning - 08/09/18		Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY										Printed: 08/09/18 at 0118   Page 20		
Age/Sex	48 M <th>Attending</th> <td data-cs="3" data-kind="parent">BARCOHANA, BABAK MD</td> <td data-kind="ghost"></td> <td data-kind="ghost"></td> <th>Status</th> <td data-cs="3" data-kind="parent">DIS IN</td> <td data-kind="ghost"></td> <td data-kind="ghost"></td> <th>Admitted</th> <td data-cs="3" data-kind="parent">08/06/18 at 0940</td> <td data-kind="ghost"></td> <td data-kind="ghost"></td>	Attending	BARCOHANA, BABAK MD			Status	DIS IN			Admitted	08/06/18 at 0940			
Unit #	M001265555 <th>Account #</th> <td data-cs="3" data-kind="parent">V01013640246</td> <td data-kind="ghost"></td> <td data-kind="ghost"></td> <th>Location</th> <td data-cs="3" data-kind="parent">MS1</td> <td data-kind="ghost"></td> <td data-kind="ghost"></td> <th>Room/Bed</th> <td data-cs="3" data-kind="parent">420-A</td> <td data-kind="ghost"></td> <td data-kind="ghost"></td>	Account #	V01013640246			Location	MS1			Room/Bed	420-A			
<b>INT:0250226</b>														
Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts	Freq/Target	Pri	From	Activity Type	Occurred Date	Occurred Time	By
							Doc	Units		Change				
0250226	Vital Signs						A	.per unit policy		OR	4500040	CP: Educate Regarding Safety		A
	Pain Scale Used.....							NUMERIC			Create	08/06/18 1812 YUY	08/06/18 1813 YUY	
	Pain Intensity.....							1			Date:	08/06/18 1813		
	Current pain level score										1750214	Assess skin integrity		A
	VS Additional Comments.....							PT ON PCA.			Create	08/06/18 1813 YUY	08/06/18 1814 YUY	
	Date: 08/06/18 1811										3500130	CP: Provide Skin Care		A
0250008	Admission General Questions						C	.On Admission		OR	3500140	CP: Monitor Skin Integrity		A
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Create	08/06/18 1813 YUY	08/06/18 1814 YUY	
0250009	Advance Directives and Medical Legal						C	.On Admission		OR	7000633	I: Bedside Blood Glucose check		A
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Create	08/06/18 1813 SS	08/06/18 1814 SS	
0250028	Height and Weight						C	.On Admission		OR	Date: 08/06/18 1814			
	Please remember to document weight in							Kilograms.			2750050	CP: Monitor pain level		C
	If stated weight is in pounds, divide by							2.2 to convert to kilograms.			Ed Status	08/06/18 1814 YUY	08/06/18 1814 YUY	
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									5000050	CP: Instruct pt to report onset of pain		C
0250030	Past Medical and Surgical History						C	.On Admission		OR	Ed Status	08/06/18 1814 YUY	08/06/18 1814 YUY	
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Date: 08/06/18 1815			A->C
0250215	Immunization Screening-Adult SDS						C	.On Admission		OR	0250226	Vital Signs		A
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									.per unit policy			OR
0250225	Infectious Disease Screening						C	.On Admission		OR	Document	08/06/18 1815 YUY	08/06/18 1907 YUY	
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Temp F.....	97.9 degrees F		
0250890	Preoperative Checklist						C	.Pre Procedure		OR	Temperature Calculated as Celsius...	36.61 degrees C		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Source.....	Oral		
0500310	I: Drain Care and Monitoring						C			OR	Pulse Rate.....	97 beats per minute		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Side.....	Right		
0500490	Nurse to Nurse Consults						C	.As needed		OR	Location.....	Monitor		
	****Nurse consults need to be used for							any equipment needed, along with			Rhythm.....	Regular		
	questions/concerns that an RN has, or							additional education***			Strength.....	2 Normal		
	Note: (Nurse to Nurse consults are for							nursing only, does not replace Physician			Method.....	V/S MACHINE		
	Consultant Orders)										Systolic.....	108 mm Hg		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Diastolic.....	68 mm Hg		
1000007	Pre Post Anesthesia Rec Score Aldrete						C	.Pre and Post Procedure		OR	Mean.....	81 mm Hg		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Location.....	Left Arm		
1500060	Stroke Discharge Instructions						C	.Upon Discharge		OR	Source.....	Automatic Cuff		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Position.....	Right Lateral		
3250230	tPA Documentation Intervention						C			OR	Resp Rate.....	20 breaths per minute		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Oxygen Delivery Method.....	Nasal Cannula		
3750110	Medical Implantable Devices						C	.As needed		OR	Oxymetry Method.....	Continuous Pulse Oximetry		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									02 SAT.....	99 %		
4300005	I: GEN/MAC Anesth Protocol						C	.Post Op PACU		OR	Oxygen Flow Rate Liter per min.....	2.0 L/min		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Subjective.....	Potential for pain		
5250302	Teaching Assessment						C	.On Admission		OR	.....	Denies pain		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Pain Scale Used.....	NUMERIC		
5750000	Suicide Risk Assessment						C	.On Admission		OR	Pain Intensity.....	1		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Current pain level score			
8000825	I: Transfer to PACU Post Op						C	.Post Op PACU		OR	VS Additional Comments.....	PT ON PCA.		
	Ed Status 08/06/18 1811 YUY	08/06/18 1811 YUY									Date: 08/06/18 1812			
4250280	CP:Provide Safe Environment						A			OR	2000040	I: Advance Diet/Reg Post Op		A
	Create 08/06/18 1812 YUY	08/06/18 1813 YUY									Q6H	Please place appropriate Dietary Order		
4500040	CP: Educate Regarding Safety						A			OR	Using contingency source.			
	Create 08/06/18 1812 YUY	08/06/18 1813 YUY									(Document a nurses note if patient not tolerating meal).			
											Document	08/06/18 1819 YUY	08/06/18 1820 YUY	
											9999910	Review care plan		A
											Document	08/06/18 1819 YUY	08/06/18 1820 YUY	05,17
											9999920	Update care plan		A
											Document	08/06/18 1819 YUY	08/06/18 1820 YUY	17,05



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No weakness, tics, tremor, paralysis or coordination problems.</td> </tr> <tr> <td colspan="8">Location.....Bilateral</td> </tr> <tr> <td colspan="8">Pupil Shape.....Round</td> </tr> <tr> <td colspan="8">Pupil Reaction.....Brisk</td> </tr> <tr> <td colspan="8">Pupil Equality.....Equal</td> </tr> <tr> <td colspan="8">Patient Orientation.....Person</td> </tr> <tr> <td colspan="8">.....Place</td> </tr> <tr> <td colspan="8">.....Time</td> </tr> <tr> <td colspan="8">.....Situation</td> </tr> <tr> <td colspan="8">Eye Opening.....Spontaneous</td> </tr> <tr> <td colspan="8">Motor.....Obey Commands</td> </tr> <tr> <td colspan="8">Verbal.....Oriented and appropriate</td> </tr> <tr> <td colspan="8">Glasgow Coma Scale Total.....15 points</td> </tr> <tr> <td colspan="8">If less than 8, prepare for possible intubation</td> </tr> <tr> <td colspan="8">Mood and Affect Description.....Cooperative</td> </tr> <tr> <td colspan="8">.....Calm</td> </tr> <tr> <td colspan="8">Complains of headache.....N</td> </tr> <tr> <td colspan="8">Seizure activity present.....N</td> </tr> <tr> <td colspan="8">Sensory Limitations.....None</td> </tr> <tr> <td colspan="8">Speech Pattern.....Clear</td> </tr> <tr> <td colspan="8">Corneal Reflex.....Present Bilateral</td> </tr> <tr> <td colspan="8">Blink Reflex.....Present</td> </tr> <tr> <td colspan="8">Cough Gag.....Normal</td> </tr> <tr> <td colspan="8">Swallowing Difficulties.....N</td> </tr> <tr> <td colspan="8">Comprehension Ability.....Understands Concepts</td> </tr> <tr> <td colspan="8">Location.....Right leg</td> </tr> <tr> <td colspan="8">Strength.....Mild Weakness</td> </tr> <tr> <td>0250233</td> <td>Cardiovascular Assessment</td> <td></td> <td>A</td> <td>.per unit policy</td> <td></td> <td>OR</td> </tr> <tr> <td colspan="8">Document 08/06/18 2000 LOJ 08/07/18 0438 LOJ</td> </tr> <tr> <td colspan="8">Cardiovascular Assessment WNL.....Y</td> </tr> <tr> <td colspan="8">WNL: Heart rate regular per auscultation, heart sounds normal (S1 &amp; S2), no murmur noted. No syncope, fainting, dyspnea, or cyanosis on exertion. No dizziness/vertigo.</td> </tr> <tr> <td colspan="8">Denies chest pain. No cardiac implant or internal defibrillator device noted (pacemaker, AICD). No jugular venous distention. Strength of the radial, dorsalis and pedis and posterior tibial pulses is 2+. Capillary refill to nailbed &lt; 3 seconds.</td> </tr> <tr> <td colspan="8">Extremities warm and pink in color. Denies calf pain. 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Unit #: M001265555		Attending: BARCOHANA, BABAK MD	Account #: V01013640246		BARDAKJIAN, STEEVIO										Status: DIS IN	Admitted: 08/06/18 at 0940							
INT: 5350312												INT: 0250226											
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5350312 Stroke Teaching Instructions												08/06/18 08:20 AM OR											
when you are ill, have chest pain or shortness of breath at rest or when you feel exhausted.												Location.....Left Arm Source.....Automatic Cuff Position.....Right Lateral Resp Rate.....18 breaths per minute Oxygen Delivery Method.....Nasal Cannula Oxymetry Method.....Continuous Pulse Oximetry O2 SAT.....98 % Oxygen Flow Rate Liter per min.....2.0 L/min Subjective.....Current complaint of pain Pain Scale Used.....NUMERIC Pain Intensity.....6 Current pain level score											
*If you will be receiving home physical or occupational therapy, work with your therapist and doctor on developing an exercise program that is designed for you.												Date: 08/06/18 2330											
*If you have any new physical limitations consult with your doctor before driving.												2250003 Sepsis Screening Tool											
*If you are on a blood thinner such as Coumadin or Aspirin, use caution when performing activities that may cause bleeding. (use soft toothbrush, electric razor)												Document 08/06/18 2030 LOJ 08/07/18 0438 LOJ OR											
Pt educated on the risk factors of stroke.....Yes												Infection Criteria Present.....None As evidenced by any of the following: *Recent Invasive Procedure or Surgery *Cough/Shortness of Breath * Cellulitis *Abdominal Pain * Central Line *Purulent Wound Drainage * Fever/Chills *On Antibiotic Therapy (Not Prophylactic) SIRS Criteria Present.....Pulse > 90 New Organ Dysfunction Criteria Present.....None Sepsis Screen.....No Definite Risk Sepsis Action Taken.....No Action Required *If patient is hypotensive or has a lactate >4 call RRT *If patient screen positive for Sepsis or Severe Sepsis notify provider											
Risk Factors Teaching.....Diabetes .....High blood pressure .....High cholesterol												----- Sepsis 3hr Bundle: * Stat Serum Lactate * Stat Blood Culture X2 * IV Broad Spectrum Antibiotics * Possible NS Fluid Bolus 30ml/kg for hypotension or lactate greater than or equal to 4 Persistent Hypotension after 30 ml/kg IVF Bolus....N Lactate > 4.....N Code Sepsis Activation.....No											
Follow up Medication Teaching.....Medications												Date: 08/06/18 2102											
*Take your medications as directed												2000003 IV Intake Spreadsheet											
*Do not skip, double up or stop doses without talking to your doctor												Document 08/06/18 2102 LOJ 08/06/18 2101 LOJ PS											
*Report any side effects to your doctor												IV Drugs.....Cefazolin 1 gm/50 ml (Pmx) 50 ml Rate.....100 ml/hr Rx Number.....008221719 Site Location...Left Hand											
*Keep a current list of medications and bring that with you to every appointment												Date: 08/06/18 2111											
*Be sure not to run out of your medications												2750004 Patient Controlled Analgesia Record PCA											
*Review medication reconciliation with the patient/family												Document 08/06/18 2111 LOJ 08/06/18 2113 LOJ OR											
Pt educated on the warning signs and symptoms of stroke...Yes												PCA Medication.....Dilaudid Infusion Mode Setting.....Intermittent Intermittent Dose Setting.....0.2 mg PCA Lockout Interval.....10 minutes PCA Four Hour Dose Limit.....6.00											
Stroke Teaching.....signs and symptoms												-----											
*Sudden numbness or weakness of your face, arm or leg, especially on 1 side of body												-----											
*Sudden confusion, trouble speaking or understanding												-----											
*Sudden trouble seeing in one or both eyes												-----											
*Sudden trouble walking, dizziness, loss of balance or coordination												-----											
*Sudden severe headache with no known cause												-----											
Pt educated on when to seek emergency treatment.....Yes												-----											
Experiencing Signs and Symptoms of Stroke.....Calling 911 Teaching												-----											
*If you experience ANY OF THE ABOVE SIGNS AND SYMPTOMS OF STROKE.												-----											
DON'T DELAY! REMEMBER TIME IS BRAIN!												-----											
Pt and Family provided copy of stroke TIA instructions...No												-----											
Date: 08/06/18 2015												-----											
0250226 Vital Signs												-----											
Document 08/06/18 2015 LOJ 08/06/18 2346 LOJ												-----											
Temp F.....98.0 degrees F												-----											
Temperature Calculated as Celsius...36.67 degrees C												-----											
Source.....Oral												-----											
Pulse Rate.....107 beats per minute												-----											
Side.....Left												-----											
Location.....Brachial												-----											
Systolic.....163 mm Hg												-----											
Diastolic.....93 mm Hg												-----											
Mean.....116 mm Hg												-----											

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Date Range: Beginning - 08/09/18			Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY										Printed: 08/09/18 at 0118   Page 26		
Age/Sex	48 M	Attending	BARCOHANA, BABAK MD		Status	DIS IN		Admitted	08/06/18 at 0940						
Unit #	M001265555	Account #	V01013640246		Location	MS1		Room/Bed	420-A						
<b>INT: 0250226</b>															
Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts Doc	Freq/Target Units	Pri Change	From	<b>INT: 3750005</b>				
0250226	Vital Signs				A	. per unit policy				OR	discomfort over 1/2 of body.				
	Resp Rate.....					18 breaths per minute					3. Slightly Limited				
	Oxygen Delivery Method.....					Nasal Cannula					Responds to verbal commands, but cannot always communicate discomfort or the need to be turned. OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.				
	Oxymetry Method.....					Continuous Pulse Oximetry					Moisture.....Rarely Moist (4)				
	02 SAT.....					98 %					1. Constantly Moist				
	Oxygen Flow Rate Liter per min.....					2.0 L/min					Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.				
	Subjective.....					Potential for pain					2. Very Moist				
	Date: 08/07/18 0000										Skin is often, but not always moist. Linen must be changed at least once a shift				
0250257	Activity and Positioning				A	Q2H				OR	3. Occasionally Moist				
	Document 08/07/18 0000 LOJ	08/07/18 0440 LOJ									Skin is occasionally moist, requiring an extra linen change approximately once a day.				
	Patient Activity.....					Bedrest					4. Rarely Moist				
	Patient Tolerated.....					Y					Skin is usually dry, linen only requires changing at routine intervals.				
	Patient can reposition self.....					Y					Moisture.....Slightly Limited (3)				
	Date: 08/07/18 0100										2. Very Limited				
2750004	Patient Controlled Analgesia Record: PCA				A					OR	Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently				
	Document 08/07/18 0100 LOJ	08/07/18 0149 LOJ									3. Slightly Limited				
	PCA Medication.....					Dilaudid					Makes frequent though slight changes in body or extremity position independently.				
	Infusion Mode Setting.....					Intermittent					Activity.....Bed Fast (1)				
	Intermittent Dose Setting.....					0.2 mg					2. Chairfast				
	PCA Lockout Interval.....					10 minutes					Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.				
	PCA Four Hour Dose Limit.....					6.00					3. Walks Occasionally				
	Type of Change made to PCA setting....					Post op					Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.				
	Total mg PCA Dose only.....					0.4 mg					Nutrition.....Adequate (3)				
	Total Continuous mg Delivered.....					0.0 mg					1. Very Poor				
	(Continuous Dose only)										Never eats a complete meal. Rarely eats more than 1/2 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.				
	Total mg Dose Delivered.....					0.4 mg					2. Probably Inadequate				
	(Should = PCA:Cont.dose)										Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding.				
	Total of Attempts.....					2 attempts									
	Level of Consciousness Score.....					3 Sleeping arouses easily									
	Resp rate.....					20 breaths per minute									
	Pain Intensity.....					0									
	Current pain level score														
	Patient Stated Goal for Pain Relief...0														
	Goal														
9999930	12 Hour Chart Review				A	13,01				OR					
	* Review and validate that all current orders have been entered and noted.														
	Document 08/07/18 0100 LOJ	08/07/18 0636 LOJ													
	Date: 08/07/18 0200														
0250257	Activity and Positioning				A	Q2H				OR					
	Document 08/07/18 0200 LOJ	08/07/18 0441 LOJ													
	Patient Activity.....					Bedrest									
	Patient Tolerated.....					Y									
	Patient can reposition self.....					Y									
3750005	Integumentary: Braden Scale: Assessment				A	02,14				OR					
	Document 08/07/18 0200 LOJ	08/07/18 0440 LOJ													
	Sensory.....					Slightly Limited (3)									
	1. Completely Limited														
	Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body														
	2. Very Limited														
	Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or														

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Unit #:	48 M	Account #: V01013640246	Status: DIS IN Admitted: 08/06/18 at 0940																														
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<b>INT:2250003</b> <table border="1"> <thead> <tr> <th>Activity Type</th> <th>Occurred Date</th> <th>Occurred Time</th> <th>Recorded Date</th> <th>Recorded Time</th> <th>Sts By</th> <th>Freq/Target Doc Units</th> <th>Pri</th> <th>From Change</th> </tr> </thead> <tbody> <tr> <td>IV: Intake Spreadsheet</td> <td>A</td> <td>08/07/18 0407</td> <td>08/07/18 0407</td> <td>LOJ</td> <td></td> <td></td> <td></td> <td>PS</td> </tr> <tr> <td colspan="9"> <p>&gt;4 call RRT *If patient screen positive for Sepsis or Severe Sepsis notify provider</p> <p>Sepsis 3hr Bundle: * Stat Serum Lactate * Stat Blood Culture X2 * IV Broad Spectrum Antibiotics * Possible NS Fluid Bolus 30ml/kg for hypotension or lactate greater than or equal to 4</p> <p>Persistent Hypotension after 30 ml/kg IVE Bolus.....N Lactate &gt; 4.....N Code Sepsis Activation.....No</p> <p>Date: 08/07/18 0317</p> </td> </tr> </tbody> </table>							Activity Type	Occurred Date	Occurred Time	Recorded Date	Recorded Time	Sts By	Freq/Target Doc Units	Pri	From Change	IV: Intake Spreadsheet	A	08/07/18 0407	08/07/18 0407	LOJ				PS	<p>&gt;4 call RRT *If patient screen positive for Sepsis or Severe Sepsis notify provider</p> <p>Sepsis 3hr Bundle: * Stat Serum Lactate * Stat Blood Culture X2 * IV Broad Spectrum Antibiotics * Possible NS Fluid Bolus 30ml/kg for hypotension or lactate greater than or equal to 4</p> <p>Persistent Hypotension after 30 ml/kg IVE Bolus.....N Lactate &gt; 4.....N Code Sepsis Activation.....No</p> <p>Date: 08/07/18 0317</p>								
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Repositioning										Date: 08/07/18 0413											PS	2000003 IV Intake Spreadsheet	A										PS	Document 08/07/18	0413	LOJ	08/07/18	0415	LOJ	A				OR	Amount.....1,000											IV Drugs....1/2 Ns + KCl 20 Meq 1,000 ml											Rate.....0 ml/hr											Rx Number...008221672											Date: 08/07/18 0414											OR	0250266 Intake and Output for Nursing Assistants:	A .per unit policy										OR	Document 08/07/18	0414	DQ	08/07/18	0415	DQ	A				OR	Urine Amount in ml.....600 ml											Total Output Amount per ml.....600 ml											Date: 08/07/18 0415											PS	2000003 IV Intake Spreadsheet	A										PS	Document 08/07/18	0415	LOJ	08/07/18	0411	LOJ	A				OR	IV Drugs.....1/2 Ns + KCl 20 Meq 1,000 ml											Rate.....100 ml/hr											Rx Number.....008221672											Site Location...Left Hand											Date: 08/07/18 0437											PS	2000003 IV Intake Spreadsheet	A										PS	Document 08/07/18	0437	LOJ	08/07/18	0521	LOJ	A				OR	Amount.....50											IV Drugs...Cefazolin 1 gm/50 ml (Pmx) 50 ml											Rate.....0 ml/hr											Rx Number...008221719											Date: 08/07/18 0440											OR	2000040 I: Advance Diet/Reg Post Op	C Q6H										OR	Please place appropriate Dietary Order using contingency source.											(Document a nurses note if patient not tolerating meal).											Ed Status 08/07/18 0440 LOJ 08/07/18 0440 LOJ	A->C										Date: 08/07/18 0500											5250303 Teaching Record: Adult: General	A 05,17										OR	Document 08/07/18 0500 LOJ 08/07/18 0636 LOJ											Teaching Topic:.....Patient Care Education											<b>INT: 5250303</b> <table border="1"> <thead> <tr> <th>Activity Type</th> <th>Occurred Date</th> <th>Occurred Time</th> <th>By</th> <th>Recorded Date</th> <th>Recorded Time</th> <th>By</th> <th>Sts Doc</th> <th>Freq/Target Units</th> <th>Pri</th> <th>From Change</th> </tr> </thead> <tbody> <tr> <td>0250303 Teaching Unit Orientation.....</td> <td colspan="10">Use of Call Light</td> <td>Hourly Rounding</td> </tr> <tr> <td>.....</td> <td colspan="10"></td> <td>Vital Signs</td> </tr> <tr> <td>Teaching Safety.....</td> <td colspan="10"></td> <td>Fall Prevention</td> </tr> <tr> <td>Teaching Diet Type.....</td> <td colspan="10"></td> <td>Diabetic carb count</td> </tr> <tr> <td>Diet Instructions.....</td> <td colspan="10"></td> 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Doc	Freq/Target Units	Pri	From Change	0250303 Teaching Unit Orientation.....	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<b>Date Range:</b> Beginning - 08/09/18	Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY										<b>Printed:</b> 08/09/18 at 0118   <b>Page:</b> 31																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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IV Body Site.....Hand												*If you will be receiving home physical or occupational therapy, work with your therapist and doctor on developing an exercise program that is designed for you.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
IV Infusion Port.....Medial												*If you have any new physical limitations consult with your doctor before driving.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
IV Catheter Type.....Peripheral IV												*If you are on a blood thinner such as Coumadin or Aspirin, use caution when performing activities that may cause bleeding. (use soft toothbrush, electric razor)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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<b>INT:5350312</b> <table border="1"> <thead> <tr> <th>Activity Type</th> <th>Occurred Date</th> <th>Occurred Time</th> <th>By</th> <th>Recorded Date</th> <th>Recorded Time</th> <th>By</th> <th>Sts Doc</th> <th>Freq/Target Units</th> <th>Pri Change</th> <th>From</th> </tr> </thead> <tbody> <tr> <td>5350312 Stroke Teaching Instructions</td> <td></td> <td></td> <td></td> <td>A 08/09/18</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>OR</td> </tr> <tr> <td colspan="11">.....Previous Stroke</td> </tr> <tr> <td colspan="11">.....Smoking</td> </tr> <tr> <td colspan="11">Follow up Medication Teaching.....Medications</td> </tr> <tr> <td colspan="11">*Take your medications as directed</td> </tr> <tr> <td colspan="11">*Do not skip, double up or stop doses without talking to your doctor</td> </tr> <tr> <td colspan="11">*Report any side effects to your doctor</td> </tr> <tr> <td colspan="11">*Keep a current list of medications and bring that with you to every appointment</td> </tr> <tr> <td colspan="11">*Be sure not to run out of your medications</td> </tr> <tr> <td colspan="11">*Review medication reconciliation with the patient/family</td> </tr> <tr> <td colspan="11">Pt educated on the warning signs and symptoms of stroke...Yes</td> </tr> <tr> <td colspan="11">Stroke Teaching.....Signs and symptoms</td> </tr> <tr> <td colspan="11">*Sudden numbness or weakness of your face, arm or leg, especially on 1 side of body</td> </tr> <tr> <td colspan="11">*Sudden confusion, trouble speaking or understanding</td> </tr> <tr> <td colspan="11">*Sudden trouble seeing in one or both eyes</td> </tr> <tr> <td colspan="11">*Sudden trouble walking, dizziness, loss of balance or coordination</td> </tr> <tr> <td colspan="11">*Sudden severe headache with no known cause</td> </tr> <tr> <td colspan="11">Pt educated on when to seek emergency treatment.....Yes</td> </tr> <tr> <td colspan="11">Experiencing Signs and Symptoms of Stroke.....Calling 911 Teaching</td> </tr> <tr> <td colspan="11">*If you experience ANY OF THE ABOVE SIGNS AND SYMPTOMS OF STROKE.</td> </tr> <tr> <td colspan="11">DON'T DELAY! REMEMBER TIME IS BRAIN!</td> </tr> <tr> <td colspan="11">Pt and Family provided copy of stroke TIA instructions...No</td> </tr> <tr> <td>6000155</td> <td>I: Initialize Wound Order Set</td> <td></td> <td></td> <td>A</td> <td>.On Admit &amp; If Indicated</td> <td></td> <td></td> <td></td> <td></td> <td>OR</td> </tr> <tr> <td colspan="11">Enter Wound Care Order set if wound found during hospitalization. Please use Contingency as source.</td> </tr> <tr> <td colspan="11">Document 08/07/18 0836 EG 08/07/18 1133 EG</td> </tr> <tr> <td>6250025</td> <td>I: Ice to affected area:</td> <td></td> <td></td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>OR</td> </tr> <tr> <td colspan="11">Document 08/07/18 0836 EG 08/07/18 1133 EG</td> </tr> <tr> <td>7000633</td> <td>I: Bedside Blood Glucose check</td> <td></td> <td></td> <td>A</td> <td>.As Ordered</td> <td></td> <td></td> <td></td> <td></td> <td>OR</td> </tr> <tr> <td colspan="11">Document 08/07/18 0836 EG 08/07/18 1133 EG</td> </tr> <tr> <td>7000970</td> <td>I: Notify Provider Post Op</td> <td></td> <td></td> <td>A</td> <td>.In-pt. Post Op</td> <td></td> <td></td> <td></td> <td></td> <td>OR</td> </tr> <tr> <td colspan="11">Document 08/07/18 0836 EG 08/07/18 1133 EG</td> </tr> <tr> <td>9000959</td> <td>I: Notify Provider for Consult</td> <td></td> <td></td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>OR</td> </tr> <tr> <td colspan="11">Document 08/07/18 0836 EG 08/07/18 1133 EG</td> </tr> <tr> <td colspan="11">Date: 08/07/18 0947</td> </tr> <tr> <td>1750670</td> <td>PT Lifestyle Assessment</td> <td></td> <td></td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PS</td> </tr> <tr> <td colspan="11">Create 08/07/18 0947 YS 08/07/18 0947 YS</td> </tr> <tr> <td>1750671</td> <td>PT Neurological Data</td> <td></td> <td></td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PS</td> </tr> <tr> <td colspan="11">Create 08/07/18 0947 YS 08/07/18 0947 YS</td> </tr> <tr> <td>1750672</td> <td>PT Range of Motion</td> <td></td> <td></td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PS</td> </tr> <tr> <td colspan="11">Create 08/07/18 0947 YS 08/07/18 0947 YS</td> </tr> <tr> <td>1750673</td> <td>PT Muscle Strength Assessment</td> <td></td> <td></td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PS</td> </tr> <tr> <td colspan="11">Create 08/07/18 0947 YS 08/07/18 0947 YS</td> </tr> <tr> <td>1750674</td> <td>PT Balance Assessment</td> <td></td> <td></td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PS</td> </tr> <tr> <td colspan="11">Create 08/07/18 0947 YS 08/07/18 0947 YS</td> </tr> <tr> <td>1750677</td> <td>PT Planning and Services Required</td> <td></td> <td></td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PS</td> </tr> <tr> <td colspan="11">Create 08/07/18 0947 YS 08/07/18 0947 YS</td> </tr> <tr> <td>1750678</td> <td>PT Technical Record</td> <td></td> <td></td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PS</td> </tr> <tr> <td colspan="11">If Physical Therapy provided, must have</td> </tr> </tbody> </table>						Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts Doc	Freq/Target Units	Pri Change	From	5350312 Stroke Teaching Instructions				A 08/09/18						OR	.....Previous Stroke											.....Smoking											Follow up Medication Teaching.....Medications											*Take your medications as directed											*Do not skip, double up or stop doses without talking to your doctor											*Report any side effects to your doctor											*Keep a current list of medications and bring that with you to every appointment											*Be sure not to run out of your medications											*Review medication reconciliation with the patient/family											Pt educated on the warning signs and symptoms of stroke...Yes											Stroke Teaching.....Signs and symptoms											*Sudden numbness or weakness of your face, arm or leg, especially on 1 side of body											*Sudden confusion, trouble speaking or understanding											*Sudden trouble seeing in one or both eyes											*Sudden trouble walking, dizziness, loss of balance or coordination											*Sudden severe headache with no known cause											Pt educated on when to seek emergency treatment.....Yes											Experiencing Signs and Symptoms of Stroke.....Calling 911 Teaching											*If you experience ANY OF THE ABOVE SIGNS AND SYMPTOMS OF STROKE.											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<p>1750678 Document PT Technical Record</p> <p>If Physical Therapy provided, must have a minimum of 8 minutes per therapy documented on Technical Record.</p> <p>Document 08/07/18 0952 YS 08/07/18 0955 YS</p> <p>Therapy day number.....1</p> <p>For every 1st and 10th therapy day and upon discharge apply a functional code.</p> <p>Evaluation Start Time.....0830</p> <p>Evaluation End Time.....0930</p> <p>Evaluation Total Time.....60 min</p> <p>Subjective.....Current complaint of pain</p> <p>Pain Scale Used.....NUMERIC</p> <p>Pain Intensity.....7</p> <p>Current pain level score</p> <p>Patient Stated Goal for Pain Relief...0</p> <p>Goal</p> <p>Pain Level Comment.....low back pain. Pt has PCA pump.</p> <p>Pre Treatment Vital Signs Stable.....Y 99% oxygen, 124 bpm sitting EOB</p> <p>Sit to Stand.....Contact Guard Assist</p> <p>Sitting Tolerance.....60 min</p> <p>Patient uses wheelchair.....Not Applicable</p> <p>Gait Assist Levels.....Contact Guard Assist</p> <p>Assistive Devices.....Front Wheel Walker</p> <p>Gait Distance.....40 feet</p> <p>Additional Gait Comments...</p> <p>..slow gait, decreased stance on RLE, increased UE support on HRs.</p> <p>Weight Bearing Location.....Bilat Lower Extremity</p> <p>Weight Bearing Status.....Full Weight Bearing</p> <p>Additional Stairs Assist Comments.....TBA. 15 stairs to enter.</p>																																																																																																																																																																																																																																																																																																																																																																																																																																															

