

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Allergy History

Allergy: Aspirin

Adverse Reaction Date	Recorded By
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Not specified	MHUSER1	Category: D
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Allergy Type: Moiety
 Audit Date/Time: 2016-06-21 07:00:51.0
 Reviewed By Pharmacy: false

Allergy Reaction Status:
 Symptom Anemia Description:
 Symptom Asthma Description:
 Symptom Nausea Description:
 Symptom Rash Description: Moderate
 Symptom Shock Description:
 Symptom Unknown Description:

Comment:

Allergy: TORADOL

Adverse Reaction Date	Recorded By
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Not specified	MHUSER10	Category: D
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Allergy Type: Trade
 Audit Date/Time: 2016-06-21 10:54:21.0
 Reviewed By Pharmacy: false

Allergy Reaction Status:
 Symptom Anemia Description:
 Symptom Asthma Description:
 Symptom Nausea Description:
 Symptom Rash Description: Yes
 Symptom Shock Description:
 Symptom Unknown Description:

Comment:

Problems

Problem Name: Cough

Entered Date: 2015-10-15 09:32:53.0

Problem Status: A

Recorded By: MHUSER4

Provider Verified: true

ICD Code: ICD10 Code:

Comment:

Problem Name: Fever

Entered Date: 2015-10-15 09:33:26.0

Problem Status: A

Recorded By: MHUSER4

Provider Verified: true

ICD Code: ICD10 Code:

Comment:

Problem Name: H/O: hypertension

Entered Date: 2015-10-15 10:15:01.565942

Problem Status: R

Recorded By: MHUSER4

Provider Verified: true

ICD Code: ICD10 Code:

Comment:

Problem Name: Congestive heart failure

Entered Date: 2016-02-02 13:36:21.0

Problem Status: A

Recorded By: MHUSER1

Provider Verified: true

ICD Code: ICD10 Code:

Comment:

Problem Name: Acute myocardial infarction

Entered Date: 2016-03-18 11:00:02.0

Problem Status: A

Recorded By: MHUSER1

Provider Verified: true

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Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

ICD Code:	ICD10 Code:	Comment:
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Vitals

Vital Code	Vital Description	Value	Entered By	Vital Timestamp
BPD	BP DIASTOLIC	68.0	Medhost User 4	2015-10-16 11:26:00.0
BPS	BP SYSTOLIC	128.0	Medhost User 4	2015-10-16 11:26:00.0
PULSE	PULSE	65.0	Medhost User 10	2016-06-21 10:56:00.0
RESP	RESPIRATIONS	30.0	Medhost User 4	2015-10-16 11:26:00.0
TEMP	TEMPERATURE	97.0 F	Medhost User 10	2016-06-21 10:56:00.0

Patient Orders

Order: CBCA CBC WITH AUTO DIFF		Department:LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2015-10-16 08:41:00.0	Start Date: 2015-10-16 08:34:00.0	Posting Date: 2015-10-16 00:00:00.0
Physician: DISTILLEHR PHYSICIAN 18	Keyed By: MHUSER4	Verified Changed By:
Order Status: FINAL RESULTED	Order Type: E	Order Set: 182018
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:
Order: METABOLI BMP BASIC METABOLIC PANEL		Department:LAB
Priority: 1	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2015-10-16 08:41:00.0	Start Date: 2015-10-16 08:34:00.0	Posting Date: 2015-10-16 00:00:00.0
Physician: DISTILLEHR PHYSICIAN 18	Keyed By: MHUSER4	Verified Changed By:
Order Status: FINAL RESULTED	Order Type: E	Order Set: 182018
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:
Order: UARFLX UA WITH REFLEX		Department:LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2015-10-16 08:41:00.0	Start Date: 2015-10-16 08:34:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 18	Keyed By: MHUSER4	Verified Changed By:
Order Status: OUTSTANDING	Order Type: E	Order Set: 182018
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:
Order: CULTSPUT CULTURE SPUTUM		Department:LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:

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Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Order Date: 2015-10-16 08:41:00.0	Start Date: 2015-10-16 08:34:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 18	Keyed By: MHUSER4	Verified Changed By:
Order Status: OUTSTANDING	Order Type: E	Order Set: 182018
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n: Y	Blood Admin Code:
Order: XRCXR XR CHEST 2 VIEW		Department: RAD
Priority: 1	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2015-10-16 08:41:00.0	Start Date: 2015-10-16 08:34:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 18	Keyed By: MHUSER4	Verified Changed By:
Order Status: OUTSTANDING	Order Type: E	Order Set: 182018
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: true	Image Result? t/f: true
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:
Order: CULTBLD CULTURE BLOOD		Department: LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2015-10-16 08:41:00.0	Start Date: 2015-10-16 08:34:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 18	Keyed By: MHUSER4	Verified Changed By:
Order Status: OUTSTANDING	Order Type: E	Order Set: 182018
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n: Y	Blood Admin Code:
Order: CULTBLD CULTURE BLOOD		Department: LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2015-10-16 08:41:00.0	Start Date: 2015-10-16 08:34:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 18	Keyed By: MHUSER4	Verified Changed By:
Order Status: OUTSTANDING	Order Type: E	Order Set: 182018
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n: Y	Blood Admin Code:
Order: CBC CBC WITH PLT/AUTODIFF		Department: LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2015-10-17 08:32:00.0	Start Date: 2015-10-17 08:32:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 18	Keyed By: MHUSER4	Verified Changed By: MHUSER4
Order Status: OUTSTANDING	Order Type: W	Order Set: 182020
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:

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MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Order: CBCA CBC WITH AUTO DIFF		Department:LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2015-10-17 10:49:00.0	Start Date: 2015-10-17 10:45:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 18	Keyed By: MHUSER4	Verified Changed By: MHUSER4
Order Status: OUTSTANDING	Order Type: E	Order Set: 182027
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:
Order: METABOLI BMP BASIC METABOLIC PANEL		Department:LAB
Priority: 1	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2015-10-17 10:49:00.0	Start Date: 2015-10-17 10:48:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 18	Keyed By: MHUSER4	Verified Changed By: MHUSER4
Order Status: OUTSTANDING	Order Type: E	Order Set: 182027
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:
Order: PT PROTHROMBIN TIME/INR		Department:LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2016-02-22 11:00:00.0	Start Date: 2016-02-22 10:58:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 53	Keyed By: MHUSER1	Verified Changed By: MHUSER1
Order Status: OUTSTANDING	Order Type: E	Order Set: 182304
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:
Order: CBCA CBC WITH AUTO DIFF		Department:LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2016-02-22 11:00:00.0	Start Date: 2016-02-22 10:58:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 53	Keyed By: MHUSER1	Verified Changed By: MHUSER1
Order Status: OUTSTANDING	Order Type: E	Order Set: 182304
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:
Order: GLUCOSE GLUCOSE		Department:LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2016-03-29 08:12:00.0	Start Date: 2016-03-29 08:09:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 53	Keyed By: MHUSER1	Verified Changed By: MHUSER1
Order Status: OUTSTANDING	Order Type: E	Order Set: 182392

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MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:
Order: POTAS POTASSIUM		Department: LAB
Priority: 0	Frequency/Description: ONCE ONCE ONLY	Order Reason:
Order Date: 2016-07-11 14:53:00.0	Start Date: 2016-07-11 14:53:00.0	Posting Date: Not specified
Physician: DISTILLEHR PHYSICIAN 16	Keyed By: MHUSER6	Verified Changed By: MHUSER6
Order Status: OUTSTANDING	Order Type: E