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Linen must be changed at least once a shift</td> </tr> <tr> <td colspan="11">3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.</td> </tr> <tr> <td colspan="11">4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals.</td> </tr> <tr> <td colspan="11">Mobility.....Slightly Limited (3)</td> </tr> <tr> <td colspan="11">2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently</td> </tr> <tr> <td colspan="11">3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.</td> </tr> <tr> <td colspan="11">Activity.....Walks Occassionally (3)</td> </tr> <tr> <td colspan="11">2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.</td> </tr> <tr> <td colspan="11">3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.</td> </tr> <tr> <td colspan="11">Nutrition.....Excellent (4)</td> </tr> <tr> <td colspan="11">1. Very Poor Never eats a complete meal. Rarely eats more than 1/2 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.</td> </tr> <tr> <td colspan="11">2. Probably Inadequate Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding.</td> </tr> <tr> <td colspan="11">3. Adequate Eats over half of most meals. 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Gagen RN</td> </tr> <tr> <td colspan="12">Oncoming RN First and Last Name:...L. Jimenez, RN</td> </tr> <tr> <td colspan="12">Date: 08/07/18 2000</td> </tr> <tr> <td>0240252</td> <td>Morse Fall Scale (Adult)</td> <td></td> <td>A</td> <td>. per unit policy</td> <td></td> <td></td> <td colspan="6"></td> </tr> <tr> <td colspan="12">Document 08/07/18 2000 LOJ 08/08/18 0020 LOJ</td> </tr> <tr> <td colspan="12">History of Falling within 3 month....No (0)</td> </tr> <tr> <td colspan="12">Secondary Diagnosis.....Yes (15)</td> </tr> <tr> <td colspan="12">Ambulatory Aid.....Crutches/Cane/Walker (15)</td> </tr> <tr> <td colspan="12">IV/Saline Lock.....Yes (20)</td> </tr> <tr> <td colspan="12">Gait/Transferring.....Weak (10)</td> </tr> <tr> <td colspan="12">Mental Status.....Oriented to self (0)</td> </tr> <tr> <td colspan="12">Morse Total Score.....60</td> </tr> <tr> <td colspan="12">[ ] No risk (0-24)</td> </tr> <tr> <td colspan="12">[ ] Low risk (25-50)</td> </tr> <tr> <td colspan="12">[ ] High risk (above 50)</td> </tr> <tr> <td colspan="12">Fall Risk Medications Group 7:.....Narcotics/Opioids</td> </tr> <tr> <td colspan="12">(Morphine, Hydromorphone, Oxycodone, Hydrocodone products, Fentanyl, etc.)</td> </tr> <tr> <td>0250227</td> <td>Neurological Assessment Adult</td> <td></td> <td>A</td> <td>. per unit policy</td> <td></td> <td></td> <td colspan="6"></td> </tr> <tr> <td colspan="12">Document 08/07/18 2000 LOJ 08/08/18 0020 LOJ</td> </tr> <tr> <td colspan="12">Neurological Assessment WNL.....N</td> </tr> <tr> <td colspan="12">WNL: PERRLA. Eyes open spontaneously. Alert, oriented to person, place, time, and situation. Follows commands. Speech clear and understandable. No swallowing difficulty.</td> </tr> <tr> <td colspan="12">Denies headache. Behavior/appearance appropriate. No nervousness, mood change, depression or hallucinations. No seizure activity noted. No weakness, tics, tremor, paralysis or coordination problems.</td> </tr> <tr> <td colspan="12">Location.....Bilateral</td> </tr> <tr> <td colspan="12">Pupil Shape.....Round</td> </tr> <tr> <td colspan="12">Pupil Reaction.....Brisk</td> </tr> <tr> <td colspan="12">Pupil Equality.....Equal</td> </tr> </tbody> </table>												Activity Type	Occurred Date	Recorded Date	Sts	Freq/Target	Pri	From Change							Type	Date	Date	By	Doc Units									Patient on fluid restriction...N												Diet Tolerated.....Well												Eating Feeding Ability.....Independent												Date: 08/07/18 1800												0250257	Activity and Positioning		A	Q2H									Document 08/07/18 1800 MGI 08/07/18 1912 MGI												Patient Activity.....Bedrest												Ambulation Assistive Devices...None												Gait.....Unsteady												Patient Tolerated.....Y												Patient can reposition self.....Y												Positioning Equipment.....Pillows												Patient Position.....Left												Therapeutic Position.....Semi Fowlers												Date: 08/07/18 1913												0250266	Intake and Output for Nursing Assistants		A	. per unit policy									Document 08/07/18 1913 MGI 08/07/18 1913 MGI												Oral Amount in ml.....200 ml												Total Intake Amount in ml.....200 ml												Date: 08/07/18 1930												1250160	Change of Shift Review		A	07,19									Document 08/07/18 1930 LOJ 08/07/18 1946 LOJ												EMR Order History Reviewed.....Y												Offgoing RN First and Last Name:...E. 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WNL: PERRLA. Eyes open spontaneously. Alert, oriented to person, place, time, and situation. Follows commands. Speech clear and understandable. No swallowing difficulty.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Denies headache. Behavior/appearance appropriate. No nervousness, mood change, depression or hallucinations. No seizure activity noted. No weakness, tics, tremor, paralysis or coordination problems.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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Date Range: Beginning - 08/09/18		Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY										Printed: 08/09/18 at 0118   Page 38			
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Unit #	M001265555 <th>Account #</th> <td data-cs="2" data-kind="parent">V01013640246</td> <td data-kind="ghost"></td> <th data-cs="10" data-kind="parent"></th> <th data-kind="ghost"></th>	Account #	V01013640246												
<b>INT: 0250227</b>															
Activity	Occurred	Recorded	Sts	Freq/Target	Pri	From	Activity	Occurred	Recorded	Sts	Freq/Target	Pri	From		
Type	Date	Time	By	Date	Time	By	Doc	Units		Change					
0250227	Neurological Assessment Adult			A	.per unit policy		OR	Bowel sounds active in all 4 quadrants.							
Patient Orientation.....	Person						Moving bowels within own pattern with no								
.....Place							change in consistency. Denies								
.....Time							gastrointestinal complaints.								
.....Situation							Bowel Pattern.....No Bowel Movement								
Eye Opening.....	Spontaneous						Date of Last Bowel Movement.....08/06/18								
Motor.....	Obey Commands						0250243	Genitourinary Assessment GU			A	.per unit policy			
Verbal.....	Oriented and appropriate						Document 08/07/18 2000 LOJ 08/08/18 0020 LOJ								
Glasgow Coma Scale Total.....	15 points						Genitourinary Assessment WNL.....Y								
If less than 8, prepare for possible							WNL: If toilet trained: Able to empty bladder								
intubation							per voiding without incontinence or catheter.								
Mood and Affect Description.....	Cooperative						Urine clear and yellow to amber in color,								
.....Calm							without odor. Denies dysuria, nocturia,								
Complains of headache.....	N						polyuria, and oliguria. No pain in flank,								
Seizure activity present.....	N						groin, suprapubic region, lower abdomen or								
Sensory Limitations.....	None						low back.								
Speech Pattern.....	Clear						If Female: No unusual vaginal bleeding,								
Corneal Reflex.....	Present Bilateral						vaginal itching, or vaginal discharge noted.								
Blink Reflex.....	Present						No vaginal packing.								
Cough Gag.....	Normal						If Male: No penile discharge noted, no								
Swallowing Difficulties.....	N						scrotal edema.								
Comprehension Ability.....	Understands Concepts						If Dialysis Patient: Fistula with bruit and								
Location.....	Right leg						thrill present.								
Strength.....	Mild Weakness						Bladder Pattern.....Normal								
Location.....	Bilateral legs						Voiding Method.....Urinal								
Strength.....	Mild Weakness						0250245	Musculoskeletal Assessment			A	.per unit policy			
Gait Pattern.....	Ambulate with Assist of 2						Document 08/07/18 2000 LOJ 08/08/18 0020 LOJ								
0250233	Cardiovascular Assessment			A	.per unit policy		OR	Musculoskeletal Assessment WNL.....N							
Document 08/07/18 2000 LOJ 08/08/18 0020 LOJ	Cardiovascular Assessment WNL.....Y						No skeletal deformities or contractures								
Cardiovascular Assessment WNL.....Y	WNL: Heart rate regular per auscultation, heart sounds normal (S1 & S2), no murmur noted. No syncope, fainting, dyspnea, or cyanosis on exertion. No dizziness/vertigo. Denies chest pain. No cardiac implant or internal defibrillator device noted (pacemaker, AICD). No jugular venous distention. Strength of the radial, dorsalis and pedis and posterior tibial pulses is 2+. Capillary refill to nailbed < 3 seconds. Extremities warm and pink in color. Denies calf pain. No edema noted.						noted. IF WALKING: Steady gait and balance, OR crawls as age appropriate; sits up as age appropriate. Normal spine curvature. No weakness noted in extremities. Extremities with full range of motion (ROM). No spasticity or flaccidity noted. No abnormal movements (tremors, dystonia). No joint swelling/tenderness, or redness noted. Circulation Motor Sensory (CMS) intact.								
0250237	Respiratory Assessment			A	.per unit policy		OR	Injury or Disorder.....Acute							
Document 08/07/18 2000 LOJ 08/08/18 0020 LOJ	Respiratory WNL.....Y						Mechanism of Injury and or Surgical Procedure... ..S/P Lumbar Decompression and Microdiscectomy								
Respiratory WNL.....Y	WNL: Breath sounds clear/vesicular (soft, low-pitched sounds) throughout all lung fields and bronchial over major airways. No adventitious breath sounds noted. Trachea midline. Respirations unlabored. Equal chest expansion with inspiration. No cough noted. No sputum/secretions noted.						Pain Present.....Y								
0250241	Gastrointestinal Assessment			A	.per unit policy		OR	Pain is From.....Surgical Procedure							
Document 08/07/18 2000 LOJ 08/08/18 0020 LOJ	Gastrointestinal Assessment WNL.....Y						Location Modifier.....Posterior								
Gastrointestinal Assessment WNL.....Y	WNL: Abdomen flat or evenly rounded, soft, symmetrical, and non-tender to palpation.						Injury Location.....Lumbar Spine								
							Symptoms.....Decreased movement								
							.....Pain								
							.....Limited ROM								
							Strength.....Moderate Weakness								
							Distal CMS Intact.....Y								
							Document body part in comment field								
							Location Modifier.....Bilateral								
							Injury Location.....Leg								
							Symptoms.....Limited ROM								
							Strength.....Mild Weakness								
							Distal CMS Intact.....Y pedal								
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Age/Sex	Date Range: Beginning - 08/09/18	Attending	Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY	Printed: 08/09/18 at 0118   Page 39																																																																																																																																																																																																																																																																																																																																																																																																																																														
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<b>INT:5350312</b> <table border="1"> <thead> <tr> <th>Activity Type</th> <th>Occurred Date</th> <th>Occurred Time</th> <th>By</th> <th>Recorded Date</th> <th>Recorded Time</th> <th>By</th> <th>Sts Doc</th> <th>Freq/Target Units</th> <th>Pri Change</th> <th>From</th> </tr> </thead> <tbody> <tr> <td>5350312 Stroke Teaching Instructions</td> <td></td> <td></td> <td></td> <td>A 08/09/18</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>OR</td> </tr> <tr> <td colspan="11">exhausted.</td> </tr> <tr> <td colspan="11">*If you will be receiving home physical or occupational therapy, work with your therapist and doctor on developing an exercise program that is designed for you.</td> </tr> <tr> <td colspan="11">*If you have any new physical limitations consult with your doctor before driving.</td> </tr> <tr> <td colspan="11">*If you are on a blood thinner such as Coumadin or Aspirin, use caution when performing activities that may cause bleeding. (use soft toothbrush, electric razor)</td> </tr> <tr> <td colspan="11">Pt educated on the risk factors of stroke.....Yes</td> </tr> <tr> <td colspan="11">Risk Factors Teaching.....Over weight</td> </tr> <tr> <td colspan="11">Follow up Medication Teaching.....Medications</td> </tr> <tr> <td colspan="11">*Take your medications as directed</td> </tr> <tr> <td colspan="11">*Do not skip, double up or stop doses without talking to your doctor</td> </tr> <tr> <td colspan="11">*Report any side effects to your doctor</td> </tr> <tr> <td colspan="11">*Keep a current list of medications and bring that with you to every appointment</td> </tr> <tr> <td colspan="11">*Be sure not to run out of your medications</td> </tr> <tr> <td colspan="11">*Review medication reconciliation with the patient/family</td> </tr> <tr> <td colspan="11">Pt educated on the warning signs and symptoms of stroke...Yes</td> </tr> <tr> <td colspan="11">Stroke Teaching.....Signs and symptoms</td> </tr> <tr> <td colspan="11">*Sudden numbness or weakness of your face, arm or leg, especially on 1 side of body</td> </tr> <tr> <td colspan="11">*Sudden confusion, trouble speaking or understanding</td> </tr> <tr> <td colspan="11">*Sudden trouble seeing in one or both eyes</td> </tr> <tr> <td colspan="11">*Sudden trouble walking, dizziness, loss of balance or coordination</td> </tr> <tr> <td colspan="11">*Sudden severe headache with no known cause</td> </tr> <tr> <td colspan="11">Pt educated on when to seek emergency treatment.....Yes</td> </tr> <tr> <td colspan="11">Experiencing Signs and Symptoms of Stroke.....Calling 911 Teaching</td> </tr> <tr> <td colspan="11">*If you experience ANY OF THE ABOVE SIGNS AND SYMPTOMS OF STROKE.</td> </tr> <tr> <td colspan="11">DON'T DELAY! REMEMBER TIME IS BRAIN!</td> </tr> <tr> <td colspan="11">Pt and Family provided copy of stroke TIA instructions...Yes</td> </tr> </tbody> </table>													Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts Doc	Freq/Target Units	Pri Change	From	5350312 Stroke Teaching Instructions				A 08/09/18						OR	exhausted.											*If you will be receiving home physical or occupational therapy, work with your therapist and doctor on developing an exercise program that is designed for you.											*If you have any new physical limitations consult with your doctor before driving.											*If you are on a blood thinner such as Coumadin or Aspirin, use caution when performing activities that may cause bleeding. (use soft toothbrush, electric razor)											Pt educated on the risk factors of stroke.....Yes											Risk Factors Teaching.....Over weight											Follow up Medication Teaching.....Medications											*Take your medications as directed											*Do not skip, double up or stop doses without talking to your doctor											*Report any side effects to your doctor											*Keep a current list of medications and bring that with you to every appointment											*Be sure not to run out of your medications											*Review medication reconciliation with the patient/family											Pt educated on the warning signs and symptoms of stroke...Yes											Stroke Teaching.....Signs and symptoms											*Sudden numbness or weakness of your face, arm or leg, especially on 1 side of body											*Sudden confusion, trouble speaking or understanding											*Sudden trouble seeing in one or both eyes											*Sudden trouble walking, dizziness, loss of balance or coordination											*Sudden severe headache with no known cause											Pt educated on when to seek emergency treatment.....Yes											Experiencing Signs and Symptoms of Stroke.....Calling 911 Teaching											*If you experience ANY OF THE ABOVE SIGNS AND SYMPTOMS OF STROKE.											DON'T DELAY! REMEMBER TIME IS BRAIN!											Pt and Family provided copy of stroke TIA instructions...Yes																																																																																																		
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<b>INT: 1750678</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Activity Type</th> <th>Occurred Date</th> <th>Occurred Time</th> <th>By</th> <th>Recorded Date</th> <th>Recorded Time</th> <th>By</th> <th>Sts Doc</th> <th>Freq/Target Units</th> <th>Pri Change</th> <th>From</th> <th>Activity Type</th> <th>Occurred Date</th> <th>Occurred Time</th> <th>By</th> <th>Recorded Date</th> <th>Recorded Time</th> <th>By</th> <th>Sts Doc</th> <th>Freq/Target Units</th> <th>Pri Change</th> <th>From</th> </tr> </thead> <tbody> <tr> <td>PT Technical Record</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>A</td> <td>.Daily</td> <td></td> <td>PT</td> <td>Goal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>A</td> <td>.Daily</td> <td></td> <td>PT</td> </tr> <tr> <td>Pain Level Comment.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>LBP</td> <td></td> <td></td> <td>Pain Level 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<td></td> <td></td> <td>150 feet</td> <td></td> <td></td> <td>Gait Distance.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>225 feet</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Additional Gait Comments...</td> <td></td> <td>Additional Gait Comments...</td> <td></td> </tr> <tr> <td>..slow gait, with mild forward flexed posture with incr UE on walker</td> <td></td> <td>..slow gait, with mild forward flexed posture with moderate UE on walker</td> <td></td> </tr> <tr> <td>Gait Training End Time.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1002</td> <td></td> <td></td> <td>Gait Training End Time.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1105</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Gait Training Treatment Time....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>16 min</td> <td></td> <td></td> <td>Total Gait Training Treatment Time....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>19 min</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Weight Bearing Location.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Bilat Lower Extremity</td> <td></td> <td></td> <td>Weight Bearing Location.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Bilat Lower Extremity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Weight Bearing Status.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Full Weight Bearing</td> <td></td> <td></td> <td>Weight Bearing Status.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Full Weight Bearing</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Additional Stairs Assist Comments.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>TBA. 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Completely Limited</td> <td colspan="10"></td> </tr> <tr> <td>Date: 08/08/18 1035</td> <td colspan="10"></td> <td>Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body</td> <td colspan="10"></td> </tr> <tr> <td>1750678 PT Technical Record</td> <td>A</td> <td>.Daily</td> <td>PS</td> <td colspan="10"></td> <td>2. Very Limited</td> <td colspan="10"></td> </tr> <tr> <td>If Physical Therapy provided, must have a minimum of 8 minutes per therapy documented on Technical Record.</td> <td colspan="10"></td> <td>Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body</td> <td colspan="10"></td> </tr> <tr> <td>Document 08/08/18 1035 JH 08/08/18 1208 JH</td> <td colspan="10"></td> <td>3. Slightly Limited</td> <td colspan="10"></td> </tr> <tr> <td>Therapy day number.....2</td> <td colspan="10"></td> <td>Responds to verbal commands, but cannot always communicate discomfort or the need to be turned. OR has some sensory impairment</td> <td colspan="10"></td> </tr> <tr> <td>For every 1st and 10th therapy day and upon discharge apply a functional code.</td> <td colspan="10"></td> <td colspan="13"></td> </tr> <tr> <td>Subjective.....Current complaint of pain</td> <td colspan="10"></td> <td colspan="13"></td> </tr> <tr> <td>Pain Scale Used.....NUMERIC</td> <td colspan="10"></td> <td colspan="13"></td> </tr> <tr> <td>Pain Intensity.....5</td> <td colspan="10"></td> <td colspan="13"></td> </tr> <tr> <td>Current pain level score</td> <td colspan="10"></td> <td colspan="13"></td> </tr> <tr> <td>Patient Stated Goal for Pain Relief...0</td> <td colspan="10"></td> <td colspan="13"></td> </tr> </tbody></table>													Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts Doc	Freq/Target Units	Pri Change	From	Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts Doc	Freq/Target Units	Pri Change	From	PT Technical Record							A	.Daily		PT	Goal							A	.Daily		PT	Pain Level Comment.....								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Additional Gait Comments...												..slow gait, with mild forward flexed posture with incr UE on walker											..slow gait, with mild forward flexed posture with moderate UE on walker												Gait Training End Time.....								1002			Gait Training End Time.....								1105				Total Gait Training Treatment Time....								16 min			Total Gait Training Treatment Time....								19 min				Weight Bearing Location.....								Bilat Lower Extremity			Weight Bearing Location.....								Bilat Lower Extremity				Weight Bearing Status.....								Full Weight Bearing			Weight Bearing Status.....								Full Weight Bearing				Additional Stairs Assist Comments.....								TBA. Pt has 15 stairs indoors to bedroom			Additional Stairs Assist Comments.....								TBA. Pt has 15 stairs indoors to bedroom				Static Sitting Balance.....								Good			Static Sitting Balance.....								Good				Dynamic Sitting Balance.....								Good			Dynamic Sitting Balance.....								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Very Limited											If Physical Therapy provided, must have a minimum of 8 minutes per therapy documented on Technical Record.											Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body											Document 08/08/18 1035 JH 08/08/18 1208 JH											3. Slightly Limited											Therapy day number.....2											Responds to verbal commands, but cannot always communicate discomfort or the need to be turned. OR has some sensory impairment											For every 1st and 10th therapy day and upon discharge apply a functional code.																								Subjective.....Current complaint of pain																								Pain Scale Used.....NUMERIC																								Pain Intensity.....5																								Current pain level score																								Patient Stated Goal for Pain Relief...0																							
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Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation lead to almost constant friction.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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<b>INT: 1750678</b> <table border="1"> <thead> <tr> <th>Activity Type</th> <th>Occurred Date</th> <th>Occurred Time</th> <th>By</th> <th>Recorded Date</th> <th>Recorded Time</th> <th>By</th> <th>Sts Doc</th> <th>Freq/Target Units</th> <th>Pri Change</th> <th>From</th> </tr> </thead> <tbody> <tr> <td></td> </tr> <tr> <td>1750678</td> <td>PT Technical Record</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>A</td> <td>.Daily</td> <td></td> <td>PS</td> </tr> <tr> <td></td> <td>Sitting Tolerance.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>6 min</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Additional Mobility Comments.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>log roll using trapeze</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Patient uses wheelchair.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Not Applicable</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gait Training Start Time.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1413</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gait Assist Levels.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Stand by Assist</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Assistive Devices.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Front Wheel Walker</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gait Distance.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>240 feet</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Additional Gait Comments.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>..slow gait, with mild forward flexed posture with moderate UE on walker</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gait Training End Time.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1430</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Total Gait Training 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<td></td> </tr> <tr> <td></td> <td>Equipment Present.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>IV pump</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Additional Equipment Present.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>LS Corset</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Post Treatment Pain Intensity.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>5 0-10</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Variance Documentation.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>SEE PT NOTE</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Total Treatment Time.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>30 min</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Total Minutes.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>30</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Total Units.....</td> <td></td> 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<td></td> </tr> <tr> <td></td> <td>*Cough/Shortness of Breath * Cellulitis</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>*Abdominal Pain * Central Line</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>*Purulent Wound Drainage * Fever/Chills</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>*On Antibiotic Therapy (Not Prophylactic)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SIRS Criteria Present.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Pulse &gt; 90</td> <td></td> <td></td> </tr> <tr> <td></td> <td>New Organ Dysfunction Criteria Present.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>None</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sepsis Screen.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>No Definite Risk</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sepsis Action Taken.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>No Action Required</td> <td></td> <td></td> </tr> <tr> <td></td> <td>*If patient is hypotensive or has a lactate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>&gt;4 call RRT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>*If patient screen positive for Sepsis or</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Severe Sepsis notify provider</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>-----</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sepsis 3hr Bundle:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>* Stat Serum Lactate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>* Stat Blood Culture X2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>* IV Broad Spectrum Antibiotics</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>* Possible NS Fluid Bolus 30ml/kg for</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>hypotension or lactate greater than or equal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody></table>											Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts Doc	Freq/Target Units	Pri Change	From												1750678	PT Technical Record						A	.Daily		PS		Sitting Tolerance.....							6 min				Additional Mobility Comments.....							log roll using trapeze				Patient uses wheelchair.....							Not Applicable				Gait Training Start Time.....							1413				Gait Assist Levels.....							Stand by Assist				Assistive Devices.....							Front Wheel Walker				Gait Distance.....							240 feet				Additional Gait Comments.....							..slow gait, with mild forward flexed posture with moderate UE on walker				Gait Training End Time.....							1430				Total Gait Training Treatment Time....							17 min				Weight Bearing Location.....							Bilat Lower Extremity				Weight Bearing Status.....							Full Weight Bearing				Stair Training Start Time.....							1430				Additional Stairs Assist Comments....							4 x 2 stairs				Stair Training End Time.....							1443				Total Stair Training Time.....							13 min				static Sitting Balance.....							Good				Dynamic Sitting Balance.....							Good				Standing Static Balance.....							Good				Dynamic Standing Balance.....							Fair plus				Safety Judgement.....							Good				Activity Tolerance.....							Good				Equipment Present.....							IV pump				Additional Equipment Present.....							LS Corset				Post Treatment Pain Intensity.....							5 0-10				Variance Documentation.....							SEE PT NOTE				Total Treatment Time.....							30 min				Total Minutes.....							30				Total Units.....							2				Date: 08/08/18 1430										2250003	Sepsis Screening Tool		A	0830, 1430, 2030, 0230						OR			Document 08/08/18 1430 HB 08/08/18 1432 HB											Infection Criteria Present.....							None				As evidenced by any of the following:											*Recent Invasive Procedure or Surgery											*Cough/Shortness of Breath * Cellulitis											*Abdominal Pain * Central Line											*Purulent Wound Drainage * Fever/Chills											*On Antibiotic Therapy (Not Prophylactic)											SIRS Criteria Present.....							Pulse > 90				New Organ Dysfunction Criteria Present.....							None				Sepsis Screen.....							No Definite Risk				Sepsis Action Taken.....							No Action Required				*If patient is hypotensive or has a lactate											>4 call RRT											*If patient screen positive for Sepsis or											Severe Sepsis notify provider											-----											Sepsis 3hr Bundle:											* Stat Serum Lactate											* Stat Blood Culture X2											* IV Broad Spectrum Antibiotics											* Possible NS Fluid Bolus 30ml/kg for											hypotension or lactate greater than or equal										INT: 2250003	<table border="1"> <thead> <tr> <th>Activity Type</th> <th>Occurred Date</th> <th>Occurred Time</th> <th>By</th> <th>Recorded Date</th> <th>Recorded Time</th> <th>By</th> <th>Sts Doc</th> <th>Freq/Target Units</th> <th>Pri Change</th> <th>From</th> </tr> </thead> <tbody> <tr> <td></td> </tr> <tr> <td></td> <td>to 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9999930</td> <td>12 Hour Chart Review</td> <td></td> <td>A</td> <td colspan="6">13,01</td> <td>OR</td> </tr> <tr> <td></td> <td colspan="10">* Review and validate that all current orders have been entered and noted.</td> </tr> <tr> <td></td> <td>Document 08/08/18 1431 HB 08/08/18 1431 HB</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Date: 08/08/18 1457</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1500020</td> <td>Discharge Instructions</td> <td></td> <td>A</td> <td colspan="6">.Upon Discharge</td> <td>OR</td> </tr> <tr> <td></td> <td>Document 08/08/18 1457 HB 08/08/18 1458 HB</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Diet Instructions.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Regular</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Special Diet.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>CARB CONTROLLED DIET</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Activity Restrictions.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Slowly Increase Activity</td> <td></td> <td></td> </tr> <tr> <td></td> <td>.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Rest between Activity</td> <td></td> <td></td> </tr> <tr> <td></td> <td>.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Avoid heavy lifting</td> <td></td> <td></td> </tr> <tr> <td></td> <td>.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Do not Drive</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Discharge Instructions Treatments.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Wound and Dressing</td> <td></td> <td></td> </tr> <tr> <td></td> <td>.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Keep Surgical Site Dry</td> <td></td> <td></td> </tr> <tr> <td></td> <td>.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Keep Surgical Site Intact</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Discharge Equipment.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Walker</td> <td></td> <td></td> </tr> <tr> <td></td> <td>.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Elevated Toilet Seat</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Prescriptions given to patient...</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>.. GIVEN TO PATIENT BEFORE SX</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Call Physician Phone Number for appointment in one week.....DR. BARCOHANA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Discharge to:.....HOME</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1750678</td> <td>PT Technical Record</td> <td></td> <td>A</td> <td colspan="6">.Daily</td> <td>PS</td> </tr> <tr> <td></td> <td>If Physical Therapy provided, must have</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>a minimum of 8 minutes per therapy</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>documented on Technical Record.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Document 08/08/18 1545 JH 08/08/18 1620 JH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Therapy day number.....2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>For every 1st and 10th therapy day and upon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>discharge apply a functional code.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Subjective.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Current complaint of pain</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pain Scale Used.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NUMERIC</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Pain Intensity.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>5</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Current pain level score</td> <td></td> <td></td> <td></td> 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<td></td> <td></td> </tr> <tr> <td></td> <td>Sit to Stand.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Stand by Assist</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sit to Supine.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Supervised</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sitting Tolerance.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7 min</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Additional Mobility Comments.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>log roll</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Patient uses wheelchair.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Not Applicable</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gait Training Start Time.....</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1545</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gait Assist 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BARCOHANA											Discharge to:.....HOME										1750678	PT Technical Record		A	.Daily						PS		If Physical Therapy provided, must have											a minimum of 8 minutes per therapy											documented on Technical Record.											Document 08/08/18 1545 JH 08/08/18 1620 JH											Therapy day number.....2											For every 1st and 10th therapy day and upon											discharge apply a functional code.											Subjective.....							Current complaint of pain				Pain Scale Used.....							NUMERIC				Pain Intensity.....							5				Current pain level score											Patient Stated Goal for Pain Relief...0							Goal				Pain Level Comment.....							LBP w/movement				Pre Treatment Vital Signs Stable.....Y											Therapeutic Exercise Location.....							Bilat Lower Extremity				Type of Exercise.....							Active ROM				Supine to Sit.....							Supervised				Sit to Stand.....							Stand by Assist				Sit to Supine.....							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Age/Sex	48 M	Date Range:	Beginning - 08/09/18	Attending	BARCOHANA, BABAK MD	Printed:	08/09/18 at 0118	Page	51
<b>Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY</b>									
Unit #	M001265555	Account #:	V01013640246	Status	DIS IN	Admitted	08/06/18 at 0940	Location	MS1
<b>BARDAKJIAN, STEEVIO</b>									
INT:1750671	Activity Type	Occurred Date	Time By	Recorded Date	Time By	Sts Doc	Freq/Target Units	Pri Change	From
1750671	PT Neurological Data					D	.Initial Evaluation	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
1750672	PT Range of Motion					D	.Initial Evaluation	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
1750673	PT Muscle Strength Assessment					D	.Initial Evaluation	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
1750674	PT Balance Assessment					D	.Initial Evaluation	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
1750677	PT Planning and Services Required					D	.Initial Evaluation	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
1750678	PT Technical Record					D	.Daily	A->D	
	If Physical Therapy provided, must have a minimum of 8 minutes per therapy documented on Technical Record.								
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
2000002	IV Invasive Line Status					D	.per unit policy	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
2000003	IV Intake Spreadsheet					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
2250003	Sepsis Screening Tool					D	0830,1430,2030,0230	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
2500021	I: Monitor Pulse Oximetry					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
2750004	Patient Controlled Analgesia Record PCA					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
2750050	CP: Monitor Pain level					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
3000160	I: Thrombolic Pump					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
3000388	Incentive Spirometer Nursing					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
3500060	I: Intake and Output					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
3500130	CP: Provide Skin Care					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
3500140	CP: Monitor Skin Integrity					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
3750004	Integumentary Assessment: Intact Skin					D	.per unit policy	A->D	
	**Each time the Integumentary Assessment is completed and it is *With Wound/Incision/Pressure ulcer present* please complete Wound Assessment Intervention per current policy and procedure**								
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
3750005	Integumentary Braden Scale Assessment					D	02,14	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
3750008	Integumentary Wound Assessment					D	.per unit policy	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
4250080	I: Incentive Spiro Instruction					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
4250180	Hypoglycemia Intervention					D	.Only Hypoglycemic Agent	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
4250280	CP: Provide Safe Environment					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
4500120	I: Oxygen via Nasal Cannula					D	.Post Op PACU	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
INT:4750135	Activity Type	Occurred Date	Time By	Recorded Date	Time By	Sts Doc	Freq/Target Units	Pri Change	From
4750135	Critical Results Notification					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
4750139	PT Signoff Documentation Screen					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
4750140	Phone Call Documentation					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
4750146	I: Notify MD Parameters					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
5000050	CP: Instruct pt to report onset of pain					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
5000160	VTE Discharge Instructions					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
5000235	VTE Teaching Instructions					D	08,20	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
5250001	I: L-S Corset PRN Use					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
5250303	Teaching Record: Adult General					D	05,17	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
5250410	I: Neuro Check Bil.Up/Low Ext.					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
5250550	I: Reinforce Dressing					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
5350312	Stroke Teaching Instructions					D	08,20	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
5500027	SBAR Transfer Form					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
5500030	Discharge Disposition					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
6000155	I: Initialize Wound Order Set					D		A->D	
	Enter Wound Care Order set if wound found during hospitalization. Please use Contingency as source.								
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
6250025	I: Ice to affected area					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
7000505	MRI Questionnaire					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
7000633	I: Bedside Blood Glucose check					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
7000970	I: Notify Provider Post Op					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
8000975	I: Bedside Rails up x 2					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
9000959	I: Notify Provider for Consult					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
9999910	Review care plan					D	05,17	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
9999920	Update care plan					D	17,05	A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
9999930	12 Hour Chart Review					D	13,01	A->D	
	* Review and validate that all current orders have been entered and noted.								
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					
9999950	Disch Inst Form Signed and Given to Pt					D		A->D	
	Ed Status	08/08/18 1717 his		08/08/18 1717 his					

		Date Range: Beginning - 08/09/18		Valley Presbyterian Hospital ***PCS*** DISCHARGE SUMMARY										Printed: 08/09/18 at 0118   Page 52							
Age/Sex	48 M	Attending	BARCOHANA, BABAK MD											Status	DIS IN	Admitted	08/06/18 at 0940				
Unit #	M001265555	Account #	V01013640246											Location	MS1	Room/Bed	420-A				
BARDAKJIAN, STEEVIO																					
Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts Doc	Freq/Target Units	Pri Change	From	Activity Type	Occurred Date	Occurred Time	By	Recorded Date	Recorded Time	By	Sts Doc	Freq/Target Units	Pri Change	From
User Key																					
Monogram	Initials	Name										Care Provider Type									
AL	ALALANGAN	ANNA ALALANGAN										RN									
DO	DQUERUBIN	DENNIS DQUERUBIN										NA									
EG	EGAGEN	EMILY EGAGEN										RN									
ESK	EKISHIMOTO	ESTHER KISHIMOTO										NA									
GL	GLOBEZ-ELA	GISELLE GLOBEZ-BLANCO										NA									
HB	HEUJNEVICI	HANNAH HEUJNEVICI										RN									
JH	JHENRIQUEZ	JESSICA JHENRIQUEZ										PTA									
LJ	LJIMENEZ	LORELYN JIMENEZ										RN									
MGI	MIRIARTE	MARIANGEL G MIRIARTE										NA									
MP	MPERA	MARCO PEREA										NA									
SS	SSILBERSTE	SYLVAIN SILBERSTEIN										RN									
SSF	SEFARAHVASH	SHAHRAM S FARAHVASH										NA									
TAZ	TZOLOTIA	TATIANA ZOLOTIA										RN									
YS	YSAADIA	YAMIT SAADIA										PT									
YUY	YSATYBALDI	YULDUZ YUSUPOVA										RN									
his		automatic by program																			

Age/Sex: 48 M  
Unit #: M001265555  
Location: MS1  
Room/Bed: 420-A

Attending: BARCOHANA, BABAK MD  
Account #: V01013640246  
Admitted: 08/06/18 at 0940  
Status: DIS IN

BARDAKJIAN, STEEVIO

Status: Discharged  
Initiated: 08/06/18  
Completed:  
Protocol:

Page 1  
Printed  
08/09/18  
at 0118

## Valley Presbyterian Hospital \*\*\*PCS\*\*\*

## Patient Plan of Care - Additional Problems/Interventions

## ADDITIONAL Interventions

	INIT BY	COMP BY	START DT&TM	Frequency	STS
* Vital Signs	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.On Admission	C
* Immunization Screening Adult SDS	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.On Admission	C
* SBAR Transfer Form	08/06/18 TAZ		08/06/18 1048	.Prior to transfer	D
* Pre Post Anesthesia Rec Score Aldrete	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.Pre and Post Procedure	C
* Preoperative Checklist	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.Pre Procedure	C
* I: Initialize Wound Order Set	08/06/18 TAZ		08/06/18 1048	.On Admit & If Indicated	D
Enter Wound Care Order set if wound found during hospitalization. Please use Contingency as source.					
* MRI Questionnaire	08/06/18 TAZ		08/06/18 1048	.As needed	D
* Nurse to Nurse Consults	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.As needed	C
****Nurse consults need to be used for any equipment needed, along with questions/concerns that an RN has, or additional education****					
Note: (Nurse to Nurse consults are for nursing only, does not replace Physician Consultant Orders)					
* Sepsis Screening Tool	08/06/18 TAZ		08/06/18 1048	0830,1430,2030,0230	D
* Advance Directives and Medical Legal	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.On Admission	C
* Stroke Discharge Instructions	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.Upon Discharge	C
* Stroke Teaching Instructions	08/06/18 TAZ		08/06/18 1048	06,20	D
* Discharge Disposition	08/06/18 TAZ		08/06/18 1048	.Upon Discharge	D
* Disch Inst Form Signed and Given to Pt	08/06/18 TAZ		08/06/18 1048	.Upon Discharge	D
* Discharge Instructions	08/06/18 TAZ		08/06/18 1048	.Upon Discharge	D
* Phone Call Documentation	08/06/18 TAZ		08/06/18 1048	.During	D
* Diet Feeding Intervention	08/06/18 TAZ		08/06/18 1048	0830,1230,1730,20	D
* VTE Discharge Instructions	08/06/18 TAZ		08/06/18 1048	.Upon Discharge	D
* VTE Teaching Instructions	08/06/18 TAZ		08/06/18 1048	06,20	D
* VTE Risk Factor Management	08/06/18 TAZ		08/06/18 1048	06,20	D
* Change of Shift Review	08/06/18 TAZ		08/06/18 1048	07,19	D
* 12 Hour Chart Review	08/06/18 TAZ		08/06/18 1048	13,01	D
* Review and validate that all current orders have been entered and noted.					
* Update care plan	08/06/18 TAZ		08/06/18 1048	17,05	D
* Review care plan	08/06/18 TAZ		08/06/18 1048	05,17	D
* tPA Documentation Intervention	08/06/18 TAZ	08/06/18 YUY			C
* Teaching Record: Adult General	08/06/18 TAZ		08/06/18 1048	05,17	D
* Teaching Assessment	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.On Admission	C
* Intake and Output for Nursing Assistants	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Intake and Output RN and LVN	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* please document chest tube output in chest tube assessment screen. Other drainage systems output in tube and drains intervention screen*					
* IV Invasive Line Status	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Safety Precautions	08/06/18 TAZ		08/06/18 1048	06,20	D
* Hygiene Intervention	08/06/18 TAZ		08/06/18 1048	05,17	D
* Activity and Positioning	08/06/18 TAZ		08/06/18 1048	Q2H	D
* Pain Reassessment	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
**Each time a pain management intervention is provided please complete pain reassessment intervention per current policy and procedure**					
- PROTOCOL: PAIN.MGT					
* Pain Management	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
**Each time a pain management intervention is provided please complete pain					

Age/Sex: 48 M  
Unit #: M001265555  
Location: MS1  
Room/Bed: 420-A

Attending: BARCOHANA, BABAK MD  
Account #: V01013640246  
Admitted: 08/06/18 at 0940  
Status: DIS IN

BARDAKJIAN, STEEVIO

Status: Discharged  
Initiated: 08/06/18  
Completed:  
Protocol:

Page 2  
Printed  
08/09/18  
at 0118

Valley Presbyterian Hospital \*\*\*PCS\*\*\*  
Patient Plan of Care - Additional Problems/Interventions

ADDITIONAL Interventions	INIT BY	COMP BY	START DT/TM	Frequency	STS
reassessment intervention per current policy and procedure** - PROTOCOL: PAIN.MGT					
* Morse Fall Scale (Adult)	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Psychosocial Assessment	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Musculoskeletal Assessment	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Genitourinary Assessment GU	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Gastrointestinal Assessment	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Integumentary Braden Scale Assessment	08/06/18 TAZ		08/06/18 1048	02,14	D
- PROTOCOL: BRADEN1					
* Integumentary Wound Assessment	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Medical Implantable Devices	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.As needed	C
* Integumentary Assessment Intact Skin **Each time the Integumentary Assessment is completed and it is *With Wound/Incision/Pressure ulcer present* please complete Wound Assessment Intervention per current policy and procedure**	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Respiratory Assessment	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Cardiovascular Assessment	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Neurological Assessment Adult	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Infectious Disease Screening	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.On Admission	C
* Critical Results Notification	08/06/18 TAZ		08/06/18 1048	.Per Policy	D
* Hypoglycemia Intervention	08/06/18 TAZ		08/06/18 1048	.Only Hypoglycemic Agent	D
* Suicide Risk Assessment	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.On Admission	C
* Past Medical and Surgical History	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.On Admission	C
* Family History Assessment	08/06/18 TAZ		08/06/18 1048	.On Admission	D
* Vital Signs	08/06/18 TAZ		08/06/18 1048	.per unit policy	D
* Height and Weight Please remember to document weight in Kilograms.	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.On Admission	C
If stated weight is in pounds, divide by 2.2 to convert to kilograms.					
* Admission General Questions	08/06/18 TAZ	08/06/18 YUY	08/06/18 1048	.On Admission	C
* I: Oxygen via Nasal Cannula	08/06/18 SSF		08/06/18 1125	.Post op PACU	D
* I: GEN/MAC Anesth Protocol	08/06/18 SSF	08/06/18 YUY	08/06/18 1125	.Post Op PACU	C
* I: Transfer to PACU Post Op	08/06/18 SSF	08/06/18 YUY	08/06/18 1125	.Post Op PACU	C
* I: Vital Signs	08/06/18 ESK				D
* I: Notify MD Parameters	08/06/18 ESK				D
* I: Incentive Spiro Instruction	08/06/18 ESK				D
* I: Monitor Pulse Oximetry	08/06/18 ESK				D
* I: Intake and Output	08/06/18 ESK				D
* I: Bedside Commode	08/06/18 ESK				D
* I: Walker in room	08/06/18 ESK				D
* I: Ice to affected area:	08/06/18 ESK				D
* I: Out of Bed w/assist	08/06/18 ESK				D
* I: Activity as Tolerated	08/06/18 ESK				D
* I: Drain Care and Monitoring	08/06/18 ESK	08/06/18 YUY			C
* I: Advance Diet/Reg Post Op	08/06/18 ESK	08/07/18 LOJ	08/06/18 1151	Q6H	C
Please place appropriate Dietary Order using contingency source. (Document a nurses note if patient not tolerating meal).					
* I: Notify Provider Post Op	08/06/18 ESK		08/06/18 1151	.In-pt. Post Op	D
* I: Wean IV Fluid	08/06/18 ESK		08/06/18 1151	.Post-OP	D
* I: Reinforce Dressing	08/06/18 ESK		08/06/18 1151	.Post-OP	D

Age/Sex: 48 M      Attending: BARCOHANA, BABAK MD  
 Unit #: M001265555      Account #: V01013640246  
 Location: MS1      Admitted: 08/06/18 at 0940  
 Room/Bed: 420-A      Status: DIS IN

BARDAKJIAN, STEEVIO

Valley Presbyterian Hospital \*\*\*PCS\*\*\*  
 Patient Plan of Care - Additional Problems/Interventions

Status: Discharged  
 Initiated: 08/06/18  
 Completed:  
 Protocol:

Page 3  
 Printed  
 08/09/18  
 at 0118

## ADDITIONAL Interventions

	INIT BY	COMP BY	START DT/TM	Frequency	STS
* I: Bedside Rails up x 2	08/06/18 ESK				D
* I: Neuro Check Bil. Up/Low Ext.	08/06/18 ESK				D
* I: Atrial Bump Pumps	08/06/18 ESK				D
* I: L-S Corset PRN Use	08/06/18 ESK		08/06/18 1151	. Post Op.	D
* I: Notify Provider for Consult	08/06/18 ESK				D
* Incentive Spirometer Nursing	08/06/18 ARL				D
* Patient Controlled Analgesia Record PCA	08/06/18 ARL				D
* I: Bedside Blood Glucose check	08/06/18 SS		08/06/18 1813	. As Ordered	D
* IV Intake Spreadsheet	08/06/18 YUY				D
* PT Signoff Documentation Screen	08/07/18 YS		08/07/18 0948	. During	D
* PT Technical Record	08/07/18 YS		08/07/18 0948	. Daily	D
IT: Physical Therapy provided, must have a minimum of 8 minutes per therapy documented on Technical Record.					
* PT Planning and Services Required	08/07/18 YS		08/07/18 0948	. Initial Evaluation	D
* PT Balance Assessment	08/07/18 YS		08/07/18 0948	. Initial Evaluation	D
* PT Muscle Strength Assessment	08/07/18 YS		08/07/18 0948	. Initial Evaluation	D
* PT Range of Motion	08/07/18 YS		08/07/18 0948	. Initial Evaluation	D
* PT Neurological Data	08/07/18 YS		08/07/18 0948	. Initial Evaluation	D
* PT Lifestyle Assessment	08/07/18 YS		08/07/18 0948	. Initial Evaluation	D

Monogram	Initials	Name	Care Provider	Type
ARL	ALALANGAN	ANNA LALANGAN	RN	
ESK	EKISHIMOTO	ESTHER KISHIMOTO		
LOJ	LJIMENEZ	LORELYN JIMENEZ	RN	
SS	SSILBERSTE	SYLVAIN SILBERSTEIN		
SSF	SFARAHVASH	SHAHRAM S FARAHVASH		
TAZ	TZOLOTAIA	TATIANA ZOLOTAIA	RN	
YS	YSAADIA	YAMIT SAADIA	PT	
YUY	YSATYBALDI	YULDUZ YUSUPOVA	RN	

Age/Sex: 48 M  
Unit #: M001265555  
Location: MS1  
Room/Bed: 420-A

Attending: BARCOHANA, BABAK MD  
Account #: V01013640246  
Admitted: 08/06/18 at 0940  
Status: DIS IN

BARDAKJIAN, STEEVIO

Valley Presbyterian Hospital \*\*\*PCS\*\*\*  
Patient Plan of Care - NUR:Pain/Comfort

Status: Discharged  
Initiated: 08/06/18  
Completed: 08/09/18  
Protocol:

Page 1  
Printed  
08/09/18  
at 0118

NUR:Alteration in comfort	STS	PRI	INIT BY	TRGT	COMP BY	Interventions	INIT BY	COMP BY	START DT/TM	Frequency	STS
		D		08/06/18 TAZ							
Related to: -Pain -S/P: Lumbar Decompression and microdiscectomy	C		08/06/18 TAZ	08/06/18	08/06/18 YUY						
* NUR:verbalizes relief of discomfort Document Interventions: -monitor use of PCA AND instruction given	D		08/06/18 TAZ	08/06/18		* CP: Monitor pain level	08/06/18 TAZ	08/06/18 YUY			C
* NUR:pt pain relief goal met Document Interventions: -monitor effectiveness of med:given						* CP: Instruct pt to report onset of pain	08/06/18 TAZ				D

Monogram	Initials	Name	Care Provider Type
TAZ	TZOLOTAIA	TATIANA ZOLOTAIA	RN
YUY	YSATYBALDI	YULDUZ YUSUPOVA	RN

Age/Sex: 48 M  
 Unit #: M001265555  
 Location: MS1  
 Room/Bed: 420-A

Attending: BARCOHANA, BABAK MD  
 Account #: V01013640246  
 Admitted: 08/06/18 at 0940  
 Status: DIS IN

BARDAKJIAN, STEEVIO

Valley Presbyterian Hospital \*\*\*PCS\*\*\*  
 Patient Plan of Care - NUR:Pain/Comfort

Status: Discharged  
 Initiated: 08/06/18  
 Completed: 08/09/18  
 Protocol:

Page 1  
 Printed  
 08/09/18  
 at 0118

NUR:Alteration in comfort	STS	PRI	INIT BY	TRGT	COMP BY	Interventions	INIT BY	COMP BY	START DT/TM	Frequency	STS
	D										C
Related to: -Pain -S/P: Lumbar Decompression and Microdiscectomy			08/06/18 ARL								
* NUR:verbalizes relief of discomfort Document Interventions: -monitor pain scale and medicated PRN as ordered	D		08/06/18 ARL	08/06/18							
* NUR:pt pain relief goal met Document Interventions:	C		08/06/18 ARL		08/06/18 YUY	* CP: Monitor pain level  * CP: instruct pt to report onset of pain	08/06/18 ARL				

Monogram	Initials	Name	Care Provider Type
ARL	ALALANGAN	ANNA LALANGAN	RN
YUY	YSATIBALDI	YULDUZ YUSUPOVA	RN

Age/Sex: 48 M  
Unit #: M001265555  
Location: MS1  
Room/Bed: 420-A

Attending: BARCOHANA, BABAK MD  
Account #: V01013640246  
Admitted: 08/06/18 at 0940  
Status: DIS IN

BARDAKJIAN, STEEVIO

Valley Presbyterian Hospital \*\*\*PCS\*\*\*  
Patient Plan of Care - NUR:Safety

Status: Discharged  
Initiated: 08/06/18  
Completed: 08/09/18  
Protocol:

Page 1  
Printed  
08/09/18  
at 0118

	STS	PRI	INIT BY	TRGT	COMP BY	Interventions	INIT BY	COMP BY	START DT/TM	Frequency	STS
NUR:Risk for Falls/injury related to: -S/P Lumbar Decompression and Microdiscectomy -Weakness	D		08/06/18 YUY								
* NUR:Remains free from injury Document Interventions: -instructed to call for help when needed -call light within reach -low bed -purposeful hourly rounding	D		08/06/18 YUY	08/09/18							
* NUR:Exhibits reduced disorientation Document Interventions:	I		08/06/18 YUY	08/09/18		* CP:Provide Safe Environment  * CP:Educate Regarding Safety  * CP:Educate Regarding Safety	08/06/18 YUY				D I I

Monogram Initials Name  
YUY YSATYBALDI YULDUZ YUSUPOVA

Care Provider Type  
RN

Age/Sex: 48 M  
 Unit #: M001265555  
 Location: MS1  
 Room/Bed: 420-A

Attending: BARCOHANA, BABAK MD  
 Account #: V01013640246  
 Admitted: 08/06/18 at 0940  
 Status: DIS IN

BARDAKJIAN, STEEVIO

Valley Presbyterian Hospital \*\*\*PCS\*\*\*  
 Patient Plan of Care - NUR:Skin Integrity

Status: Discharged  
 Initiated: 08/06/18  
 Completed: 08/09/18  
 Protocol:

Page 1  
 Printed  
 08/09/18  
 at 0118

NUR:Impaired Skin Integrity	STS	PRI	INIT BY	TRGT	COMP BY	Interventions	INIT BY	COMP BY	START DT/TM	Frequency	STS
	D										
related to: -Decreased Mobility -S/P Lumbar Decompression and Microdiscectomy			08/06/18 YUY								
* NUR:Improve skin integrity Document Interventions: -monitor surgical site for redness,inflammation, and drainage -kept clean and dry	D		08/06/18 YUY	08/09/18							
* NUR:Improved wound healing Document Interventions: -adequate nutrition and hydration provided	D		08/06/18 YUY	08/09/18							
						* CP:Monitor Skin Integrity	08/06/18 YUY				D
											D
						* CP:Provide Skin Care	08/06/18 YUY				D
						* Assess skin integrity	08/06/18 YUY				D

Monogram Initials Name  
 YUY YSATYBALDI YULDUZ YUSUPOVA

Care Provider Type  
 RN

Age/Sex: 48 M  
Unit #: M001265555  
Location: MS1  
Room/Bed: 420-A

Attending: BARCOHANA, BABAK MD  
Account #: V01013640246  
Admitted: 08/06/18 at 0940  
Status: DIS IN

BARDAKJIAN, STEEVIO

Valley Presbyterian Hospital \*\*\*PCS\*\*\*  
Patient Plan of Care - PT:Activity

Status: Discharged  
Initiated: 08/07/18  
Completed:  
Protocol:

Page 1  
Printed  
08/09/18  
at 0118

PT:Activity Intolerance- Gait	STS	PRI	INIT BY	TRGT	COMP BY	Interventions	INIT BY	COMP BY	START DT/TM	Frequency	STS
	D		08/07/18	YS							D
<b>Related to:</b> Disease Process, Surgery, Injury											
<b>* PT:Restore Activity-Gait</b> Modified Independent; Front Wheel Walker; 150 feet Document Interventions:											
	D		08/07/18	YS	08/14/18						D
<b>PT:Activity Intolerance- Stairs</b> Related to: Disease Process, Surgery, Injury											
<b>* PT:Restore Activity-Stairs</b> Modified Independent; 15 stairs indoors. Document Interventions:											
	D		08/07/18	YS	08/14/18						D
<b>PT:Activity Intolerance- Transfer</b> Related to: Disease Process, Surgery, Injury											
<b>* PT:Restore Activity-Transfers</b> Sit to Stand; Modified Independent; Bed to Chair or Wheelchair; Modified Independent; Chair or Wheelchair to Bed; Modified Independent; Toilet or Commode to Chair; Modified Independent; FWW Document Interventions:											
	D		08/07/18	YS	08/14/18						D
<b>PT: Activity Intolerance- Mobility</b> Related to: Disease Process, Surgery, Injury											
<b>* PT:Restore Activity-Mobility</b> Rolling Ability; Independent; Supine to sit Ability; Independent; Sit to Supine Ability; Independent; log roll Document Interventions:											
	D		08/07/18	YS	08/14/18						

Monogram Initials Name  
YS YSAADIA YAMIT SAADIA

Care Provider Type  
PT

Age/Sex: 48 M BARDAKJIAN, STEEVIO (DIS IN)  
Unit #: M001265555 MS1-420-A  
Account#: V01013640246 BARCOHANA, BABAK MD  
Admitted: 08/06/18 at 0940 Valley Presbyterian Hospital \*\*\*

Page: 1  
Printed 08/09/18 at 0118  
Period ending 08/09/18 at 0118  
ARCHIVED NOTES

Occurred Date	Recorded Time	Date	Time	By	Nurse
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08/06/18 1101 08/06/18 1101 TAZ

upon admission pts BG 210. Fr Farahvash made aware, no need fort coverage.

08/06/18 1536 08/06/18 1540 ARL

PACU NOTES:

PATIENT AROUSABLE, ON 2 L NC 98% W/ SURGICAL SITE S/P L3-L4, L4-L5 LUMBAR DECOMPRESSION MICRODISCECTOMY W/ DERMA BOND AND ICE PACK IN PLACE. ABLE TO TURN AND REPOSITION IN BED, COMPLAIN OF PAIN AND NAUSEA MEDICATED W/ FENTANYL AND ZOFTRAN, STARTED ON PCA DILAUDID EXPLAINED ON HOW TO USE AND WHEN TO PRESS MEDICINE, SCD INPLACE, IVF INFUSING ON LEFT HAND # 20, INC. SPIROMETER ABLE TO DO 2000 ML X 6. NO BLEEDING ON SURGICAL SITE, DUE TO VOID, FAMILY NOTIFIED OF TRANSFER TO ROOM 420. DR. SILVERSTEIN NOTIFIED.

08/06/18 1619 08/06/18 1623 ARL

pacu notes:

Report given to Yulduz, RN w/ delay in transporting to room due to transport issues ( Manny transport on break and 4000 was called )

08/06/18 1845 08/06/18 1914 YUY

RN FOSS

PATIENT RECEIVED PACU, STABLE, PATIENT COMFORTABLE IN BED WITH PCA PER ORDERED DOSE, PATIENT OBSERVED SLEEPING AND EASILY AWAKEN. FAMILY AT BEDSIDE, PATIENT INSTRUCTED ON USE OF IS, HE VERBALIZED UNDERSTANDING AND STATES "I AM A NURSE AT OLIVE VIEW", INCISION TO LOWER BACK OPEN TO AIR WITH DERMABOND IN PLACE NO SIGNS OF BLEEDING AT THIS TIME. PLAN OF CARE WILL BE ENDORSED TO ON-COMING RN.

08/07/18 1930 08/07/18 1954 EG

Eos 20

PCA discontinued. Patient feels Endocet is more effective for his pain relief than Dilaudid. Received Toradol 30mg once for breakthrough pain after ambulating with PT, ordered and cleared by Ester Kishimoto, PA, which was effective and allowed him to work with physical therapy a second time during the shift. Magnesium lope, will start Magnesium ioxide 400mg po BID tonight. Patient tolerating carb controlled diet. Dermabond to lower middle back intact, no signs or symptoms of infection noted. Patient out of bed ambulating with PT and eating. Patient has remained free from injury so far during shift. He is using spinal precautions when moving in bed and getting out of bed. He is aware of the spinal precautions and able to state them to nurse. Gave Flexiril once at end of shift with Endocet. Plan to work with physical therapy tomorrow and possibly discharge home per Dr. Barcohana. Dr. Barcohana gave patient pain medication scripts today and family has them.

08/08/18 0105 08/08/18 0106 LOJ

Report given to Dobrita for continuation of care.

08/08/18 1

DISCHARGE:  
PATIENT DISCHARGED FROM ROOM 420 AT 1715 . PATIENT GIVEN D/C INSTRUCTIONS AND PAPERWORK. DR. BARCOHANA GAVE PRESCRIPTION TO PATIENT BEFORE SX. NO IV ACCESS UPON D/C. VSS UPON D/C. PATIENT DENIED NEED FOR BLOOD SUGAR CHECK. PATIENT HAS WALKER AND ELEVATED TOILET SEAT UPON D/C. PATIENT D/CD VIA WHEELCHAIR WITH CNA AND PATIENTS FAMILY TO BRING HIM HOME. PATIENT MEDICATED WITH PERCOCEP BEFORE D/C. PATIENT ALERT AND IN NO VISIBLE DISTRESS.

Occurred Date	Recorded Time	Physical Therapy
Date	Time	By

08/06/18 1543 08/06/18 1545 ACD

PT note:

S: MD order received for PT consult.

O: Patient still in PACU. RN Anna Will give report now for transfer to room 420.

A/P: Will f/u on pt at room 420.

Age/Sex: 48 M  
Unit #: M001265555  
Account#: V01013640246  
Admitted: 08/06/18 at 0940 Valley Presbyterian Hospital \*\*\*

BARDAKJIAN, STEEVIO (DIS IN)  
MS1-420-A  
BARCOHANA, BABAK MD  
Valley Presbyterian Hospital \*\*\*

Page: 2  
Printed 08/09/18 at 0118  
Period ending 08/09/18 at 0118  
ARCHIVED NOTES

Occurred Date	Recorded Time	Date	Time	By	Physical Therapy
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08/06/18 1625 08/06/18 1626 ACD

PT note:

RN Yulduz already received report for transfers of pt in room 420 however pt not in the room yet to initiate PT. Will F/U tomorrow.

08/07/18 0957 08/07/18 1005 YS

PT Evaluation:

The pt is a 48 year old M who reports having a work injury on 7/3/18 and was found to have R L3-L4 and L4-L5 herniation with severe radiculopathy who presents to VPH for R L3-L5 microdiscectomy. Pt is now POD 1.

Precautions: Spinal precautions, LS corset PRN.

PLOF: Pt lives with his fiancee and his son in a house with no stairs outdoors but 15 stairs to his bedroom. Up until his injury (1 month ago) pt was I with ADLs and IADLs ambulating independently, drives and works. Post injury, pt with minimal gait at home, off work, uses a cane vs. crutches for gait. Had assist for IADLs.

CLOF: Pt sitting up in a chair upon PT arrival, agreeable to PT, cleared by RN. Pt's fiancee present during eval. Pt's oxygen level is 99% and heart rate is elevated to 124 bpm while at EOB. Pt reports 7/10 in his low back, and reports the PCA is minimally assisting with the pain. Unable to perform MMT on RLE due to severe pain, pt with observes 2+/5 RLE with movement. 5/5 strength in BUEs and LLE. STS to FWW with CGA. Pt ambulated 40ft with FWW and CGA with slow gait, decreased stance on RLE and increased UE support on walker. Pt was left sitting EOB with call light and needs in reach. Heart rate increased to 130 bpm. Communicated to RN about pt's pain and increased heart rate.

Recommendations: Pt SP lumbar decompression surgery, presents with increased unmanaged low back pain, and RLE pain and weakness, as well as elevated heart rate. He is currently limited with activity tolerance, and gait stability. Recommend to d/c pt home with assist once medically appropriate. DME needed: FWW and 3-in-1 commode. Pt will be seen QIDx7 until goals are met.

08/07/18 1100 08/07/18 1325 YS

PT Note:

The pt refused his second AM PT session due to increased pain. Will follow up as appropriate in the PM.

08/07/18 1411 08/07/18 1415 YS

PT Note:

S: "The nurse gave me pain medicine that helps more than the PCA." -pt

O: Pt supine in bed, agreeable to PT, cleared by RN. Pt performed sup>sit with SBA. Good sitting balance. Pt with 97% oxygen on RA and 115 bpm. Denies any dizziness. Pt reports 6/10 pain to low back and RLE. STS to FWW with SBA. Pt ambulated 150ft with FWW and slow reciprocal gait with forward flexed posture and increased UE support on rails. Pt was left sitting EOB with call light and needs in reach.

A: Pt with improved tolerance to treatment session. He was able to increase gait distance to 150ft. Continues to report low back pain and shooting pain down RLE. Will cont to progress pt as appropriate.

P: Gait and stair training, Cont POC.

000212

Age/Sex: 48 M  
Unit #: M001265555  
Account#: V01013640246  
Admitted: 08/06/18 at 0940 Valley Presbyterian Hospital \*\*\*

BARDAKJIAN, STEEVIO (DIS IN)  
MS1-420-A  
BARCOHANA, BABAK MD  
Valley Presbyterian Hospital \*\*\*

Page: 3  
Printed 08/09/18 at 0118  
Period ending 08/09/18 at 0118  
ARCHIVED NOTES

Occurred Date	Recorded Time	Date	Time	By	Physical Therapy
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08/08/18 0935 08/08/18 1109 JH

PT NOTE

S: Pt stated, "I have some pain, but not too bad." Agreeable for PT and cleared per RN Hannah B. Premedicated. C/O LBP at rest 5/10 and post tx 6/10.  
O: Received pt in side-lying asleep w/fiance present in room, easily aroused. Side-lying>sit EOB using over head trapeze SBA. Donned LS Corset and applied gait belt. STS to FWW SBA. Gait training performed on level surface using FWW SBA 150'. Noted slow gait, slight flexed forward posture, and increased UE weight on AD. Pt required minimal VCs to correct posture and to release some weight from UE. Pt verbalized and demonstrated w/fair return. Returned back to room. Doffed LS corset. Sit>side-lying SBA. Left pt in comfort position w/fiance present in room, call light/phone within reach, bed alarmed, and all needs met. RN Hannah B informed and aware of pt's status.

A: Fair tolerance to tx. Pt showed no signs of distress or SOB during or after tx.

P: Continue POC and progress as tolerated.

08/08/18 1035 08/08/18 1214 JH

PT NOTE

S: Pt stated, "I still have some pain, but I am okay." Agreeable for PT and cleared per RN Hannah B. Premedicated. C/O LBP at rest 5/10 and post tx 5/10.  
O: Received pt side-lying asleep w/fiance present in room, easily aroused. Side-lying>sit EOB using over head trapeze SBA. Pt donned LS Corset and this therapist applied gait belt. STS to FWW SBA. Gait training performed using FWW SBA 225'. Noted slow gait, slight flexed forward posture, and moderate UE weight on AD. Pt required minimal VCs to correct posture and to release less UE weight on AD. Pt verbalized and demonstrated w/fair return. Returned back to room. Pt doffed LS corset. Pt left seated EOB per pt's request w/fiance and CNA present in room. Call light/phone within reach, bed alarmed, and all needs met. RN Hannah B informed and aware of pt's location and status.

A: Fair tolerance to tx. Gait distance improved from 150' to 225' and UE weight on AD decreased. Pt showed no signs of distress or SOB during or after tx.

P: Continue POC and progress as tolerated.

08/08/18 1413 08/08/18 1536 JH

PT NOTE

S: Pt stated, "Pain is okay like a 5 still." Agreeable for PT and cleared per RN Hannah B. Premedicated. C/O LBP at rest 5/10 and post tx 5/10.  
O: Received pt side-lying asleep w/fiance present in room, easily aroused. Side-lying>sit EOB using over head trapeze Supervised. Pt donned LS Corset and this therapist applied gait belt. STS to FWW SBA. Gait training performed using FWW SBA 240'. Noted occasional slow cadence, slight flexed forward posture, and mild UE weight on AD. Pt required reminder VCs to correct posture and to release less UE weight on AD. Pt verbalized and demonstrated w/fair return. Stair training performed 4 stairs x 2 with CGA/SBA using bilateral stair rails. Returned back to room. Pt doffed LS corset. Pt left seated EOB per pt's request w/fiance. Call light/phone within reach, bed alarmed, and all needs met. RN Hannah B informed and aware of pt's location and status.

A: Fair tolerance to tx. Gait distance improved from 225' to 240' and UE weight on AD decreased. Bed mobility improved during this tx. Pt showed no signs of distress or SOB during or after tx.

P: Continue POC and progress as tolerated.

08/08/18 1545 08/08/18 1629 JH

PT NOTE

000213

Age/Sex: 48 M BARDAKJIAN, STEEVIO (DIS IN)  
Unit #: M001265555 MS1-420-A  
Account#: V01013640246 BARCOHANA, BABAK MD  
Admitted: 08/06/18 at 0940 Valley Presbyterian Hospital \*\*\*

Page: 4  
Printed 08/09/18 at 0118  
Period ending 08/09/18 at 0118  
ARCHIVED NOTES

Occurred      Recorded      Physical Therapy  
Date    Time    Date    Time    By

08/08/18 1545 08/08/18 1629 JH (continued)

S: Pt stated, "Pain is fine still a 5." Agreeable for PT and cleared per RN Hannah B. Premedicated. C/O LBP at rest 5/10 and post tx 5/10.

O: Received pt side-lying asleep w/fiance present in room, easily aroused. Side-lying>sit EOB using over head trapeze Supervised. Pt donned LS Corset and this therapist applied gait belt. STS to FWW SBA. Gait training performed using FWW SBA 250'. Noted reciprocal gait, occasional slow cadence, slight flexed forward posture, and occasionally mild UE weight on AD. Pt required reminder VCs to correct posture, increase cadence velocity, and to release UE weight on AD. Pt verbalized and demonstrated w/fair return. Stair training performed 4 stairs x 3 with SBA using bilateral stair rails. Returned back to room. Pt doffed LS corset. Sit>supine using no bed rails or trapeze Supervised. Left pt in side-lying in comfort position, call light/phone within reach, bed alarmed, and all needs met. RN Hannah B. informed and aware of pt's status.

A: Good tolerance to tx. Gait distance improved from 240' to 250' and UE weight on AD decreased. Sit>supine improved from SBA to Supervision. Pt showed no signs of distress or SOB during or after tx. Stair training assistance improved from CGA/SBA to only SBA.

P: Continue POC and progress as tolerated.

Occurred Date	Recorded Time	Case Manager
Date	Time	By

08/07/18 1047 08/07/18 1048 MM

MD order for 3:1 commode and FWW faxed to MD Orthopedics (ph 818 305 3820, fx 818 305 3839). CM will follow-up.

Addendum: 08/07/18 at 1309 by MARLON MARINO RN CM

t/c to Joseph of MD Orthopedics (ph# 818 419 3248) who stated he will deliver the 3:1 commode and FWB to bedside today between 2-3:30pm.

Addendum: 08/07/18 at 1517 by MARLON MARINO RN CMI

3:1 commode and FWB has been delivered at bedside.

Occurred Date	Recorded Time	Date	Time	By	Notes: All Categories Category
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08/07/18 1047 08/07/18 1048 MM

MD order for 3:1 commode and PWW faxed to MD Orthopedics (ph 818 305 3820, fx 818 305 3839). CM will follow-up.

Addendum: 08/07/18 at 1309 by MARLON MARINO RN CM

t/c to Joseph of MD Orthopedics (ph# 818 419 3248) who stated he will deliver the 3:1 commode and FWB to bedside today between 2-3:30pm.

Addendum: 08/07/18 at 1517 by MARLON MARINO RN CM

3:1 commode and FWW has been delivered at bedside.

Occurred Date	Recorded Time	Date	Time	By	Notes: All Categories Category
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08/06/18 1101 08/06/18 1101 TAZ

upon admission pts BG 210. Fr Farahvash made aware, no need fort coverage.

Nurse

000214

Age/Sex: 48 M BARDAKJIAN, STEEVIO (DIS IN)  
Unit #: M001265555 MS1-420-A  
Account#: V01013640246 BARCOHANA, BABAK MD  
Admitted: 08/06/18 at 0940 Valley Presbyterian Hospital \*\*\*

Page: 5  
Printed 08/09/18 at 0118  
Period ending 08/09/18 at 0118  
ARCHIVED NOTES

Occurred Date	Recorded Time	Date	Time	By	Notes: All Categories Category
08/06/18 1536	08/06/18 1540	ARL			Nurse
PACU NOTES:					
PATIENT AROUSABLE, ON 2 L NC 98% W/ SURGICAL SITE S/P L3-L4, L4-L5 LUMBAR DECOMPRESSION MICRODISCECTOMY W/ DERMA BOND AND ICE PACK IN PLACE. ABLE TO TURN AND REPOSITION IN BED, COMPLAIN OF PAIN AND NAUSEA MEDICATED W/ FENTANYL AND ZOFRAN, STARTED ON PCA DILAUDID EXPLAINED ON HOW TO USE AND WHEN TO PRESS MEDICINE, SCD INPLACE, IVF INFUSING ON LEFT HAND # 20, INC. SPIROMETER ABLE TO DO 2000 ML X 6. NO BLEEDING ON SURGICAL SITE, DUE TO VOID, FAMILY NOTIFIED OF TRANSFER TO ROOM 420. DR. SILVERSTEIN NOTIFIED.					
08/06/18 1619	08/06/18 1623	ARL			Nurse
pacu notes:					
Report given to Yulduz, RN w/ delay in transporting to room due to transport issues ( Manny transport on break and 4000 was called )					
08/06/18 1845	08/06/18 1914	YUY			Nurse
RN EOSS:					
PATIENT RECEIVED PACU, STABLE, PATIENT COMFORTABLE IN BED WITH PCA PER ORDERED DOSE, PATIENT OBSERVED SLEEPING AND EASILY AWAKEN. FAMILY AT BEDSIDE, PATIENT INSTRUCTED ON USE OF IS, HE VERBALIZED UNDERSTANDING AND STATES "I AM A NURSE AT OLIVE VIEW", INCISION TO LOWER BACK OPEN TO AIR WITH DERMABOND IN PLACE NO SIGNS OF BLEEDING AT THIS TIME. PLAN OF CARE WILL BE ENDORSED TO ON-COMING RN.					
08/07/18 1930	08/07/18 1954	EG			Nurse
EOSS					
PCA discontinued. Patient feels Endocet is more effective for his pain relief than Dilaudid. Received Toradol 30mg once for breakthrough pain after ambulating with PT, ordered and cleared by Ester Kishimoto, PA, which was effective and allowed him to work with physical therapy a second time during the shift. Magnesium lovel, will start Magnesium ioxide 400mg po BID tonight. Patient tolerating carb controlled diet. Dermabond to lower middle back intact, no signs or symptoms of infection noted. Patient out of bed ambulating with PT and eating. Patient has remained free from injury so far during shift. He is using spinal precautions when moving in bed and getting out of bed. He is aware of the spinal precautions and able to state them to nurse. Gave Flexiril once at end of shift with Endocet. Plan to work with physical therapy tomorrow and possibly discharge home per Dr. Barcohana. Dr. Barcohana gave patient pain medication scripts today and family has them.					
08/08/18 0105	08/08/18 0106	LOJ			Nurse
Report given to Dobrita for continuation of care.					
08/08/18 1730	08/08/18 1747	HB			Nurse
DISCHARGE:					
PATIENT DISCHARGED FROM ROOM 420 AT 1715 . PATIENT GIVEN D/C INSTRUCTIONS AND PAPERWORK. DR. BARCOHANA GAVE PRESCRIPTION TO PATIENT BEFORE SX. NO IV ACCESS UPON D/C. VSS UPON D/C. PATIENT DENIED NEED FOR BLOOD SUGAR CHECK. PATIENT HAS WALKER AND ELEVATED TOILET SEAT UPON D/C. PATIENT D/CD VIA WHEELCHAIR WITH CNA AND PATIENTS FAMILY TO BRING HIM HOME. PATIENT MEDICATED WITH PERCOSET BEFORE D/C. PATIENT ALERT AND IN NO VISIBLE DISTRESS.					

Occurred Date	Recorded Time	Date	Time	By	Notes: All Categories Category
08/06/18	1543	08/06/18	1545	ACD	Physical Therapy
PT note:					
S:	MD order received for PT consult.				
O:	Patient still in PACU. RN Anna Will give report now for transfer to room 420.				
A/P:	Will f/u on pt at room 420.				
08/06/18	1625	08/06/18	1626	ACD	Physical Therapy
PT note:					

000215

Age/Sex: 48 M  
Unit #: M001265555  
Account#: V01013640246  
Admitted: 08/06/18 at 0940 Valley Presbyterian Hospital \*\*\*

BARDAKJIAN, STEEVIO (DIS IN)  
MS1-420-A  
BARCOHANA, BABAK MD  
Valley Presbyterian Hospital \*\*\*

Page: 6  
Printed 08/09/18 at 0118  
Period ending 08/09/18 at 0118  
ARCHIVED NOTES

Occurred Date	Recorded Time	Date	Time	By	Notes: All Categories Category
08/06/18	1625	08/06/18	1626	ACD	(continued) Physical Therapy
					RN Yulduz already received report for transfers of pt in room 420 however pt not in the room yet to initiate PT. Will F/U tomorrow.
08/07/18	0957	08/07/18	1005	YS	Physical Therapy
					PT Evaluation:  The pt is a 48 year old M who reports having a work injury on 7/3/18 and was found to have R L3-L4 and L4-L5 herniation with severe radiculopathy who presents to VPH for R L3-L5 microdiscectomy. Pt is now POD 1.  Precautions: Spinal precautions, LS corset PRN.  PLOF: Pt lives with his fiancee and his son in a house with no stairs outdoors but 15 stairs to his bedroom. Up until his injury (1 month ago) pt was I with ADLs and IADLs ambulating independently, drives and works. Post injury, pt with minimal gait at home, off work, uses a cane vs. crutches for gait. Had assist for IADLs.  CLOF: Pt sitting up in a chair upon PT arrival, agreeable to PT, cleared by RN. Pt's fiancee present during eval. Pt's oxygen level is 99% and heart rate is elevated to 124 bpm while at EOB. Pt reports 7/10 in his low back, and reports the PCA is minimally assisting with the pain. Unable to perform MMT on RLE due to severe pain, pt with observes 2+/5 RLE with movement. 5/5 strength in BUEs and LLE. STS to FWW with CGA. Pt ambulated 40ft with FWW and CGA with slow gait, decreased stance on RLE and increased UE support on walker. Pt was left sitting EOB with call light and needs in reach. Heart rate increased to 130 bpm. Communicated to RN about pt's pain and increased heart rate.  Recommendations: Pt SP lumbar decompression surgery, presents with increased unmanaged low back pain, and RLE pain and weakness, as well as elevated heart rate. He is currently limited with activity tolerance, and gait stability. Recommend to d/c pt home with assist once medically appropriate. DME needed: FWW and 3-in-1 commode. Pt will be seen QIDx7 until goals are met.
08/07/18	1100	08/07/18	1325	YS	Physical Therapy
					PT Note:  The pt refused his second AM PT session due to increased pain. Will follow up as appropriate in the PM.
08/07/18	1411	08/07/18	1415	YS	Physical Therapy
					PT Note:  S: "The nurse gave me pain medicine that helps more than the PCA."-pt  O: Pt supine in bed, agreeable to PT, cleared by RN. Pt performed sup>sit with SBA. Good sitting balance. Pt with 97% oxygen on RA and 115 bpm. Denies any dizziness. Pt reports 6/10 pain to low back and RLE. STS to FWW with SBA. Pt ambulated 150ft with FWW and slow reciprocal gait with forward flexed posture and increased UE support on rails. Pt was left sitting EOB with call light and needs in reach.  A: Pt with improved tolerance to treatment session. He was able to increase gait distance to 150ft. Continues to report low back pain and shooting pain down RLE. Will cont to progress pt as appropriate.  P: Gait and stair training, Cont POC. 08/08/18 0935 08/08/18 1109 JH
					Physical Therapy PT NOTE

Age/Sex: 48 M  
Unit #: M001265555  
Account#: V01013640246  
Admitted: 08/06/18 at 0940 Valley Presbyterian Hospital \*\*\*

BARDAKJIAN, STEEVIO (DIS IN)  
MS1-420-A  
BARCOHANA, BABAK MD  
Valley Presbyterian Hospital \*\*\*

Page: 7  
Printed 08/09/18 at 0118  
Period ending 08/09/18 at 0118  
ARCHIVED NOTES

Occurred Date	Recorded Time	Date	Time	By	Notes: All Categories Category
08/08/18	0935	08/08/18	1109	JH	(continued) Physical Therapy
S: Pt stated, "I have some pain, but not too bad." Agreeable for PT and cleared per RN Hannah B. Premedicated. C/O LBP at rest 5/10 and post tx 6/10.					
O: Received pt in side-lying asleep w/fiance present in room, easily aroused. Side-lying>sit EOB using over head trapeze SBA. Donned LS Corset and applied gait belt. STS to FWW SBA. Gait training performed on level surface using FWW SBA 150'. Noted slow gait, slight flexed forward posture, and increased UE weight on AD. Pt required minimal VCs to correct posture and to release some weight from UE. Pt verbalized and demonstrated w/fair return. Returned back to room. Doffed LS corset. Sit>side-lying SBA. Left pt in comfort position w/fiance present in room, call light/phone within reach, bed alarmed, and all needs met. RN Hannah B informed and aware of pt's status.					
A: Fair tolerance to tx. Pt showed no signs of distress or SOB during or after tx.					
P: Continue POC and progress as tolerated.					
08/08/18	1035	08/08/18	1214	JH	Physical Therapy
PT NOTE					
S: Pt stated, "I still have some pain, but I am okay." Agreeable for PT and cleared per RN Hannah B. Premedicated. C/O LBP at rest 5/10 and post tx 5/10.					
O: Received pt side-lying asleep w/fiance present in room, easily aroused. Side-lying>sit EOB using over head trapeze SBA. Pt donned LS Corset and this therapist applied gait belt. STS to FWW SBA. Gait training performed using FWW SBA 225'. Noted slow gait, slight flexed forward posture, and moderate UE weight on AD. Pt required minimal VCs to correct posture and to release less UE weight on AD. Pt verbalized and demonstrated w/fair return. Returned back to room. Pt doffed LS corset. Pt left seated EOB per pt's request w/fiance and CNA present in room. Call light/phone within reach, bed alarmed, and all needs met. RN Hannah B informed and aware of pt's location and status.					
A: Fair tolerance to tx. Gait distance improved from 150' to 225' and UE weight on AD decreased. Pt showed no signs of distress or SOB during or after tx.					
P: Continue POC and progress as tolerated.					
08/08/18	1413	08/08/18	1536	JH	Physical Therapy
PT NOTE					
S: Pt stated, "Pain is okay like a 5 still." Agreeable for PT and cleared per RN Hannah B. Premedicated. C/O LBP at rest 5/10 and post tx 5/10.					
O: Received pt side-lying asleep w/fiance present in room, easily aroused. Side-lying>sit EOB using over head trapeze Supervised. Pt donned LS Corset and this therapist applied gait belt. STS to FWW SBA. Gait training performed using FWW SBA 240'. Noted occasional slow cadence, slight flexed forward posture, and mild UE weight on AD. Pt required reminder VCs to correct posture and to release less UE weight on AD. Pt verbalized and demonstrated w/fair return. Stair training performed 4 stairs x 2 with CGA/SBA using bilateral stair rails. Returned back to room. Pt doffed LS corset. Pt left seated EOB per pt's request w/fiance. Call light/phone within reach, bed alarmed, and all needs met. RN Hannah B informed and aware of pt's location and status.					
A: Fair tolerance to tx. Gait distance improved from 225' to 240' and UE weight on AD decreased. Bed mobility improved during this tx. Pt showed no signs of distress or SOB during or after tx.					
P: Continue POC and progress as tolerated.					
08/08/18	1545	08/08/18	1629	JH	Physical Therapy
PT NOTE					
S: Pt stated, "Pain is fine still a 5." Agreeable for PT and cleared per RN Hannah B.					

Age/Sex: 48 M  
Unit #: M001265555  
Account#: V01013640246  
Admitted: 08/06/18 at 0

BARDAKJIAN, STEEVIO (DIS IN)  
MS1-420-A  
BARCOHANA, BABAK MD  
lley Presbyterian Hospital \*\*\*

Page: 8  
Printed 08/09/18 at 0118  
Period ending 08/09/18 at 0118  
ARCHIVED NOTES

Occurred Date	Recorded Time	Date	Time	By	Notes: All Categories Category
08/08/18 1545	08/08/18 1629	JH	(continued)		Physical Therapy
Premedicated. C/O LBP at rest 5/10 and post tx 5/10.	O: Received pt side-lying asleep w/fiance present in room, easily aroused. Side-lying>sit EOB using over head trapeze Supervised. Pt donned LS Corset and this therapist applied gait belt. STS to FWW SBA. Gait training performed using FWW SBA 250'. Noted reciprocal gait, occasional slow cadence, slight flexed forward posture, and occasionally mild UE weight on AD. Pt required reminder VCs to correct posture, increase cadence velocity, and to release UE weight on AD. Pt verbalized and demonstrated w/fair return. Stair training performed 4 stairs x 3 with SBA using bilateral stair rails. Returned back to room. Pt doffed LS corset. Sit>supine using no bed rails or trapeze Supervised. Left pt in side-lying in comfort position, call light/phone within reach, bed alarmed, and all needs met. RN Hannah B. informed and aware of pt's status. A: Good tolerance to tx. Gait distance improved from 240' to 250' and UE weight on AD decreased. Sit>supine improved from SBA to Supervision. Pt showed no signs of distress or SOB during or after tx. Stair training assistance improved from CGA/SBA to only SBA. P: Continue POC and progress as tolerated.				

Monogram	Initials	Name	Care Provider	Type	User Key
ACD	ADEGUZMAN	AGNES C DE GUZMAN		PT	
ARL	ALALANGAN	ANNA LALANGAN		RN	
EG	EGAGEN	EMILY GAGEN		RN	
HB	HBUJNEVICI	HANNAH BUJNEVICIE		RN	
JH	JHENRIQUEZ	JESSICA HENRIQUEZ		PTA	
LOJ	LJIMENEZ	LORELYN JIMENEZ		RN	
MM	MMARINO2	MARLON MARINO		RN CM	
TAZ	TZOLOTAIA	TATIANA ZOLOTAIA		RN	
YS	YSAADIA	YAMIT SAADIA		PT	
YUY	YSATYBALDI	YULDUZ YUSUPOVA		RN	

DATE: 08/10/18 @ 0010  
USER: BKG DAEMON

Valley Presbyterian Hospital AOM \*LIVE\*  
Ambulatory Prescriptions and Procedures

PAGE 1

Patient Name: BARDAKJIAN, STEEVIO  
Unit Number: M001265555  
Account Number: V01013640246  
Date of Birth: 05/23/1970 Age/Sex: 48 M

Admission/Registration Date: 08/06/18  
Discharge Date: 08/08/18  
Admitting Physician: BARCOHANA, BABAK MD  
Attending Physician: BARCOHANA, BABAK MD

Preferred Pharmacy: Walmart Pharmacy 2297 25450 THE OLD ROAD STEVENSON RANCH, CA 9138  
Phone: (661)253-2357 Fax: (661)253-4061  
Mail Order: N LTC: N Specialty: N 24Hrs: N eRx: Y EPCS: Y

Reported Medications

(Metformin Hcl\*) 850 Mg Tablet

Date: Aug 6, 2018

Location: REC

Last Taken Information:

Date/Time: 08/05/18

Dose:

Information Source:

Medication Purpose:

Comments:

Low Dose Aspirin (Aspirin) 81 Mg Tablet.dr

Date: Aug 6, 2018

Location: REC

Last Taken Information:

Date/Time: 07/27/18

Dose:

Information Source:

Medication Purpose:

Comments:

000219

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 1

Patient	BARDAKJIAN, STEEVIO	Responsible Doctor	BARCOHANA, BABAK MD
Account Number	V01013640246	Location	MS1
Age/Sex	48/M	Room	420
Status	DIS IN	Bed	A
			Unit Number M001265555
			Registered Date 08/06/18
			Discharged Date 08/08/18

Height 5 ft 11 in 180.34 cm Body Surface Area 2.17 m2  
Weight 204 lb 2.37 oz 92.6 kg  
Hem-Onc No

Transfers

FROM: 170-A TO: 420-A on 08/06/18-1625

Drug Allergies No Known Allergy

ADRS

Creatinine Test Results

LABORATORY

Date	Time	Test	Result	Flag	Normal Range
08/08/18	0812	CREATININE	0.88	0.61-1.24	mg/dl

INSULIN ASPART [NOVOLOG] 3 ML PEN 08/06/18 08/06/18-2108 LJIMENEZ 4 UNIT  
08/07/18

Ord Dr: SILBERSTEIN, SYLVAIN MD

SCH

Sig: Q4 Sched: SCH Route: SC

Insulin NOVOLOG SS MILD Algorithm ( 08/07/18 08/07/18-0856 EGAGEN 2 UNIT  
08/07/18-1221 EGAGEN 3 UNIT  
08/07/18-1812 EGAGEN 3 UNIT  
08/07/18-2141 LJIMENEZ 2 UNIT  
08/08/18-0830 HBUJNEVICI 3 UNIT  
08/08/18-1250 HBUJNEVICI 2 UNIT

Ord Dr: SILBERSTEIN, SYLVAIN MD

SCH

Sig: AC MEALS AND BEDTIME Sched: SCH Route: SC

INSULIN ASPART [NOVOLOG] 3 ML PEN 08/07/18 0 UNIT  
Ord Dr: SILBERSTEIN, SYLVAIN MD

SCH

Sig: AC MEALS AND BEDTIME Sched: SCH Route: SC

CEFAZOLIN 2 GM/50 ML (PMX) 50 ML 08/06/18 08/06/18 GM

Ord Dr: BARCOHANA, BABAK MD

SCH

Sig: PREOP Sched: SCH Route: IVPB

HYDROMORPHONE 1 MG/5 ML IV SYRINGE 08/06/18 0.4 MG  
Ord Dr: Farahvash, Shahram S. M.D.

PRN

Sig: .PACU Sched: PRN MOD PAIN - MODERATE PAIN LEVEL 4-6 Route: IV

000220

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 2

Patient	BARDAKJIAN, STEEVIO	Responsible Doctor	BARCOHANA, BABAK MD
Account Number	V01013640246	Location	MS1
Age/Sex	48/M	Room	420
Status	DIS IN	Bed	A
			Unit Number M001265555
			Registered Date 08/06/18
			Discharged Date 08/08/18

BARDAKJIAN, STEEVIO		V01013640246	(Continued)	
HYDROMORPHONE 1 MG/5 ML IV SYRINGE		08/06/18 08/06/18	0.2 MG	
Ord Dr: Farahvash, Shahram S. M.D. PRN				
Sig: .PACU	Sched: PRN	MILD PAIN - MILD PAIN LEVEL 1-3	Route: IV	
HYDROMORPHONE 1 MG/5 ML IV SYRINGE		08/06/18 08/06/18-1548	ALALANGAN	0.6 MG
Ord Dr: Farahvash, Shahram S. M.D. PRN		08/06/18		
Sig: .PACU	Sched: PRN	SEVERE P - SEVERE PAIN LEVEL 7-10	Route: IV	
FENTANYL 50 MCG/ML VIAL		08/06/18 08/06/18	25 MCG	
Ord Dr: Farahvash, Shahram S. M.D. PRN				
Sig: .PACU ORDER	Sched: PRN	MILD PAIN - MILD PAIN LEVEL 1-3	Route: IV	
FENTANYL 50 MCG/ML VIAL		08/06/18 08/06/18-1516	ALALANGAN	50 MCG
Ord Dr: Farahvash, Shahram S. M.D. PRN		08/06/18		
Sig: .PACU ORDER	Sched: PRN	MOD PAIN - MODERATE PAIN LEVEL 4-6	Route: IV	
FENTANYL 50 MCG/ML VIAL		08/06/18 08/06/18	75 MCG	
Ord Dr: Farahvash, Shahram S. M.D. PRN				
Sig: .PACU ORDER	Sched: PRN	SEVERE P - SEVERE PAIN LEVEL 7-10	Route: IV	
OXYCODONE/ACETAMINOPHEN (5/325) TAB		08/06/18 08/06/18	1 TAB	
Ord Dr: Farahvash, Shahram S. M.D. PRN				
Sig: .PACU ORDER	Sched: PRN	-	Route: PO	
OXYCODONE/ACETAMINOPHEN (5/325) TAB		08/06/18 08/06/18	2 TAB	
Ord Dr: Farahvash, Shahram S. M.D. PRN				
Sig: .PACU ORDER	Sched: PRN	-	Route: PO	
ONDANSETRON 4 MG INJ		08/06/18 08/06/18-1516	ALALANGAN	4 MG
Ord Dr: Farahvash, Shahram S. M.D. PRN		08/06/18		
Sig: .PACU ORDER	Sched: PRN	NV - NAUSEA AND/OR VOMITING	Route: IV	

000221

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 3

Patient	BARDAKJIAN, STEEVIO	Responsible Doctor	BARCOHANA, BABAK MD
Account Number	V01013640246	Location	MS1
Age/Sex	48/M	Room	420
Status	DIS IN	Bed	A
			Unit Number M001265555
			Registered Date 08/06/18
			Discharged Date 08/08/18

BARDAKJIAN, STEEVIO V01013640246 (Continued)

TRIMETHOBENZAMIDE 100 MG/ML VIAL 08/06/18 200 MG  
08/06/18

Ord Dr: Farahvash, Shahram S. M.D.  
PRN

Sig: .PACU ORDER Sched: PRN NV - NAUSEA AND/OR VOMITING Route: IM

hydrALAzine 20 MG INJ 08/06/18 5 MG  
08/06/18

Ord Dr: Farahvash, Shahram S. M.D.  
PRN

Sig: .PACU ORDER Sched: PRN - Route: IV

EPHEDrine SULFATE 50 MG/5 ML SYG 08/06/18 5 MG  
08/06/18

Ord Dr: Farahvash, Shahram S. M.D.  
PRN

Sig: .PACU ORDER Sched: PRN - Route: IV

MEPERIDINE 25 MG INJ 08/06/18 25 MG  
08/06/18

Ord Dr: Farahvash, Shahram S. M.D.  
PRN

Sig: .PACU ORDER Sched: PRN - Route: IV

DIPHENHYDRAMINE 50 MG INJ 08/06/18 25 MG  
08/06/18

Ord Dr: Farahvash, Shahram S. M.D.  
PRN

Sig: .PACU ORDER Sched: PRN PRURITUS - PRURITUS Route: IV

MIDAZOLAM 1 MG/ML 2 ML INJ 08/06/18 0.5 MG  
08/06/18

Ord Dr: Farahvash, Shahram S. M.D.  
PRN

Sig: .PACU ORDER Sched: PRN ANXIETY - ANXIETY Route: IV

HYDROMORPHONE 0.2 MG/ML PCA 08/06/18 08/06/18-1511 ALALANGAN 6 MG  
08/07/18 08/07/18-0431 LJIMENEZ 6 MG

Ord Dr: KISHIMOTO, ESTHER K. PA-C  
SCH

Sig: Q4PCA Sched: SCH Route: IV

BISACODYL 10 MG SUPP 08/06/18 10 MG

Ord Dr: KISHIMOTO, ESTHER K. PA-C  
PRN

Sig: DAILY Sched: PRN CONST - CONSTIPATION Route: PR

000222

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 4

Patient	BARDAKJIAN, STEEVIO	Responsible Doctor	BARCOHANA, BABAK MD		
Account Number	V01013640246	Location	MS1	Unit Number	M001265555
Age/Sex	48/M	Room	420	Registered Date	08/06/18
Status	DIS IN	Bed	A	Discharged Date	08/08/18

BARDAKJIAN, STEEVIO V01013640246 (Continued)

AL HYDROX/MG HYDROX/SIMETH 30 ML CU	08/06/18	15 ML	
Ord Dr:	KISHIMOTO, ESTHER K.	PA-C	
PRN			
Sig: Q6H	Sched: PRN	-	Route: PO
ACETAMINOPHEN 325 MG TAB	08/06/18	650 MG	
Ord Dr:	KISHIMOTO, ESTHER K.	PA-C	
PRN			
Sig: Q4H	Sched: PRN	-	Route: PO
ZOLPIDEM 5 MG TAB	08/06/18	5 MG	
Ord Dr:	KISHIMOTO, ESTHER K.	PA-C	
PRN			
Sig: HS MAY REPEAT X 1	Sched: PRN	INSOMNIA - INSOMNIA	Route: PO
DOCUSATE SODIUM 100 MG CAP	08/06/18	08/06/18-2103 LJIMENEZ 100 MG	
		08/07/18-0850 EGAGEN 100 MG	
		08/07/18-2136 LJIMENEZ 100 MG	
		08/08/18-0823 HBUJNEVICI 100 MG	
Ord Dr:	KISHIMOTO, ESTHER K.	PA-C	
SCH			
Sig: BID	Sched: SCH		Route: PO
CYCLOBENZAPRINE 10 MG TAB	08/06/18	08/07/18-0407 LJIMENEZ 10 MG	
		08/07/18-1831 EGAGEN 10 MG	
Ord Dr:	KISHIMOTO, ESTHER K.	PA-C	
PRN			
Sig: TID	Sched: PRN	MUSCLE - MUSCLE SPASMS	Route: PO
CEPASTAT LOZENGE	08/06/18	1 LOZENGE	
Ord Dr:	KISHIMOTO, ESTHER K.	PA-C	
PRN			
Sig: PRN	Sched: PRN	ST - SORE THROAT	Route: MT
DIPHENHYDRAMINE 50 MG INJ	08/06/18	08/07/18-2200 LJIMENEZ 25 MG	
Ord Dr:	KISHIMOTO, ESTHER K.	PA-C	
PRN			
Sig: Q6H	Sched: PRN	ITCHING - ITCHING	Route: IV
NALOXONE (0.4 MG/ML) INJ	08/06/18	0.2 MG	
Ord Dr:	KISHIMOTO, ESTHER K.	PA-C	
PRN			
Sig: Q2M	Sched: PRN	-	Route: IV
ONDANSETRON 4 MG INJ	08/06/18	08/06/18-1838 YSATYBALDI 4 MG	
Ord Dr:	KISHIMOTO, ESTHER K.	PA-C	
PRN			
Sig: Q6H	Sched: PRN	NV - NAUSEA AND/OR VOMITING	Route: IV

000223

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 5

Patient	BARDAKJIAN, STEEVIO	Responsible Doctor	BARCOHANA, BABAK MD		
Account Number	V01013640246	Location	MS1	Unit Number	M001265555
Age/Sex	48/M	Room	420	Registered Date	08/06/18
Status	DIS IN	Bed	A	Discharged Date	08/08/18

BARDAKJIAN, STEEVIO V01013640246 (Continued)

PANTOPRAZOLE 40 MG INJ 08/07/18 08/07/18-0616 LJIMENEZ 40 MG  
08/08/18-0600 LJIMENEZ 0 MG

Ord Dr: KISHIMOTO, ESTHER K. PA-C

SCH

Sig: DAILY@06 Sched:SCH Route:IV

HYDROMORPHONE 0.5 MG/0.5 ML SYG 08/06/18 0.2 MG

Ord Dr: KISHIMOTO, ESTHER K. PA-C

PRN

Sig: Q1H Sched:PRN BREAK - BREAKTHROUGH PAIN Route:IV

OXYCODONE/ACETAMINOPHEN (10/325) TA 08/07/18 08/07/18-1831 EGAGEN 1 TAB  
08/08/18-0834 HBUJNEVICI 1 TAB  
08/08/18-1108 HBUJNEVICI 1 TAB

Ord Dr: KISHIMOTO, ESTHER K. PA-C

PRN

Sig: Q4H Sched:PRN PAIN 1-5 - PAIN LEVEL 1-5 Route:PO

OXYCODONE/ACETAMINOPHEN (10/325) TA 08/07/18 08/07/18-2241 LJIMENEZ 2 TAB  
08/08/18-1317 HBUJNEVICI 2 TAB  
08/08/18-1652 HBUJNEVICI 2 TAB

Ord Dr: KISHIMOTO, ESTHER K. PA-C

PRN

Sig: Q4H Sched:PRN PAIN 6-10 - PAIN LEVEL 6-10 Route:PO

GLUCOSE GEL 15 GRAM TUBE 08/06/18 15 GM

Ord Dr: SILBERSTEIN, SYLVAIN MD

PRN

Sig: Q15M Sched:PRN <GLUC - DECREASED GLUCOSE Route:PO

GLUCOSE GEL 15 GRAM TUBE 08/06/18 22.5 GM

Ord Dr: SILBERSTEIN, SYLVAIN MD

PRN

Sig: Q15M Sched:PRN <GLUC - DECREASED GLUCOSE Route:PO

DEXTROSE 50% 50 ML SYRINGE 08/06/18 25 ML

Ord Dr: SILBERSTEIN, SYLVAIN MD

PRN

Sig: Q15M Sched:PRN <GLUC - DECREASED GLUCOSE Route:IV

DEXTROSE 50% 50 ML SYRINGE 08/06/18 50 ML

Ord Dr: SILBERSTEIN, SYLVAIN MD

PRN

Sig: Q15M Sched:PRN <GLUC - DECREASED GLUCOSE Route:IV

GLUCAGON 1 MG INJ 08/06/18 1 MG

Ord Dr: SILBERSTEIN, SYLVAIN MD

PRN

Sig: Q15M Sched:PRN <GLUC - DECREASED GLUCOSE Route:IM

000224

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 6

Patient	BARDAKJIAN, STEEVIO	Responsible Doctor	BARCOHANA, BABAK MD		
Account Number	V01013640246	Location	MS1	Unit Number	M001265555
Age/Sex	48/M	Room	420	Registered Date	08/06/18
Status	DIS IN	Bed	A	Discharged Date	08/08/18

BARDAKJIAN, STEEVIO V01013640246 (Continued)

GLUCOSE GEL 15 GRAM TUBE	08/06/18	15 GM		
Ord Dr: SILBERSTEIN, SYLVAIN MD				
PRN				
Sig: Q15M	Sched: PRN <GLUC - DECREASED GLUCOSE	Route: BUCCAL		
metFORMIN 850 MG TAB	08/06/18	08/06/18-1838	YSATYBALDI	850 MG
		08/07/18-0850	EGAGEN	850 MG
		08/07/18-1813	EGAGEN	850 MG
		08/08/18-0822	HBUJNEVICI	850 MG
Ord Dr: SILBERSTEIN, SYLVAIN MD				
SCH				
Sig: WITH BREAKFAST DINNE	Sched: SCH	Route: PO		
KETOROLAC 30 MG INJ	08/07/18	08/07/18-1021	EGAGEN	0 MG
	08/07/18	08/07/18-1331	EGAGEN	30 MG
Ord Dr: KISHIMOTO, ESTHER K. PA-C				
STA				
Sig: ONCE	Sched: STA	Route: IV		
MAGNESIUM OXIDE 400 MG TAB	08/07/18	08/07/18-2136	LJIMENEZ	400 MG
		08/08/18-0822	HBUJNEVICI	400 MG
Ord Dr: SILBERSTEIN, SYLVAIN MD				
SCH				
Sig: BID	Sched: SCH	Route: PO		
TREATMENT OF HYPOGLYCEMIA	08/06/18	1 EA		
Ord Dr: SILBERSTEIN, SYLVAIN MD				
SCH				
Sig: NOTE	Sched: SCH	Route: XX		
ACCU-CHEK	08/07/18	08/07/18-0253	LJIMENEZ	1 EA
		08/08/18-0200	LJIMENEZ	0 EA
Ord Dr: SILBERSTEIN, SYLVAIN MD				
SCH				
Sig: 02	Sched: SCH	Route: XX		
LABETALOL HCL 20MG INJ	08/06/18	5 MG		
	08/06/18			
Ord Dr: Farahvash, Shahram S. M.D.				
PRN				
Sig: .PACU ORDER	Sched: PRN -	Route: IV		
1/2 NS + KCL 20 MEQ 1,000 ML	08/06/18	08/06/18-1839	YSATYBALDI	100 MLS/HR
		08/06/18-2146	LJIMENEZ	0 MLS/HR
		08/07/18-0415	LJIMENEZ	100 MLS/HR
		08/07/18-1749	EGAGEN	0 MLS/HR
Ord Dr: KISHIMOTO, ESTHER K. PA-C				
SCH				
Sig: .Q10H	Sched: SCH	Route: IV		

000225

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 7

Patient	BARDAKJIAN, STEEVIO	Responsible Doctor	BARCOHANA, BABAK MD		
Account Number	V01013640246	Location	MS1	Unit Number	M001265555
Age/Sex	48/M	Room	420	Registered Date	08/06/18
Status	DIS IN	Bed	A	Discharged Date	08/08/18

BARDAKJIAN, STEEVIO V01013640246 (Continued)

CEFAZOLIN 1 GM/50 ML (PMX) 50 ML	08/06/18	08/06/18-2102	LJIMENEZ	100	MLS/HR
	08/07/18	08/07/18-0407	LJIMENEZ	100	MLS/HR
		08/07/18-1217	EGAGEN	100	MLS/HR

Ord Dr: KISHIMOTO, ESTHER K. PA-C  
SCH

Sig: Q8H Sched: SCH Route: IVPB

PROPOFOL 20 ML	08/06/18	MG
	08/06/18	

Ord Dr:  
ONE

Sig: .STK-MED Sched: ONE Route: .ROUTE

FENTAnyl 5 ML	08/06/18	MCG
	08/06/18	

Ord Dr:  
ONE

Sig: .STK-MED Sched: ONE Route: .ROUTE

NEOSTIGMINE 3 MG/3 ML SYRINGE	08/06/18	3 MG
	08/06/18	

Ord Dr:  
ONE

Sig: .STK-MED Sched: ONE Route: .ROUTE

ROCURONIUM 50 MG INJ	08/06/18	50 MG
	08/06/18	

Ord Dr:  
ONE

Sig: .STK-MED Sched: ONE Route: .ROUTE

GLYCOPYRROLATE 0.4 MG INJ	08/06/18	0.4 MG
	08/06/18	

Ord Dr:  
ONE

Sig: .STK-MED Sched: ONE Route: .ROUTE

CEFAZOLIN 1 GM INJ	08/06/18	1 GM
	08/06/18	

Ord Dr:  
ONE

Sig: .STK-MED Sched: ONE Route: .ROUTE

MIDAZOLAM 1 MG/ML 2 ML INJ	08/06/18	2 MG
	08/06/18	

Ord Dr:  
ONE

Sig: .STK-MED Sched: ONE Route: .ROUTE

000226

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Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 8

Patient	BARDAKJIAN, STEEVIO	Responsible Doctor	BARCOHANA, BABAK MD		
Account Number	V01013640246	Location	MS1	Unit Number	M001265555
Age/Sex	48/M	Room	420	Registered Date	08/06/18
Status	DIS IN	Bed	A	Discharged Date	08/08/18

BARDAKJIAN, STEEVIO		V01013640246	(Continued)
ONDANSETRON 4 MG INJ		08/06/18 08/06/18	4 MG
Ord Dr:	ONE		
Sig: .STK-MED	Sched:ONE		Route: .ROUTE
DEXAMETHASONE 4 MG/ML 1 ML INJ		08/06/18 08/06/18	4 MG
Ord Dr:	ONE		
Sig: .STK-MED	Sched:ONE		Route: .ROUTE
SURGIFOAM POWDER 1 GM KIT		08/06/18 08/06/18	1 GM
Ord Dr:	ONE		
Sig: .STK-MED	Sched:ONE		Route: .ROUTE
BUPIVACAIN 0.25%/EPI (SDV) 30 ML I		08/06/18 08/06/18-1213	BBARCOHANA 30 ML
Ord Dr:	ONE		
Sig: .STK-MED	Sched:ONE		Route: .ROUTE
THROMBIN 5000 UNIT VIAL		08/06/18 08/06/18-1213	BBARCOHANA 10000 UNIT
Ord Dr:	ONE		
Sig: .STK-MED	Sched:ONE		Route: .ROUTE
HEPARIN 1000 UNITS/ML 10 ML INJ		08/06/18 08/06/18-1213	BBARCOHANA 10000 UNIT
Ord Dr:	ONE		
Sig: .STK-MED	Sched:ONE		Route: .ROUTE
POLYMYXIN/BACITRACIN 1L IRRIG		08/06/18 08/06/18-1213	BBARCOHANA 1000 ML
Ord Dr:	ONE		
Sig: .STK-MED	Sched:ONE		Route: .ROUTE
CA CHLORIDE 10% 10 ML SYRINGE		08/06/18 08/06/18-1213	BBARCOHANA 1000 MG
Ord Dr:	ONE		
Sig: .STK-MED	Sched:ONE		Route: .ROUTE

000227

DATE: 08/09/18 @ 0106  
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Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 9

Patient	BARDAKJIAN, STEEVIO	Responsible Doctor	BARCOHANA, BABAK MD		
Account Number	V01013640246	Location	MS1	Unit Number	M001265555
Age/Sex	48/M	Room	420	Registered Date	08/06/18
Status	DIS IN	Bed	A	Discharged Date	08/08/18

BARDAKJIAN, STEEVIO	V01013640246	(Continued)
ALBUTEROL 0.083% (NEB) 2.5 MG/3 ML	08/06/18	2.5 MG
	08/06/18	
Ord Dr: Farahvash, Shahram S. M.D.		
PRN		
Sig: .PACU ORDER	Sched: PRN WHEEZING - WHEEZING	Route: HHN

IPRATROPIUM (NEB) 0.5 MG/2.5 ML AMP	08/06/18	0.5 MG
	08/06/18	
Ord Dr: Farahvash, Shahram S. M.D.		
PRN		
Sig: .PACU ORDER	Sched: PRN WHEEZING - WHEEZING	Route: HHN

*PCA Management Order	08/06/18	0 EA
Ord Dr: KISHIMOTO, ESTHER K. PA-C		
SCH		
Sig: .PCA	Sched: SCH	Route: IV

* MISCELLANEOUS PHARMACY ORDER *	08/07/18	08/07/18-0253	LJIMENEZ	0 EA
	08/07/18			
Ord Dr: SILBERSTEIN, SYLVAIN MD				
ONE				
Sig: ONCE	Sched: ONE	Route: XX		

INSULIN GLARGINE [LANTus] (100 UNIT	08/07/18	08/07/18-0857	EGAGEN	14 UNITS
		08/08/18-0828	HBUJNEVICI	14 UNITS
Ord Dr: SILBERSTEIN, SYLVAIN MD				
SCH				
Sig: DAILY@0800	Sched: SCH	Route: SC		

This is the end of the MAR Summary for Patient V01013640246 - BARDAKJIAN, STEEVIO.

000228

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Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 1

08/09/18

## MEDICATION DISCHARGE SUMMARY

Name **BARDAKJIAN, STEEVIO** Admit Date **08/06/18**  
Unit Num **M001265555** Discharge Date **08/08/18**  
Account Num **V01013640246** Status **DIS IN**  
Allergies **No Known Allergy**

Age **48**  
Sex **M**

ADMINISTRATION PERIOD:  
0701 08/06/18 to 0700 08/07/18

START/  
STOP

**DIPRIVAN 20 ML  
(PROPOFOL 200 MG INJ)**  
UD .ROUTE .STK-MED/ONE

| 08/06/18 | 1137  
| 08/06/18 | DC 1137 STK MED  
| | DM 1137 6862

Comments: - Follow protocol and preprinted orders  
- SHAKE WELL before use  
- Change propofol solution and IV tubing at least every 12 hours (Label tubing with time and date)  
- Document the time of bottle and tubing changes on the MAR  
- Discard unused portion and label tubing (Date and time)  
- Concentration: 10 MG/ML (KEEP REFRIGERATED)  
- Start infusion at 5 mcg/Kg/min for 5 minutes.  
- Increase by 5 mcg/Kg/min Q 5 to 10 minutes until sedation goal is reached.  
DO NOT EXCEED THE MAXIMUM 50 mcg/Kg/min rate.  
- Call MD if 50 mcg/kg/min is ineffective.  
- For blood pressure less than \_ STOP infusion and call Dr.  
- For heart rate less than \_ STOP infusion and call Dr.  
- Wake up assessment Q \_ hours  
- Wean dose by 5 mcg/Kg/min Q 5 to 10 minutes until sedation goal of \_ (using Modified Ramsey Sedation scale) is reached for wake up assessment

RX #: 008221536

**NEOSTIGMINE (NEOSTIGMINE 3 MG/3 ML SYRINGE)**  
3 MG .ROUTE .STK-MED/ONE

| 08/06/18 | 1137  
| 08/06/18 | DC 1137 STK MED  
| | DM 1137 6862

RX #: 008221537

**ZEMURON (ROCURONIUM 50 MG INJ)**  
50 MG .ROUTE .STK-MED/ONE

| 08/06/18 | 1137  
| 08/06/18 | DM 1137 6862  
| | DC 1137 STK MED

RX #: 008221538

\*\*\* Continued on Page 2 \*\*\*

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DATE: 08/09/18 @ 0106  
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Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 2

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/06/18 to 0700 08/07/18 (Continued)	

**ROBINUL (GLYCOPYRROLATE 0.4 MG INJ)**  
0.4 MG .ROUTE .STK-MED/ONE  
RX #: 008221539

08/06/18  1137
08/06/18  DM 1137 6862
DC 1137 STK MED

**ANCEF (CEFAZOLIN 1 GM INJ)**  
1 GM .ROUTE .STK-MED/ONE  
Comments: (Nursing: This medication needs to be administered within thirty minutes of the scheduled time)  
RX #: 008221540

08/06/18  1137
08/06/18  DM 1137 6862
DC 1137 STK MED

**VERSED (MIDAZOLAM 1 MG/ML 2 ML INJ)**  
2 MG .ROUTE .STK-MED/ONE  
Comments: "Identify patient as a Fall Risk"  
\*\*\*\* BLACK BOX WARNING \*\*\*\*  
CAN CAUSE RESPIRATORY DEPRESSION ESPECIALLY WITH OTHER CNS DEPRESSANTS  
Consult pharmacist, prescriber and/or prescribing information for guidance.  
RX #: 008221541

08/06/18  1137
08/06/18  DC 1137 STK MED
DM 1137 6862

**ZOFTRAN INJ (ONDANSETRON 4 MG INJ)**  
4 MG .ROUTE .STK-MED/ONE  
Comments: Infuse over 2 minutes minimum for IV push.  
RX #: 008221542

08/06/18  1137
08/06/18  DC 1137 STK MED
DM 1137 6862

**DECADRON (DEXAMETHASONE 4 MG/ML 1 ML INJ)**  
4 MG .ROUTE .STK-MED/ONE  
Comments: \*This medication has been classified as a 30 minute rule medication\*  
This medication needs to be administered within 30 minutes before or after the scheduled time.  
RX #: 008221543

08/06/18  1137
08/06/18  DC 1137 STK MED
DM 1137 6862

08/09/18

#### Medication Discharge Summary

Name BARDAKJIAN, STEEVIC

Unit Num M001265555

Account Num V01013640246

ADMINISTRATION PERIOD:  
0701 08/06/18 to 0700 08/07/18 (Continued)

STAR  
STOP

SUBLIMAZE 5 ML  
(FENTAnyl 250MCG INJ)  
UD ROUTE STK MED/ONE

Comments: "Identify patient as a Fall Risk"  
RX #: 008221544

1/2 NS + KCL 20 MEQ 1,000 ML  
(1/2 NS + KCL 20 MEQ 1000 ML BAG)  
100 ML/Hr IV .010H

RX #: 008221672

| | Action: Started, Dose Rate: , Rate: 100 MLS/HR  
| | Intake: , 24 HR Cumulative Intake: 0 mls, Container Volume: 1,000 mls  
| | Site: Left Hand  
| | Location: MS1, Admin Source: PCS  
| \*2149 LJIMENEZ at 2146 CIVINF  
| | Location: MS1 Admin Source: PCS  
| INFUSION 0413 User: LJIMENEZ  
| | Action: Infused, Dose Rate: , Rate: 0 MLS/HR  
| | Intake: 1,000 mls, 24 HR Cumulative Intake: 1000 mls, Container Volume: 0 mls  
| | Site:  
| | Location: MS1, Admin Source: PCS  
| INFUSION 0415 User: LJIMENEZ  
| | Action: Started/Next Bag, Dose Rate: , Rate: 100 MLS/HR  
| | Intake: , 24 HR Cumulative Intake: 0 mls, Container Volume: 1,000 mls  
| | Site: Left Hand  
| | Location: MS1, Admin Source: PCS  
| INFUSION 0520 User: LJIMENEZ  
| | Action: Running, Dose Rate: , Rate: 100 MLS/HR  
| | Intake: 100 mls, 24 HR Cumulative Intake: 100 mls, Container Volume: 900 mls  
| | Site:  
| | Location: MS1, Admin Source: PCS

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 4

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD: 0701 08/06/18 to 0700 08/07/18 (Continued)	START/ STOP
--	----------------

**ANCEF 1 GM/50 ML (PMX) 50 ML  
(CEFAZOLIN 1 GM/50 ML (PMX))**

100 MLS/HR IVPB Q8H

Total Bags: 3 (3 of 3 Given)

Comments: Infuse over 30 minutes

-Thirty minute rule medication - Administer within 30 minutes before or after scheduled time

RX #: 008221719

| 08/06/18| ENTER 1152 EKISHIMOTO  
| 08/07/18| ED 1239 PTANG  
| | ED 1239 PTANG  
| | ACK 1754 YSATYBALDI eMAR  
| | 2000 LJIMENEZ at 2102 GAVE: 100 MLS/HR  
| | Location: MS1 Admin Source: PCS  
| | INFUSION 2102 User: LJIMENEZ  
| | Action: Started, Dose Rate: , Rate: 100 MLS/HR  
| | Intake: , 24 HR Cumulative Intake: 0 mls, Container Volume: 50 mls  
| | Site: Left Hand  
| | Location: MS1, Admin Source: PCS  
| | INFUSION 2132 User: LJIMENEZ  
| | Action: Infused, Dose Rate: , Rate: 0 MLS/HR  
| | Intake: 50 mls, 24 HR Cumulative Intake: 50 mls, Container Volume: 0 mls  
| | Site:  
| | Location: MS1, Admin Source: PCS  
| | 0400 LJIMENEZ at 0407 GAVE: 100 MLS/HR  
| | Location: MS1 Admin Source: PCS  
| | INFUSION 0407 User: LJIMENEZ  
| | Action: Started/Next Bag, Dose Rate: , Rate: 100 MLS/HR  
| | Intake: , 24 HR Cumulative Intake: 0 mls, Container Volume: 50 mls  
| | Site: Left Hand  
| | Location: MS1, Admin Source: PCS  
| | INFUSION 0437 User: LJIMENEZ  
| | Action: Infused, Dose Rate: , Rate: 0 MLS/HR  
| | Intake: 50 mls, 24 HR Cumulative Intake: 50 mls, Container Volume: 0 mls  
| | Site:  
| | Location: MS1, Admin Source: PCS

**COLACE (DOCUSATE SODIUM 100 MG CAP)**

100 MG PO TWICE A DAY

Dose Ins: Hold for loose stools

Comments: - Do NOT open capsule (liquid filled)

RX #: 008221711

| 08/06/18| ENTER 1152 EKISHIMOTO  
| | ED 1238 PTANG  
| | ACK 1754 YSATYBALDI eMAR  
| | 2100 LJIMENEZ at 2103 GAVE: 100 MG  
| | Location: MS1 Admin Source: PCS

\*\*\* Continued on Page 5 \*\*\*

This document is part of the legal medical record.

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 5

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/	STOP
0701 08/06/18 to 0700 08/07/18 (Continued)		

**PROTONIX IV (PANTOPRAZOLE 40 MG INJ)  
40 MG IV DAILY#006**

Comments: Dilute with 10 mL NS and IV push over at least 2 minutes  
RX #: 008221718

08/07/18   ENTER 1152 EKISHIMOTO
ED 1239 PTANG
ED 1239 PTANG
ACK 1754 YSATYBALDI eMAR
0600 LJIMENEZ at 0616 GAVE: 40 MG
Location: MS1 Admin Source: PCS

**DILAUDID PCA (HYDROMORPHONE 0.2 MG/ML PCA)  
See Dose Ins. IV PCA**

Dose Ins: PCA to be started in PACU  
RX #: 008221671

08/06/18   ENTER 1152 EKISHIMOTO
08/07/18   ED 1230 BYAGHOUBIA
ED 1230 BYAGHOUBIA
ACK 1511 ALALANGAN eMAR
1511 ALALANGAN at 1511 GAVE: 6 MG
Location: REC Admin Source: ORM - (Anesthesia)
ORM Case Number: 0000174577
Comments
CO SIGN W/ R. BAUTISTA, RN, UNABLE TO SIGNED BUT WITNESSED
BY R.BAUTISTA
0431 LJIMENEZ at 0431 CO-SIGNER: RAGUILAR GAVE: 6 MG
Location: MS1 Admin Source: PCS

**\*PCA Management Order (\*PCA Management Order)  
See Dose Ins. IV .PCA**

Dose Ins: 1. Hold PCA at 1000 on POD 1  
2. Give 2 tabs of ordered PO analgesic 30 minutes prior to holding PCA  
RX #: 008221676

08/06/18   ENTER 1152 EKISHIMOTO
ED 1230 BYAGHOUBIA
ACK 1754 YSATYBALDI eMAR

**ANCEF 2 GM/50 ML (PMX) 50 ML  
(CEFAZOLIN 2 GM/50 ML (PMX))  
100 MLS/HR IVPB PRE-OP**

Comments: (ANCEF)  
(INFUSE OVER 60 MINUTES)  
(EXPIRES IN 48 HOURS)  
RX #: 008221612

08/06/18   ENTER 1208 BYAGHOUBIA
08/06/18   DC 1231 PHABKGJOB

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 6

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/	STOP
0701 08/06/18 to 0700 08/07/18 (Continued)		

**SURGIFOAM KIT (SURGIFOAM POWDER 1 GM KIT)**  
**1 GM .ROUTE .STK-MED/ONE**  
RX #: 008221619

08/06/18  1213
08/06/18  DC 1213 STK MED
DM 1213 934661

**MARCAINE 0.25%/EPI (SDV) 30 ML (BUPIVACAIN 0.25%/EPI (SDV) 30 ML INJ)**  
**60 ML .ROUTE .STK-MED/ONE**  
RX #: 008221620

08/06/18  1213 BBARCOHANA at 1213 GAVE: 30 ML
08/06/18  Location: REC Admin Source: ORM - Operative
Comments
<Administered Route: INJ>
DC 1213 STK MED
DM 1213 934661

**THROMBIN (THROMBIN 5000 UNIT VIAL)**  
**10,000 UNITS .ROUTE .STK-MED/ONE**  
RX #: 008221621

08/06/18  1213 BBARCOHANA at 1213 GAVE: 10,000 UNITS
08/06/18  Location: REC Admin Source: ORM - Operative
Comments
<Administered Route: TOP>
DM 1213 934661
DC 1213 STK MED

**HEPARIN (1000 UNITS/ML) (HEPARIN 1000 UNITS/ML 10 ML INJ)**  
**10,000 UNIT .ROUTE .STK-MED/ONE**  
Comments: HIGH ALERT MEDICATION (DOUBLE CHECK REQUIRED)  
\*This medication has been classified as a 30 minute rule medication\*  
This medication needs to be administered within 30 minutes before or after the scheduled time.  
RX #: 008221622

08/06/18  1213 BBARCOHANA at 1213 GAVE: 10,000 UNIT
08/06/18  Location: REC Admin Source: ORM - Operative
Comments
<Administered Route: IRR>
DC 1213 STK MED
DM 1213 934661

**BB SOLUTION (POLYMYXIN/BACITRACIN 1L IRRIG)**  
**1,000 ML .ROUTE .STK-MED/ONE**  
Comments: (FOR IRRIGATION USE ONLY) (REFRIGERATE)  
RX #: 008221623

08/06/18  1213 BBARCOHANA at 1213 GAVE: 1,000 ML
08/06/18  Location: REC Admin Source: ORM - Operative
Comments
<Administered Route: IRR>
DM 1213 934661
DC 1213 STK MED

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 7

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/	STOP
0701 08/06/18 to 0700 08/07/18 (Continued)		

CA CHLORIDE 10% SYG (CA CHLORIDE 10% 10 ML SYRINGE)  
1,000 MG .ROUTE .STK-MED/ONE

RX #: 008221759

08/06/18  1246 BBARCOHANA at 1213 GAVE: 1,000 MG
08/06/18  Location: REC Admin Source: ORM - Operative
Comments
<Administered Route: INJ>
DC 1246 STK MED
DM 1246 934661

GLUCOPHAGE (metFORMIN 850 MG TAB)  
850 MG PO WITH BREAKFAST AND DINNER

Comments: (GIVE WITH MEAL) Hold for creatinine clearance below 30 mL/min (CONTRAINDICATED)  
\*\*\*\* BLACK BOX WARNING \*\*\*\*  
(HOLD MEDICATION FOR 48 HOURS AFTER IV CONTRAST  
ADMINISTRATION)  
Consult pharmacist, prescriber and/or prescribing information for guidance.  
This medication needs to be administered within 30 minutes before or after the scheduled time.

RX #: 008221985

08/06/18  ENTER 1421 SSILBERSTE
ED 1427 MPHUNG
ED 1427 MPHUNG
ED 1625 PHA BKG
ED 1625 PHA BKG
ACK 1754 YSATYBALDI eMAR
1755 YSATYBALDI at 1838 GAVE: 850 MG
Location: MSL Admin Source: PCS

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 8

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/ STOP
0701 08/06/18 to 0700 08/07/18 (Continued)	

## (Nursing Note) ((Nursing Note))

1 EA XX NURSING NOTE

Comments: TREATMENT OF HYPOGLYCEMIA

## 1) IMMEDIATE TREATMENT

- A) 15 grams of carbohydrate for results of 51-69mg/dL
- B) 25 grams of carbohydrate for results below 51mg/dL

## TREATMENT OPTIONS

For patients who are able to swallow: (Follow with protein-containing snack or meal) Examples of 15 grams of carbohydrate are: (treatment for results 51-69mg/dL)

- a) 8 ounces (1 cup) nonfat or low fat milk
- b) 4 ounces (1/2 cup) fruit juice or regular soda (avoid orange juice for renal impaired patients)
- c) One tube (15 grams) of glucose gel (1 1/2 tubes for results below 51mg/dL)

## FOR UNCONSCIOUS OR NPO PATIENTS WITH IV ACCESS:

- A) Dextrose 50% (1/2 amp = 25ml) for result 51-69mg/dL
- B) Dextrose 50% (1 amp = 50ml) for result below 51mg/dL

## FOR UNCONSCIOUS OR NPO PATIENT WITHOUT IV ACCESS

## FOR PATIENTS WITH BLOOD GLUCOSE RESULT BELOW 70mg/dL

- A) Glucagon 1 mg Intramuscular STAT
- B) One tube (15 grams) glucose gel squeezed into lower cheek of lateral patient position on their side.

\*\*\* GLUCOSE GEL IS IN THE OMNICEL AND OVERRIDEABLE \*\*\*

RX #: 008221976

| 08/06/18 | ENTER 1427 MPHUNG

| | ACK 1755 YSATYBALDI eMAR

\*\*\* Continued on Page 9 \*\*\*

This document is part of the legal medical record.

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 9

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 06/06/18 to 0700 08/07/18 (Continued)	

LANTUS (INSULIN GLARGINE [LANTus] (100 UNITS/ML) SYG)  
 14 UNITS SC DAILY@0800  
 0.15 UNITS/KG (14 UNITS)  
 Dose Ins: (CONCENTRATION: 100 UNITS/ML)  
 Comments: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)  
 \*\* ATTENTION: This is insulin glargine (LANTus)  
 (CONCENTRATION: 100 UNITS/ML) EXP: \_\_\_\_\_ @  
 DO NOT DILUTE OR MIX WITH ANY OTHER INSULIN PRODUCT  
 (For SUBCUTANEOUS administration ONLY)  
 \*\*Holding basal insulin is not recommended (this  
 includes NPO patients). Instead, notify prescriber for  
 adjustment. Notify prescriber of patient refusal of  
 either basal or mealtime insulin at the time of refusal  
 or missed doses."  
 \*This medication has been classified as a 30 minute  
 rule medication\*  
 This medication needs to be administered within 30  
 minutes before or after the scheduled time.  
 RX #: 008222016

NOVOLOG INSULIN PEN (INSULIN ASPART [NOVOLOG] 3 ML PEN)  
 See Dose Ins. SC EVERY 4 HOURS  
 Dose Ins: NOVOLOG \*MILD\* ALGORITHM  
 Do not hold for NPO patients unless approved by Prescriber  
 Comments: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)  
 (For SUBCUTANEOUS administration ONLY)  
 (CONCENTRATION: 100 UNITS/ML) (SINGLE PT INSULIN PEN)  
 \*This medication has been classified as a 30 minute  
 rule medication\*  
 This medication needs to be administered within 30  
 minutes before or after the scheduled time.  
 RX #: 008222585

| 08/07/18 | ENTER 1436 SSILBERSTE  
 | | ED 1440 MPHUNG  
 | | ACK 1754 YSATYBALDI eMAR

| 08/06/18 | ENTER 1814 SSILBERSTE  
 | 08/07/18 | ED 1816 PTANG  
 | | ACK 1826 YSATYBALDI eMAR  
 | | 2100 LJIMENEZ at 2108 CO-SIGNER: RAGUILAR GAVE: 4 UNIT  
 | | Location: MS1 Admin Source: PCS  
 | | Admin Queries  
 | | Was the glucose drawn within the last 30 minutes?: Yes Subcutaneous Site: Upper Arm  
 | | Subcutaneous Site Location Modifier: Right  
 | | 0100  
 | | DC 0159 LJIMENEZ  
 | | ED 0159 LJIMENEZ  
 | | ENTER 0159 LJIMENEZ

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 10

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/06/18 to 0700 08/07/18 (Continued)	

**NOVOLOG INSULIN PEN (INSULIN ASPART [NOVOLOG] 3 ML PEN)**

See Dose Ins. SC BEFORE MEALS AND BEDTIME

Dose Ins: NOVOLOG \*MILD\* ALGORITHM

Do not hold for NPO patients unless approved by Prescriber

Comments: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)

(For SUBCUTANEOUS administration ONLY)

(CONCENTRATION: 100 UNITS/ML) (SINGLE PT INSULIN PEN)

\*This medication has been classified as a 30 minute

rule medication\*

This medication needs to be administered within 30 minutes before or after the scheduled time.

RX #: 00822332

| 08/07/18 | ENTER 0159 LJIMENEZ

| | DC 0214 MPONCEDELE

| | ED 0214 SYSTEM

**ACCU-CHEK (ACCU-CHEK)**

1 EA XX 02

Dose Ins: For eating patients: if HS dose is administered, check BG at 2 a.m. (Do not cover unless ordered by Prescriber.)

RX #: 00822332

| 08/07/18 | ENTER 0159 LJIMENEZ

| | ACK 0200 LJIMENEZ eMAR

| | 0200 LJIMENEZ at 0253 GAVE: 1 EA

Admin Source: PCS

**\* MISCELLANEOUS PHARMACY ORDER (\* MISCELLANEOUS PHARMACY ORDER \*)**

See Dose Ins. XX ONCE/ONE

Dose Ins: Discontinue all previous corrective insulin orders

RX #: 00822330

| 08/07/18 | ENTER 0159 LJIMENEZ

| 08/07/18 | ACK 0200 LJIMENEZ eMAR

| | \*0200 LJIMENEZ at 0253 NURSEINFO

Admin Source: PCS

| | Location: MS1

| | ED 0212 MPONCEDELE

| | DC 0212 PHABKGJOB

\*\*\* Continued on Page 11 \*\*\*

This document is part of the legal medical record.

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 11

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/06/18 to 0700 08/07/18 (Continued)	

**NOVOLOG INSULIN PEN (INSULIN ASPART [NOVOLOG] 3 ML PEN)**

See Dose Ins. SC BEFORE MEALS AND BEDTIME

Dose Ins: (Adult SC Insulin - Mild Algorithm)

\*\* ATTENTION: This is insulin Aspart (NovoLOG)

(CONCENTRATION: 100 UNITS/ML)

Novolog Insulin -\*Mild\* Sliding Scale for patients eating meals

Comments: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)

\*\*Do not hold for NPO patients unless approved by

Prescriber\*\* (For SUBCUTANEOUS administration ONLY)

(Sliding scale corrective insulin)

(Can be given in addition to basal and bolus insulin)

-Sliding scale corrective insulin alone is not

recommended as the only method for blood glucose control\*

RX #: 008223331

| 08/07/18 | ENTER 0214 MPONCEDELE

| | ACK 0403 LJIMENEZ eMAR

**DILAUDID (HYDROMORPHONE 1 MG/5 ML IV SYRINGE)**

0.2 MG IV .PACU/PRN

PRN Reason: MILD PAIN LEVEL 1-3

Dose Ins: Q5 min PRN up to a total of 5 Hydromorphone doses

RX #: 008221561

| 08/06/18 | ENTER 1126 SFARAHVASH

| 08/06/18 | ED 1136 PLEW

| | ED 1147 PLEW

**DILAUDID (HYDROMORPHONE 1 MG/5 ML IV SYRINGE)**

0.4 MG IV .PACU/PRN

PRN Reason: MODERATE PAIN LEVEL 4-6

Dose Ins: Q5 min PRN up to a total of 5 Hydromorphone doses

RX #: 008221534

| 08/06/18 | ENTER 1126 SFARAHVASH

| | DC 1136 PLEW

| | ED 1136 SYSTEM

\*\*\* Continued on Page 12 \*\*\*

This document is part of the legal medical record.

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 12

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD: 0701 08/06/18 to 0700 08/07/18 (Continued)	START/ STOP
--	----------------

**DILAUDID (HYDROMORPHONE 1 MG/5 ML IV SYRINGE)**  
0.6 MG IV .PACU/PRN

PRN Reason: SEVERE PAIN LEVEL 7-10  
Dose Ins: Q5 min PRN up to a total of 5 Hydromorphone doses  
RX #: 008221562

```
| 08/06/18| ENTER 1126 SFARAHVASH
| 08/06/18| ED 1136 PLEW
|       | ED 1148 PLEW
|       | ED 1148 PLEW
|       | ACK 1548 ALALANGAN eMAR
|       | 1548 ALALANGAN at 1548 GAVE: 0.6 MG
|       | Location: REC Admin Source: ORM - (Anesthesia)
|       | ORM Case Number: 0000174577
|       | Admin Queries
|       | Pain Level: 6 Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 2
|       | Level of Consciousness Score: 3 Sleeping arouses easily
|       | 1633 REASSESS by YSATYBALDI at 1650
|       | Reassessment CDS: Pain Assessment/Reassessment
|       | Pain Level: 1
|       | Pain Scale Used.: NUMERIC
|       | Patient Stated Goal for Pain Relief: 1
|       | Level of Consciousness Score:
|       | 3 Sleeping arouses easily
|       | DC 1830 PHABKGJOB
```

**SUBLIMAZE (FENTANYL 50 MCG/ML VIAL)**  
25 MCG IV .PACU ORDER/PRN

PRN Reason: MILD PAIN LEVEL 1-3  
Dose Ins: Q5 min PRN up to a total of 5 Fentanyl doses  
\*Use as first line narcotic analgesic\*
RX #: 008221563

```
| 08/06/18| ENTER 1126 SFARAHVASH
| 08/06/18| ED 1136 PLEW
|       | ED 1148 PLEW
|       | ED 1148 PLEW
|       | DC 1633 BYAGHOUBIA
```

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 13

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD: 0701 08/06/18 to 0700 08/07/18 (Continued)	START/ STOP
--	----------------

**SUBLIMAZE (FENTAnyl 50 MCG/ML VIAL)**  
50 MCG IV .PACU ODER/PRN

PRN Reason: MODERATE PAIN LEVEL 4-6  
Dose Ins: Q5 min PRN up to a total of 5 Fentanyl doses  
\*Use as first line narcotic analgesic\*  
RX #: 008221564

```
| 08/06/18| ENTER 1126 SFARAHVASH
| 08/06/18| ED 1137 PLEW
| | ED 1148 PLEW
| | ED 1148 PLEW
| | ACK 1516 ALALANGAN eMAR
| | EDADM 1516 ALALANGAN at 1516 GAVE: 50 MCG
| | Location: REC Admin Source: ORM - (Anesthesia)
| | ORM Case Number: 0000174577
| | Admin Queries
| | Pain Level: 6 Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 2
| | Level of Consciousness Score: 3 Sleeping arouses easily
| | Comments
| | 2ND DOSE OF 50 MCQ IV GIVEN
| | 08/06/18-1516 by ALALANGAN
| | EDADM 08/06/18-1548 by ALALANGAN
| | Admin Queries
| | From:
| | Pain Level: 6
| | Pain Scale Used.: NUMERIC
| | Patient Stated Goal for Pain Relief: 2
| | Level of Consciousness Score:
| | 3 Sleeping arouses easily
| | To:
| | Pain Level: 6
| | Pain Scale Used.: NUMERIC
| | Patient Stated Goal for Pain Relief: 2
| | Level of Consciousness Score:
| | 3 Sleeping arouses easily
| | New Comments: 2ND DOSE OF 50 MCQ IV GIVEN
| | 1601 REASSESS by ALALANGAN at 1601
| | Reassessment CDS: Pain Assessment/Reassessment
| | Pain Level: 3
| | Pain Scale Used.: NUMERIC
| | Patient Stated Goal for Pain Relief: 1
| | Level of Consciousness Score:
| | 3 Sleeping arouses easily
| | DC 1633 BYAGHOUBIA
```

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 14

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/	STOP
0701 08/06/18 to 0700 08/07/18 (Continued)		

**SUBLIMAZE (FENTAnyl 50 MCG/ML VIAL)**  
75 MCG IV .PACU ORDER/PRN

PRN Reason: SEVERE PAIN LEVEL 7-10  
Dose Ins: Q5 min PRN up to a total of 5 Fentanyl doses  
\*Use as first line narcotic analgesic\*  
RX #: 008221565

| 08/06/18 | ENTER 1126 SFARAHVASH  
| 08/06/18 | ED 1139 PLEW  
| | ED 1149 PLEW  
| | ED 1149 PLEW  
| | DC 1633 BYAGHOUBIA

**PERCOSET (5/325) (OXYCODONE/ACETAMINOPHEN (5/325) TAB)**  
1 TAB PO .PACU ORDER/PRN

PRN Reason: PAIN LEVEL 1-5  
Dose Ins: X1 dose PRN  
RX #: 008221566

| 08/06/18 | ENTER 1126 SFARAHVASH  
| 08/06/18 | ED 1140 PLEW  
| | ED 1149 PLEW  
| | ED 1149 PLEW  
| | DC 1633 BYAGHOUBIA

**PERCOSET (5/325) (OXYCODONE/ACETAMINOPHEN (5/325) TAB)**  
2 TAB PO .PACU ORDER/PRN

PRN Reason: PAIN LEVEL 6-10  
Dose Ins: X1 dose PRN  
RX #: 008221568

| 08/06/18 | ENTER 1126 SFARAHVASH  
| 08/06/18 | ED 1140 PLEW  
| | ED 1149 PLEW  
| | ED 1149 PLEW  
| | DC 1633 BYAGHOUBIA

**ZOFTRAN INJ (ONDANSETRON 4 MG INJ)**  
4 MG IV .PACU ORDER/PRN

PRN Reason: NAUSEA AND/OR VOMITING  
Dose Ins: X 1 dose PRN nausea. May repeat X 1 dose in 30 minutes PRN  
(2 doses total)  
\*Use as first line antiemetic\*  
RX #: 008221569

| 08/06/18 | ENTER 1126 SFARAHVASH  
| 08/06/18 | ED 1140 PLEW  
| | ED 1149 PLEW  
| | ED 1149 PLEW  
| | ACK 1516 ALALANGAN eMAR  
| | 1516 ALALANGAN at 1516 GAVE: 4 MG  
| | Location: REC Admin Source: ORM - (Anesthesia)  
ORM Case Number: 0000174577  
| | DC 1633 BYAGHOUBIA

**TIGAN (TRIMETHOBENZAMIDE 100 MG/ML VIAL)**  
200 MG IM .PACU ORDER/PRN

PRN Reason: NAUSEA AND/OR VOMITING  
Dose Ins: X1 dose PRN  
RX #: 008221573

| 08/06/18 | ENTER 1126 SFARAHVASH  
| 08/06/18 | ED 1141 PLEW  
| | ED 1149 PLEW  
| | ED 1149 PLEW  
| | DC 1633 BYAGHOUBIA

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 15

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/06/18 to 0700 08/07/18 (Continued)	

LABETALOL (LABETALOL HCL 20MG INJ) 5 MG IV . PACU ORDER/PRN	08/06/18   ENTER 1126 SFARAHVASH   08/06/18   ED 1144 PLEW     ED 1150 PLEW     DC 1633 BYAGHOUBIA
PRN Reason: HIGH BLOOD PRESSURE	
Dose Ins: Q5min PRN SBP 160 mmHg or greater and/or DBP 100 mmHg or greater	
MAX Dose: 20 mg	
HOLD for HR 60 bpm or less	
RX #: 008221582	

APRESOLINE (hydrALAZINE 20 MG INJ) 5 MG IV . PACU ORDER/PRN	08/06/18   ENTER 1126 SFARAHVASH   08/06/18   ED 1144 PLEW     ED 1150 PLEW     DC 1830 PHABKGJOB
PRN Reason: HIGH BLOOD PRESSURE	
Dose Ins: Q20min PRN SBP 160 mmHg or greater and/or DBP 100 mmHg or greater	
MAX Dose: 20 mg	
Comments: INFUSE OVER 3-5 MINUTES (Maximum infusion 5mg/min)	
Check BP until stable	
RX #: 008221585	

EPHEDrine SULFATE 50 MG/5 ML SYG (EPHEDrine SULFATE 50 MG/5 ML SYG) 5 MG IV . PACU ORDER/PRN	08/06/18   ENTER 1126 SFARAHVASH   08/06/18   ED 1145 PLEW     ED 1150 PLEW     DC 1633 BYAGHOUBIA
PRN Reason: MAP LESS THAN 60	
Dose Ins: Q5min PRN MAP 60 or less May repeat X 4 doses	
RX #: 008221586	

PROVENTIL 0.083% (NEB) (ALBUTEROL 0.083% (NEB) 2.5 MG/3 ML AMP) 2.5 MG HHN . PACU ORDER/PRN	08/06/18   ENTER 1126 SFARAHVASH   08/06/18   ED 1145 PLEW     ED 1150 PLEW     DC 1633 BYAGHOUBIA
PRN Reason: WHEEZING	
Dose Ins: X1 dose PRN	
Comments: (TO BE ADMINISTERED BY RESPIRATORY THERAPY)	
RX #: 008221588	

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 16

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/	STOP
0701 08/06/18 to 0700 08/07/18 (Continued)		

**ATROVENT 0.02% (NEB) (IPRATROPIUM (NEB) 0.5 MG/2.5 ML AMP)**  
0.5 MG HHN .PACU ORDER/PRN | 08/06/18| ENTER 1126 SFARAHVASH  
PRN Reason: WHEEZING | 08/06/18| ED 1145 PLEW  
Dose Ins: X1 dose PRN | 08/06/18| ED 1150 PLEW  
Comments: (TO BE ADMINISTERED BY RESPIRATORY THERAPY) | 08/06/18| DC 1633 BYAGHOUBIA  
RX #: 008221589 | 08/06/18|

**DEMEROL (MEPERIDINE 25 MG INJ)**  
25 MG IV .PACU ORDER/PRN | 08/06/18| ENTER 1126 SFARAHVASH  
PRN Reason: POST-OP RIGORS | 08/06/18| ED 1145 PLEW  
Dose Ins: X1 dose PRN post-op rigors | 08/06/18| ED 1150 PLEW  
RX #: 008221590 | 08/06/18| DC 1633 BYAGHOUBIA

**BENADRYL (DIPHENHYDRAMINE 50 MG INJ)**  
25 MG IV .PACU ORDER/PRN | 08/06/18| ENTER 1126 SFARAHVASH  
PRN Reason: PRURITUS | 08/06/18| ED 1146 PLEW  
Dose Ins: X1 dose PRN pruritis. May repeat X 1 dose in 30 minutes PRN | 08/06/18| ED 1150 PLEW  
(Total 2 doses) | 08/06/18| DC 1633 BYAGHOUBIA  
RX #: 008221591 | 08/06/18|

**VERSED (MIDAZOLAM 1 MG/ML 2 ML INJ)**  
0.5 MG IV .PACU ORDER/PRN | 08/06/18| ENTER 1126 SFARAHVASH  
PRN Reason: ANXIETY | 08/06/18| ED 1146 PLEW  
Dose Ins: X1 dose PRN anxiety. May repeat X 1 dose in 30 minutes PRN | 08/06/18| ED 1150 PLEW  
(Total 2 doses) | 08/06/18| DC 1633 BYAGHOUBIA  
RX #: 008221592 | 08/06/18|

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 17

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/	STOP
0701 08/06/18 to 0700 08/07/18 (Continued)		

ENDOCET (10/325) (OXYCODONE/ACETAMINOPHEN (10/325) TAB) 1 TAB PO Q4H/PRN	08/07/18   ENTER 1152 EKISHIMOTO     ED 1240 PTANG     ED 1240 PTANG     HO 1241 PTANG     ACK 1757 YSATYBALDI eMAR
PRN Reason: PAIN LEVEL 1-5	
Dose Ins: If PCA ordered, start after PCA discontinued	
Comments: "Identify patient as a Fall Risk"	
Maximum total Acetaminophen: 3.25 gm/24 hours. Check for other meds containing Acetaminophen (APAP)	
RX #: 008221728	

ENDOCET (10/325) (OXYCODONE/ACETAMINOPHEN (10/325) TAB) 2 TAB PO Q4H/PRN	08/07/18   ENTER 1152 EKISHIMOTO     ED 1240 PTANG     ED 1240 PTANG     HO 1241 PTANG     ACK 1757 YSATYBALDI eMAR
PRN Reason: PAIN LEVEL 6-10	
Dose Ins: If PCA ordered, start after PCA discontinued	
Comments: "Identify patient as a Fall Risk"	
Maximum total Acetaminophen: 3.25 gm/24 hours. Check for other meds containing Acetaminophen (APAP)	
RX #: 008221740	

DILAUDID (HYDROMORPHONE 0.5 MG/0.5 ML SYG) 0.2 MG IV Q1H/PRN	08/06/18   ENTER 1152 EKISHIMOTO     ED 1239 PTANG     ACK 1756 YSATYBALDI eMAR
PRN Reason: BREAKTHROUGH PAIN	
Comments: "Identify patient as a Fall Risk"	
COMMON SIDE EFFECTS This drug may cause constipation, nausea, vomiting, headache, or drowsiness	
RX #: 008221727	

AMBRIEN (ZOLPIDEM 5 MG TAB) 5 MG PO AT BEDTIME MAY REPEAT IN 1 HR/PRN	08/06/18   ENTER 1152 EKISHIMOTO     ED 1238 PTANG     ACK 1757 YSATYBALDI eMAR
PRN Reason: INSOMNIA	
Comments: "Identify patient as a Fall Risk"	
RX #: 008221710	

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 18

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/	STOP
0701 08/06/18 to 0700 08/07/18 (Continued)		

**ZOFRAN INJ (ONDANSETRON 4 MG INJ)**  
**4 MG IV Q6H/PRN**

PRN Reason: NAUSEA AND/OR VOMITING  
RX #: 008221716

| 08/06/18 | ENTER 1152 EKISHIMOTO  
| | ED 1238 PTANG  
| | ACK 1757 YSATYBALDI eMAR  
| | 1838 YSATYBALDI at 1838 GAVE: 4 MG  
| | Location: MS1 Admin Source: PCS

**DULCOLAX SUPP (BISACODYL 10 MG SUPP)**  
**10 MG PR DAILY/PRN**

PRN Reason: CONSTIPATION  
RX #: 008221673

| 08/06/18 | ENTER 1152 EKISHIMOTO  
| | ED 1230 BYAGHOUBIA  
| | ACK 1758 YSATYBALDI eMAR

**MAG-AL PLUS (AL HYDROX/MG HYDROX/SIMETH 30 ML CUP)**  
**15 ML PO Q6H/PRN**

PRN Reason: CONSTIPATION/DYSPEPSIA  
Comments: (Shake Well) (Equivalent to Mylanta)  
RX #: 008221674

| 08/06/18 | ENTER 1152 EKISHIMOTO  
| | ED 1230 BYAGHOUBIA  
| | ACK 1757 YSATYBALDI eMAR

**TYLENOL TAB (ACETAMINOPHEN 325 MG TAB)**  
**650 MG PO Q4H/PRN**

PRN Reason: HA OR TEMP GREATER THAN 101.3F  
Comments: Maximum total Acetaminophen: 3.25 gm/24 hours. Check  
for other meds containing Acetaminophen (APAP)  
RX #: 008221675

| 08/06/18 | ENTER 1152 EKISHIMOTO  
| | ED 1230 BYAGHOUBIA  
| | ACK 1758 YSATYBALDI eMAR

**FLEXERIL (CYCLOBENZAPRINE 10 MG TAB)**  
**10 MG PO THREE TIMES A DAY/PRN**

PRN Reason: MUSCLE SPASMS  
Comments: "Identify patient as a Fall Risk"  
RX #: 008221712

| 08/06/18 | ENTER 1152 EKISHIMOTO  
| | ED 1238 PTANG  
| | ACK 1757 YSATYBALDI eMAR  
| | 0407 LJIMENEZ at 0407 GAVE: 10 MG  
| | Location: MS1 Admin Source: PCS

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 19

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/	STOP
0701 08/06/18 to 0700 08/07/18 (Continued)		

**CEPASTAT LOZENGE (CEPASTAT LOZENGE)**  
1 LOZENGE MT AS NEEDED/PRN  
PRN Reason: SORE THROAT  
RX #: 008221713

| 08/06/18 | ENTER 1152 EKISHIMOTO  
| | ED 1238 PTANG  
| | ACK 1757 YSATYBALDI eMAR

**BENADRYL (DIPHENHYDRAMINE 50 MG INJ)**  
25 MG IV Q6H/PRN  
PRN Reason: ITCHING  
Comments: "Identify patient as a Fall Risk"  
RX #: 008221714

| 08/06/18 | ENTER 1152 EKISHIMOTO  
| | ED 1238 PTANG  
| | ACK 1756 YSATYBALDI eMAR

**NARCAN (NALOXONE (0.4 MG/ML) INJ)**  
0.2 MG IV Q2M/PRN  
PRN Reason: RR 8 BREATHS/MIN OR LESS  
Dose Ins: Administer if patient becomes unresponsive or RR is 8 breaths/min or less. May repeat every 2 minutes until RR is greater than 10 breaths/min and patient alert (Maximum total dose 10 mg)  
RX #: 008221715

| 08/06/18 | ENTER 1152 EKISHIMOTO  
| | ED 1238 PTANG  
| | ACK 1756 YSATYBALDI eMAR

**GLUTOSE (GLUCOSE GEL 15 GRAM TUBE)**  
15 GM PO Q15M/PRN  
PRN Reason: DECREASED GLUCOSE  
Comments: FOR PATIENT WHO ARE ABLE TO SWALLOW  
FOR BLOOD GLUCOSE RESULT 51-69mg/dL  
REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.  
(GLUCOSE GEL FOUND IN OMNICEL)  
NOTIFY PHARMACY AFTER ADMINISTRATION  
RX #: 008221977

| 08/06/18 | ENTER 1427 MPHUNG  
| | ACK 1757 YSATYBALDI eMAR

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 20

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/06/18 to 0700 08/07/18 (Continued)	

**GLUTOSE (GLUCOSE GEL 15 GRAM TUBE)** | 08/06/18 | ENTER 1427 MPHUNG  
**22.5 GM PO Q15M/PRN** | | ACK 1757 YSATYBALDI eMAR

PRN Reason: DECREASED GLUCOSE  
Comments: FOR PATIENT WHO ARE ABLE TO SWALLOW  
FOR BLOOD GLUCOSE RESULT BELOW 51mg/dL  
REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.  
(GLUCOSE GEL FOUND IN OMNICEL)  
NOTIFY PHARMACY AFTER ADMINISTRATION  
RX #: 008221978

**D50W SYRINGE (DEXTROSE 50% 50 ML SYRINGE)** | 08/06/18 | ENTER 1427 MPHUNG  
**25 ML IV Q15M/PRN** | | ACK 1756 YSATYBALDI eMAR

PRN Reason: DECREASED GLUCOSE  
Comments: FOR UNCONSCIOUS OR NPO PATIENT WITH IV ACCESS  
FOR BLOOD GLUCOSE RESULT 51-69mg/dL  
REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.  
RX #: 008221979

**D50W SYRINGE (DEXTROSE 50% 50 ML SYRINGE)** | 08/06/18 | ENTER 1427 MPHUNG  
**50 ML IV Q15M/PRN** | | ACK 1756 YSATYBALDI eMAR

PRN Reason: DECREASED GLUCOSE  
Comments: FOR UNCONSCIOUS OR NPO PATIENT WITH IV ACCESS  
FOR BLOOD GLUCOSE BELOW 51mg/dL  
REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.  
RX #: 008221980

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 21

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/ STOP
0701 08/06/18 to: 0700 08/07/18 (Continued)	

## GLUCAGEN (GLUCAGON 1 MG INJ)

1 MG IM Q15M/PRN

PRN Reason: DECREASED GLUCOSE

Comments: FOR UNCONSCIOUS OR NPO PATIENT WITHOUT IV ACCESS AND

A BLOOD GLUCOSE RESULT BELOW 70mg/dL

REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.

RX #: 008221981

| 08/06/18 | ENTER 1427 MPHUNG

| | ACK 1755 YSATYBALDI eMAR

## GLUTOSE (GLUCOSE GEL 15 GRAM TUBE)

15 GM Buccal Q15M/PRN

PRN Reason: DECREASED GLUCOSE

Comments: FOR UNCONSCIOUS OR NPO PATIENT WITHOUT IV ACCESS AND A

BLOOD GLUCOSE RESULT BELOW 70mg/dL

If unconscious squeeze gel into lower cheek of lateral patient position on their side

REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.

(GLUCOSE GEL FOUND IN OMNICEL)

NOTIFY PHARMACY AFTER ADMINISTRATION

RX #: 008221982

| 08/06/18 | ENTER 1427 MPHUNG

| | ACK 1755 YSATYBALDI eMAR

## ADMINISTRATION PERIOD:

0701 08/07/18 to: 0700 08/08/18

## 1/2 NS + KCL 20 MEQ 1,000 ML

(1/2 NS + KCL 20 MEQ 1000 ML BAG)

100 MLS/HR IV .Q10H

RX #: 008221672

| 08/06/18 | 0749 LJIMENEZ at 0415 GAVE: 100 MLS/HR

| | Location: M81 Admin Source: PCS

| | INFUSION 1540 User: EGAGEN

| | Action: Infused, Dose Rate: , Rate: 0 MLS/HR

| | Intake: 900 mls, 24 HR Cumulative Intake: 2000 mls, Container Volume: 0 mls

| | Site:

| | Location: M81, Admin Source: PCS

| | \*1749 EGAGEN at 1749 ORDERDC

| | Location: M81 Admin Source: PCS

| | DC 2005 LJIMENEZ

\*\*\* Continued on Page 22 \*\*\*

This document is part of the legal medical record.

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 22

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/07/18 to 0700 08/08/18 (Continued)	

**ANCEF 1 GM/50 ML (PMX) 50 ML (CEFAZOLIN 1 GM/50 ML (PMX))**  
100 MLS/HR IVPB Q8H  
Total Bags: 3 (3 of 3 Given)  
Comments: Infuse over 30 minutes -Thirty minute rule medication - Administer within 30 minutes before or after scheduled time  
RX #: 008221719

08/06/18  1200 EGAGEN at 1217 GAVE: 100 MLS/HR
08/07/18  Location: MS1 Admin Source: PCS
INFUSION 1217 User: EGAGEN
Action: Started/Next Bag, Dose Rate: , Rate: 100 MLS/HR
Intake: , 24 HR Cumulative Intake: , Container Volume: 50 mls
Site: Left Hand
Location: MS1, Admin Source: PCS
DC 1229 PHABKGJOB

**COLACE (DOCUSATE SODIUM 100 MG CAP)**  
100 MG PO TWICE A DAY  
Dose Ins: Hold for loose stools  
Comments: - Do NOT open capsule (liquid filled)  
RX #: 008221711

08/06/18  0900 EGAGEN at 0850 GAVE: 100 MG
Location: MS1 Admin Source: PCS
2100 LJIMENEZ at 2136 GAVE: 100 MG
Location: MS1 Admin Source: PCS

**PROTONIX IV (PANTOPRAZOLE 40 MG INJ)**  
40 MG IV DAILY006  
Comments: Dilute with 10 mL NS and IV push over at least 2 minutes  
RX #: 008221718

08/07/18  *0600 LJIMENEZ at 0600 ZIVNOACC
Location: MS1 Admin Source: PCS

**DILAUDID PCA (HYDROMORPHONE 0.2 MG/ML PCA)**  
See Dose Ins. IV PCA  
Dose Ins: PCA to be started in PACU  
RX #: 008221671

08/06/18  DC 1000 PHABKGJOB
08/07/18

**\*PCA Management Order (\*PCA Management Order)**  
See Dose Ins. IV .PCA  
Dose Ins: 1. Hold PCA at 1000 on POD 1  
2. Give 2 tabs of ordered PO analgesic 30 minutes prior to holding PCA  
RX #: 008221676

08/06/18  DC 2006 LJIMENEZ

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 23

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD: 0701 08/07/18 to 0700 08/08/18 (Continued)	START/ STOP
--	----------------

**GLUCOPHAGE (metFORMIN 850 MG TAB)**  
850 MG PO WITH BREAKFAST AND DINNER

Comments: (GIVE WITH MEAL) Hold for creatinine clearance below 30 mL/min (CONTRAINDICATED)  
\*\*\*\* BLACK BOX WARNING \*\*\*\*  
(HOLD MEDICATION FOR 48 HOURS AFTER IV CONTRAST ADMINISTRATION)  
Consult pharmacist, prescriber and/or prescribing information for guidance.  
This medication needs to be administered within 30 minutes before or after the scheduled time.

RX #: 008221985

| 08/06/18 | 0750 EGAGEN at 0850 GAVE: 850 MG  
| | Location: MS1 Admin Source: PCS

| | Comments  
| | given when food arrived.  
| | 1755 EGAGEN at 1813 GAVE: 850 MG  
| | Location: MS1 Admin Source: PCS

**LANTUS (INSULIN GLARGINE [LANTus] (100 UNITS/ML) SYG)**

14 UNITS SC DAILY@0800

0.15 UNITS/KG (14 UNITS)

Dose Ins: (CONCENTRATION: 100 UNITS/ML)

Comments: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)

\*\* ATTENTION: This is insulin glargine (LANTus)  
(CONCENTRATION: 100 UNITS/ML) EXP: \_\_\_\_\_ @ \_\_\_\_\_  
DO NOT DILUTE OR MIX WITH ANY OTHER INSULIN PRODUCT  
(For SUBCUTANEOUS administration ONLY)  
\*\*Holding basal insulin is not recommended (this includes NPO patients). Instead, notify prescriber for adjustment. Notify prescriber of patient refusal of either basal or mealtime insulin at the time of refusal or missed doses."

\*This medication has been classified as a 30 minute rule medication\*  
This medication needs to be administered within 30 minutes before or after the scheduled time.

RX #: 008222016

| 08/07/18 | 0800 EGAGEN at 0857 CO-SIGNER: MTHOMAS3 GAVE: 14 UNITS  
| | Location: MS1 Admin Source: PCS

| | Admin Queries  
| | Was the glucose drawn within the last 30 minutes?: Yes Subcutaneous Site: Upper Arm  
| | Subcutaneous Site Location Modifier: Left

\*\*\* Continued on Page 24 \*\*\*

This document is part of the legal medical record.

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 24

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/ STOP
0701 08/07/18 to 0700 08/08/18 (Continued)	

## ACCU-CHEK (ACCU-CHEK)

1 EA XX 02	08/07/18   *0200 LJIMENEZ at 0200 SLEEP	Location: MS1 Admin Source: PCS
Dose Ins: For eating patients: if HS dose is administered, check BG at 2 a.m. (Do not cover unless ordered by Prescriber.)		
RX #: 008223329		

## NOVOLOG INSULIN PEN (INSULIN ASPART [NOVOLOG] 3 ML PEN)

See Dose Ins. SC BEFORE MEALS AND BEDTIME

Dose Ins: (Adult SC Insulin - Mild Algorithm)

\*\* ATTENTION: This is insulin Aspart (NovoLOG)

(CONCENTRATION: 100 UNITS/ML)

Novolog Insulin -\*Mild\* Sliding Scale for patients eating  
meals

Comments: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)

\*\*Do not hold for NPO patients unless approved by

Prescriber\*\* (For SUBCUTANEOUS administration ONLY)

(Sliding scale corrective insulin)

(Can be given in addition to basal and bolus insulin)

-Sliding scale corrective insulin alone is not  
recommended as the only method for blood glucose  
control\*

RX #: 008223331

08/07/18   0720 EGAGEN at 0856 CO-SIGNER: MTHOMAS3 GAVE: 2 UNIT	Location: MS1 Admin Source: PCS
	Admin Queries
Was the glucose drawn within the last 30 minutes?: Yes	Subcutaneous Site: Upper Arm
Subcutaneous Site Location Modifier: Left	
1110 EGAGEN at 1221 CO-SIGNER: EPEIXOTO GAVE: 3 UNIT	
Location: MS1 Admin Source: PCS	
Admin Queries	
Was the glucose drawn within the last 30 minutes?: Yes	Subcutaneous Site: Upper Arm
Subcutaneous Site Location Modifier: Right	
1725 EGAGEN at 1812 CO-SIGNER: BUY2 GAVE: 3 UNIT	
Location: MS1 Admin Source: PCS	
Admin Queries	
Was the glucose drawn within the last 30 minutes?: Yes	Subcutaneous Site: Upper Arm
Subcutaneous Site Location Modifier: Right	
2100 LJIMENEZ at 2141 CO-SIGNER: JSCHINTEE GAVE: 2 UNIT	
Location: MS1 Admin Source: PCS	
Admin Queries	
Was the glucose drawn within the last 30 minutes?: Yes	Subcutaneous Site: Upper Arm
Subcutaneous Site Location Modifier: Right	

\*\*\* Continued on Page 25 \*\*\*

This document is part of the legal medical record.

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 25

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/07/18 to 0700 08/08/18 (Continued)	

**TORADOL (KETOROLAC 30 MG INJ)  
30 MG IV ONCE/STA**

Comments: For IV route: give over 30 seconds.  
Please flush line with saline after IV administration  
\*\*\*\*\* BLACK BOX WARNING \*\*\*\*\*  
Automatic STOP after 72 hours - must be reordered to continue  
DOSAGE ADJUSTMENTS REQUIRED for age, weight and renal dysfunction - Consult pharmacist, prescriber and/or prescribing information for guidance.

RX #: 008223966

| 08/07/18 | UNADM \*1021 EGAGEN at 1021  
| 08/07/18 | Location: MS1 Admin Source: PCS  
| | Admin Queries  
| | Pain Level: 5 Pain Assessment/Reassessment comment:  
| | Patient states he is ok in bed and does not need med since he has PCA. Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 4 Level of Consciousness Score: 1 Awake and Alert  
| | 08/07/18-1303 by EGAGEN  
| | DOSE changed from 30 MG to 0 MG  
| | UNADM 08/07/18-1306 by EGAGEN  
| | 1021 EGAGEN at 1331 GAVE: 30 MG  
| | Location: MS1 Admin Source: PCS  
| | Admin Queries  
| | Pain Level: 5 Pain Assessment/Reassessment comment:  
| | Pain worse with ambulation, 4-5 when laying down. Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 4 Level of Consciousness Score: 1 Awake and Alert  
| | Comments  
| | Given late due to verify checking with Edith K. PA that ok  
| | to give Toradol day 1 post spine operation. Patient was in  
| | agreement to wait as he was ok laying in bed.  
| | ENTER 1023 EKISHIMOTO  
| | ACK 1030 EGAGEN eMAR  
| | ED 1031 SCHUNG  
| | DC 1032 PHABKGJOB  
| | UNDOACK 1306 EGAGEN eMAR  
| | ACK 1307 EGAGEN eMAR  
| | 1416 REASSESS by EGAGEN at 1416  
| | Reassessment CDS: Pain Assessment/Reassessment  
| | Pain Level: 4  
| | Pain Assessment/Reassessment comment: Patient feels Toradol was effective for his pain management.  
| | Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 4 Level of Consciousness Score: 1 Awake and Alert

**MAG-OX 400 (MAGNESIUM OXIDE 400 MG TAB)  
400 MG PO TWICE A DAY**

Comments: CONTAINS 241.3mg of Elemental Magnesium  
RX #: 008224831

| 08/07/18 | ENTER 1602 EGAGEN  
| | ED 1603 MDEGLES  
| | ACK 2002 LJIMENEZ eMAR  
| | 2100 LJIMENEZ at 2136 GAVE: 400 MG  
| | Location: MS1 Admin Source: PCS

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 26

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/07/18 to 0700 08/08/18 (Continued)	

**ENDOCET (10/325) (OXYCODONE/ACETAMINOPHEN (10/325) TAB)**  
**1 TAB PO Q4H/PRN**

PRN Reason: PAIN LEVEL 1-5  
Dose Ins: If PCA ordered, start after PCA discontinued  
Comments: "Identify patient as a Fall Risk"  
Maximum total Acetaminophen: 3.25 gm/24 hours. Check  
for other meds containing Acetaminophen (APAP)  
RX #: 008221728

| 08/07/18 | RES 1822 EGAGEN  
| | ACK 1831 EGAGEN eMAR  
| | 1831 EGAGEN at 1831 GAVE: 1 TAB  
| | Location: M81 Admin Source: PCS  
| | Admin Queries  
| | Pain Level: 8 Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 4  
| | Level of Consciousness Score: 1 Awake and Alert  
| | 1916 REASSESS by LJIMENEZ at 1916  
| | Reassessment CDS: Pain Assessment/Reassessment  
| | Level of Consciousness Score:  
| | 3 Sleeping arouses easily

**ENDOCET (10/325) (OXYCODONE/ACETAMINOPHEN (10/325) TAB)**  
**2 TAB PO Q4H/PRN**

PRN Reason: PAIN LEVEL 6-10  
Dose Ins: If PCA ordered, start after PCA discontinued  
Comments: "Identify patient as a Fall Risk"  
Maximum total Acetaminophen: 3.25 gm/24 hours. Check  
for other meds containing Acetaminophen (APAP)  
RX #: 008221740

| 08/07/18 | RES 1822 EGAGEN  
| | ACK 2002 LJIMENEZ eMAR  
| | 2241 LJIMENEZ at 2241 GAVE: 2 TAB  
| | Location: M81 Admin Source: PCS  
| | Admin Queries  
| | Pain Level: 10 Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 3  
| | Level of Consciousness Score: 1 Awake and Alert  
| | 2326 REASSESS by LJIMENEZ at 2326  
| | Reassessment CDS: Pain Assessment/Reassessment  
| | Level of Consciousness Score:  
| | 3 Sleeping arouses easily

**FLEXERIL (CYCLOBENZAPRINE 10 MG TAB)**  
**10 MG PO THREE TIMES A DAY/PRN**

PRN Reason: MUSCLE SPASMS  
Comments: "Identify patient as a Fall Risk"  
RX #: 008221712

| 08/06/18 | 1831 EGAGEN at 1831 GAVE: 10 MG  
| | Location: M81 Admin Source: PCS

**BENADRYL (DIPHENHYDRAMINE 50 MG INJ)**  
**25 MG IV Q6H/PRN**

PRN Reason: ITCHING  
Comments: "Identify patient as a Fall Risk"  
RX #: 008221714

| 08/06/18 | 2200 LJIMENEZ at 2200 GAVE: 25 MG  
| | Location: M81 Admin Source: PCS

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 27

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/08/18 to 0700 08/09/18	

**COLACE (Docusate Sodium 100 MG CAP)**  
100 MG PO TWICE A DAY | 08/06/18 | 0900 HBUJNEVICI at 0823 GAVE: 100 MG  
| | Location: MS1 Admin Source: PCS  
| | DC 1716 DISCHARGE

Dose Ins: Hold for loose stools  
Comments: - Do NOT open capsule (liquid filled)  
RX #: 008221711

**PROTONIX IV (PANTOPRAZOLE 40 MG INJ)**  
40 MG IV DAILY|006 | 08/07/18 | DC 1716 DISCHARGE

Comments: Dilute with 10 mL NS and IV push over at least 2 minutes  
RX #: 008221718

**GLUCOPHAGE (metFORMIN 850 MG TAB)**  
850 MG PO WITH BREAKFAST AND DINNER | 08/06/18 | 0750 HBUJNEVICI at 0822 GAVE: 850 MG  
| | Location: MS1 Admin Source: PCS  
| | DC 1716 DISCHARGE

Comments: (GIVE WITH MEAL) Hold for creatinine clearance below 30 mL/min (CONTRAINDICATED)  
\*\*\*\* BLACK BOX WARNING \*\*\*\*  
(HOLD MEDICATION FOR 48 HOURS AFTER IV CONTRAST ADMINISTRATION)  
Consult pharmacist, prescriber and/or prescribing information for guidance.  
This medication needs to be administered within 30 minutes before or after the scheduled time.  
RX #: 008221985

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 28

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/ STOP
0701 08/08/18 to 0700 08/09/18 (Continued)	

## (Nursing Note) ((Nursing Note))

1 EA XX NURSING NOTE

Comments: TREATMENT OF HYPOGLYCEMIA

## 1) IMMEDIATE TREATMENT

- A) 15 grams of carbohydrate for results of 51-69mg/dL
- B) 25 grams of carbohydrate for results below 51mg/dL

## TREATMENT OPTIONS

- For patients who are able to swallow: (Follow with protein-containing snack or meal) Examples of 15 grams of carbohydrate are: (treatment for results 51-69mg/dL)
  - a) 8 ounces (1 cup) nonfat or low fat milk
  - b) 4 ounces (1/2 cup) fruit juice or regular soda (avoid orange juice for renal impaired patients)
  - c) One tube (15 grams) of glucose gel (1 1/2 tubes for results below 51mg/dL)

## FOR UNCONSCIOUS OR NPO PATIENTS WITH IV ACCESS:

- A) Dextrose 50% (1/2 amp = 25ml) for result 51-69mg/dL
- B) Dextrose 50% (1 amp = 50ml) for result below 51mg/dL

## FOR UNCONSCIOUS OR NPO PATIENT WITHOUT IV ACCESS

## FOR PATIENTS WITH BLOOD GLUCOSE RESULT BELOW 70mg/dL

- A) Glucagon 1 mg Intramuscular STAT
- B) One tube (15 grams) glucose gel squeezed into lower cheek of lateral patient position on their side.

\*\*\* GLUCOSE GEL IS IN THE OMNICEL AND OVERRIDEABLE \*\*\*

RX #: 008221976

| 08/06/18 | DC 1716 DISCHARGE

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\*\*\* Continued on Page 29 \*\*\*

This document is part of the legal medical record.

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 29

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/08/18 to 0700 08/09/18 (Continued)	

LANTUS (INSULIN GLARGINE [LANTus] (100 UNITS/ML) SYG) 14 UNITS SC DAILY@0800 0.15 UNITS/KG (14 UNITS)	08/07/18   0800 HBUJNEVICI at 0828 CO-SIGNER: AGELLEKANA GAVE: 14 UNITS     Location: MSL Admin Source: PCS     Admin Queries Dose Ins: (CONCENTRATION: 100 UNITS/ML) Comments: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED) ** ATTENTION: This is insulin glargine (LANTus) (CONCENTRATION: 100 UNITS/ML) EXP: _____ @ DO NOT DILUTE OR MIX WITH ANY OTHER INSULIN PRODUCT (For SUBCUTANEOUS administration ONLY) **Holding basal insulin is not recommended (this includes NPO patients). Instead, notify prescriber for adjustment. Notify prescriber of patient refusal of either basal or mealtime insulin at the time of refusal or missed doses."  *This medication has been classified as a 30 minute rule medication* This medication needs to be administered within 30 minutes before or after the scheduled time.	Was the glucose drawn within the last 30 minutes?: Yes Subcutaneous Site: Upper Arm     Subcutaneous Site Location Modifier: Right     DC 1716 DISCHARGE
RX #: 008222016		

ACCU-CHEK (ACCU-CHEK) 1 EA XX 02	08/07/18   DC 1716 DISCHARGE
Dose Ins: For eating patients: if HS dose is administered, check BG at 2 a.m. (Do not cover unless ordered by Prescriber.)	
RX #: 008223329	

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 30

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/	STOP
0701 08/08/18 to 0700 08/09/18 (Continued)		

**NOVOLOG INSULIN PEN (INSULIN ASPART [NOVOLOG] 3 ML PEN)**

See Dose Ins. SC BEFORE MEALS AND BEDTIME

Dose Ins: (Adult SC Insulin - Mild Algorithm)

\*\* ATTENTION: This is insulin Aspart (NovoLOG)

(CONCENTRATION: 100 UNITS/ML)

Novolog Insulin -\*Mild\* Sliding Scale for patients eating meals

Comments: HIGH ALERT INSULIN (DOUBLE CHECK REQUIRED)

\*\*Do not hold for NPO patients unless approved by

Prescriber\*\* (For SUBCUTANEOUS administration ONLY)

(Sliding scale corrective insulin)

(Can be given in addition to basal and bolus insulin)

-Sliding scale corrective insulin alone is not

recommended as the only method for blood glucose control\*

RX #: 008223331

| 08/07/18 | 0720 HBUJNEVICI at 0830 CO-SIGNER: AGELLEKANA GAVE: 3 UNIT

Location: MSL Admin Source: PCS

| | Admin Queries

| | Was the glucose drawn within the last 30 minutes?: Yes Subcutaneous Site: Upper Arm

Subcutaneous Site Location Modifier: Right

| | 1110 HBUJNEVICI at 1250 CO-SIGNER: MTHOMAS3 GAVE: 2 UNIT

Location: MSL Admin Source: PCS

| | Admin Queries

| | Was the glucose drawn within the last 30 minutes?: Yes Subcutaneous Site: Upper Arm

Subcutaneous Site Location Modifier: Right

| | DC 1716 DISCHARGE

**MAG-OX 400 (MAGNESIUM OXIDE 400 MG TAB)**

400 MG PO TWICE A DAY

Comments: CONTAINS 241.3mg of Elemental Magnesium

RX #: 008224831

| 08/07/18 | 0900 HBUJNEVICI at 0822 GAVE: 400 MG

Location: MSL Admin Source: PCS

| | DC 1716 DISCHARGE

\*\*\* Continued on Page 31 \*\*\*

This document is part of the legal medical record.

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 31

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/08/18 to 0700 08/09/18 (Continued)	

## ENDOCET (10/325) (OXYCODONE/ACETAMINOPHEN (10/325) TAB)

1 TAB PO Q4H/PRN

PRN Reason: PAIN LEVEL 1-5

Dose Ins: If PCA ordered, start after PCA discontinued

Comments: "Identify patient as a Fall Risk"

Maximum total Acetaminophen: 3.25 gm/24 hours. Check  
for other meds containing Acetaminophen (APAP)

RX #: 008221728

08/07/18   0834 HBUJNEVICI at 0834 GAVE: 1 TAB	
Location: MSL Admin Source: PCS	
Admin Queries	
Pain Level: 8 Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 3	
Level of Consciousness Score: 1 Awake and Alert	
0919 REASSESS by HBUJNEVICI at 0919	
Reassessment CDS: Pain Assessment/Reassessment	
Pain Level: 5	
Pain Scale Used.: NUMERIC	
Patient Stated Goal for Pain Relief: 3	
Level of Consciousness Score:	
1 Awake and Alert	
1108 HBUJNEVICI at 1108 GAVE: 1 TAB	
Location: MSL Admin Source: PCS	
Admin Queries	
Pain Level: 6 Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 2	
Level of Consciousness Score: 1 Awake and Alert	
1153 REASSESS by HBUJNEVICI at 1153	
Reassessment CDS: Pain Assessment/Reassessment	
Pain Level: 4	
Pain Scale Used.: NUMERIC	
Patient Stated Goal for Pain Relief: 2	
Level of Consciousness Score:	
1 Awake and Alert	
DC 1716 DISCHARGE	

\*\*\* Continued on Page 32 \*\*\*

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DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 32

000260

08/09/18

Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**

Unit Num **M001265555**

Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/08/18 to 0700 08/09/18 (Continued)	

**ENDOCET (10/325) (OXYCODONE/ACETAMINOPHEN (10/325) TAB)**

2 TAB PO Q4H/PRN

PRN Reason: PAIN LEVEL 6-10

Dose Ins: If PCA ordered, start after PCA discontinued

Comments: "Identify patient as a Fall Risk"

Maximum total Acetaminophen: 3.25 gm/24 hours. Check  
for other meds containing Acetaminophen (APAP)

RX #: 008221740

| 08/07/18 | 1317 HBUJNEVICI at 1317 GAVE: 2 TAB  
| | Location: MSL Admin Source: PCS  
| | Admin Queries  
| | Pain Level: 6 Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 3  
| | Level of Consciousness Score: 1 Awake and Alert  
| | 1402 REASSESS by HBUJNEVICI at 1402  
| | Reassessment CDS: Pain Assessment/Reassessment  
| | Pain Level: 4  
| | Pain Scale Used.: NUMERIC  
| | Patient Stated Goal for Pain Relief: 3  
| | Level of Consciousness Score:  
| | 1 Awake and Alert  
| | 1652 HBUJNEVICI at 1652 GAVE: 2 TAB  
| | Location: MSL Admin Source: PCS  
| | Admin Queries  
| | Pain Level: 5 Pain Scale Used.: NUMERIC Patient Stated Goal for Pain Relief: 3  
| | Level of Consciousness Score: 1 Awake and Alert  
| | DC 1716 DISCHARGE

**DILAUDID (HYDROMORPHONE 0.5 MG/0.5 ML SYG)**

0.2 MG IV Q1H/PRN

PRN Reason: BREAKTHROUGH PAIN

Comments: "Identify patient as a Fall Risk"

COMMON SIDE EFFECTS This drug may cause constipation,  
nausea, vomiting, headache, or drowsiness

RX #: 008221727

| 08/06/18 | DC 1716 DISCHARGE

**AMBIEN (ZOLPIDEM 5 MG TAB)**

5 MG PO AT BEDTIME MAY REPEAT IN 1 HR/PRN

PRN Reason: INSOMNIA

Comments: "Identify patient as a Fall Risk"

RX #: 008221710

| 08/06/18 | DC 1716 DISCHARGE

\*\*\* Continued on Page 33 \*\*\*

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DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 33

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD: 0701 08/08/18 to 0700 08/09/18 (Continued)	START/ STOP	
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**ZOFRAN INJ (ONDANSETRON 4 MG INJ)** | 08/06/18 | DC 1716 DISCHARGE  
**4 MG IV Q6H/PRN** | |

PRN Reason: NAUSEA AND/OR VOMITING  
RX #: 008221716

**DULCOLAX SUPP (BISACODYL 10 MG SUPP)** | 08/06/18 | DC 1716 DISCHARGE  
**10 MG PR DAILY/PRN** | |

PRN Reason: CONSTIPATION  
RX #: 008221673

**MAG-AL PLUS (AL HYDROX/MG HYDROX/SIMETH 30 ML CUP)** | 08/06/18 | DC 1716 DISCHARGE  
**15 ML PO Q6H/PRN** | |

PRN Reason: CONSTIPATION/DYSPEPSIA  
Comments: (Shake Well) (Equivalent to Mylanta)  
RX #: 008221674

**TYLENOL TAB (ACETAMINOPHEN 325 MG TAB)** | 08/06/18 | DC 1716 DISCHARGE  
**650 MG PO Q4H/PRN** | |

PRN Reason: HA OR TEMP GREATER THAN 101.3F  
Comments: Maximum total Acetaminophen: 3.25 gm/24 hours. Check  
for other meds containing Acetaminophen (APAP)  
RX #: 008221675

**FLEXERIL (CYCLOBENZAPRINE 10 MG TAB)** | 08/06/18 | DC 1716 DISCHARGE  
**10 MG PO THREE TIMES A DAY/PRN** | |

PRN Reason: MUSCLE SPASMS  
Comments: "Identify patient as a Fall Risk"  
RX #: 008221712

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 34

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/	STOP
0701 08/08/18 to 0700 08/09/18 (Continued)		

**CEPASTAT LOZENGE (CEPASTAT LOZENGE)** | 08/06/18 | DC 1716 DISCHARGE  
**1 LOZENGE MT AS NEEDED/PRN** | | |

PRN Reason: SORE THROAT | | |  
RX #: 008221713 | | |

**BENADRYL (DIPHENHYDRAMINE 50 MG INJ)** | 08/06/18 | DC 1716 DISCHARGE  
**25 MG IV Q6H/PRN** | | |

PRN Reason: ITCHING | | |  
Comments: "Identify patient as a Fall Risk" | | |  
RX #: 008221714 | | |

**NARCAN (NALOXONE (0.4 MG/ML) INJ)** | 08/06/18 | DC 1716 DISCHARGE  
**0.2 MG IV Q2M/PRN** | | |

PRN Reason: RR 8 BREATHS/MIN OR LESS | | |  
Dose Ins: Administer if patient becomes unresponsive or RR is 8 breaths/min or less. May repeat every 2 minutes until RR is greater than 10 breaths/min and patient alert (Maximum total dose 10 mg) | | |  
RX #: 008221715 | | |

**GLUTOSE (GLUCOSE GEL 15 GRAM TUBE)** | 08/06/18 | DC 1716 DISCHARGE  
**15 GM PO Q15M/PRN** | | |

PRN Reason: DECREASED GLUCOSE | | |  
Comments: FOR PATIENT WHO ARE ABLE TO SWALLOW FOR BLOOD GLUCOSE RESULT 51-69mg/dL REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.  
(GLUCOSE GEL FOUND IN OMNICEL)  
NOTIFY PHARMACY AFTER ADMINISTRATION | | |  
RX #: 008221977 | | |

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 35

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:	START/STOP
0701 08/08/18 to 0700 08/09/18 (Continued)	

**GLUTOSE (GLUCOSE GEL 15 GRAM TUBE)** | 08/06/18 | DC 1716 DISCHARGE  
**22.5 GM PO Q15M/PRN** | | |

PRN Reason: DECREASED GLUCOSE  
Comments: FOR PATIENT WHO ARE ABLE TO SWALLOW  
FOR BLOOD GLUCOSE RESULT BELOW 51mg/dL  
REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.  
(GLUCOSE GEL FOUND IN OMNICEL)  
NOTIFY PHARMACY AFTER ADMINISTRATION  
RX #: 008221978 | | |

**D50W SYRINGE (DEXTROSE 50% 50 ML SYRINGE)** | 08/06/18 | DC 1716 DISCHARGE  
**25 ML IV Q15M/PRN** | | |

PRN Reason: DECREASED GLUCOSE  
Comments: FOR UNCONSCIOUS OR NPO PATIENT WITH IV ACCESS  
FOR BLOOD GLUCOSE RESULT 51-69mg/dL  
REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.  
RX #: 008221979 | | |

**D50W SYRINGE (DEXTROSE 50% 50 ML SYRINGE)** | 08/06/18 | DC 1716 DISCHARGE  
**50 ML IV Q15M/PRN** | | |

PRN Reason: DECREASED GLUCOSE  
Comments: FOR UNCONSCIOUS OR NPO PATIENT WITH IV ACCESS  
FOR BLOOD GLUCOSE BELOW 51mg/dL  
REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.  
RX #: 008221980 | | |

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 36

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD: 0701 08/08/18 to: 0700 08/09/18 (Continued)	START/ STOP	
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## GLUCAGEN (GLUCAGON 1 MG INJ)

1 MG IM Q15M/PRN

PRN Reason: DECREASED GLUCOSE

Comments: FOR UNCONSCIOUS OR NPO PATIENT WITHOUT IV ACCESS AND

A BLOOD GLUCOSE RESULT BELOW 70mg/dL

REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.

RX #: 008221981

| 08/06/18 | DC 1716 DISCHARGE

## GLUTOSE (GLUCOSE GEL 15 GRAM TUBE)

15 GM Buccal Q15M/PRN

PRN Reason: DECREASED GLUCOSE

Comments: FOR UNCONSCIOUS OR NPO PATIENT WITHOUT IV ACCESS AND A

BLOOD GLUCOSE RESULT BELOW 70mg/dL

If unconscious squeeze gel into lower cheek of lateral patient position on their side

REPEAT above treatment every 15 minutes until blood glucose is greater than or equal to 80 mg/dL for two readings.

(GLUCOSE GEL FOUND IN OMNICEL)

NOTIFY PHARMACY AFTER ADMINISTRATION

RX #: 008221982

| 08/06/18 | DC 1716 DISCHARGE

## ADMINISTRATION PERIOD:

0701 08/09/18 to: 0700 08/10/18

START/  
STOP

DATE: 08/09/18 @ 0106  
USER: SFARAHVASH

Valley Presbyterian Hospital PHA \*LIVE\*  
Medication Discharge Summary Report

PAGE 37

08/09/18

## Medication Discharge Summary

Name **BARDAKJIAN, STEEVIO**Unit Num **M001265555**Account Num **V01013640246**

ADMINISTRATION PERIOD:  
0701 08/09/18 to 0700 08/10/18 (Continued)

START/
STOP

## Legends:

**Activity Codes:**  
 \* - Not Administered  
 ACK - Acknowledged Order  
 DC - Discontinue  
 DM - Dispensing Machine  
 ED - Edit or Verification  
 EDADM - Edit Administration  
 ENTER - Order Entry  
 HO - Hold  
 INFUSION - Infusion In Progress  
 REASSESS - Reassessment  
 RES - Resume  
 UNADM - Undo Administration  
 UNDOACK - Undo Acknowledgement

**Reason Codes:**  
 CIVINF - Current IV infusing  
 NURSEINFO - Nurse Information Only  
 ORDERDC - Order Dc'd by MD  
 SLEEP - SLEEP  
 ZIVNOACC - No IV Access

**Site Codes:**  
 Left Hand

**User**      **User Name/Type**  
 AGELLEKANA - ANALISSA A GELLEKANAO / RN  
 EGAGEN - EMILY GAGEN / RN  
 LJIMENEZ - LORELYN JIMENEZ / RN

**User**      **User Name/Type**  
 ALALANGAN - ANNA LALANGAN / RN  
 EPEIXOTO - EDITH PEIXOTO / RN  
 MTHOMAS3 - MICHAELA THOMAS / RN

**User**      **User Name/Type**  
 BARCOHANA - BABAK BARCOHANA /  
 HBUJNEVICI - HANNAH BUJNEVICIE / RN  
 RAGUILAR - REBECCA L AGUILAR / RN

**User**      **User Name/Type**  
 BUY2 - BEN UY / RN  
 JSCHINTEE - JULIET SCHINTEE / RN  
 YSATYBALDI - YULDUZ YUSUPOVA / RN

**User**      **User Name**  
 BYAGHOUBIA - BAHAREH YAGHOUBIAN  
 MDEGLS - MIKE DEGLES  
 PTANG - PHI T TANG  
 SYSTEM - SYSTEM USER

**User**      **User Name**  
 EGAGEN - EMILY GAGEN  
 MPHUNG - MINH PHUNG  
 SCHUNG - SUSAN CHUNG

**User**      **User Name**  
 EKISHIMOTO - ESTHER KISHIMOTO  
 MPONCEDBIE - MANUEL PONCE DE LEON  
 SFARAHVASH - SHAHRAM S FARAHVASH

**User**      **User Name**  
 LJIMENEZ - LORELYN JIMENEZ  
 PLEW - PAUL LEW  
 SSILBERSTE - SYLVAIN SILBERSTEIN

**Date**    **Time** **User Name**  
 20180806 1036 TERI HILL  
 OLD:  
 NEW: No Known Allergy added.

**Database**    **Type**    **Allergy**  
 PHA.VPH       ADD      No Known Allergy

DATE: 08/09/18 @ 0106  
USER: THILL

Valley Presbyterian Hospital PHA \*LIVE\*  
PHA Intervention List  
From 08/06/18 Thru 08/09/18

PAGE 1

Date	Time Required User	Status	Intervention	Intervention Name	Workload	
					Function	Count
08/06/18	15m	THILL	C	MEDREC	MED REC REVIEW	INTERVENT 1
<b>Staff Type Staff Member</b>						
TECH THILL TERI HILL						
<b>Drug Drug Name</b>						
<b>Related Rx Generic Name</b>						
Patient	BARDAKJIAN, STEEVIO		Account Num	V01013640246	Location	MS1
Severity	NA				Room	420
					Bed	A
<b>Text</b>						
Medication Reconciliation review completed						

000266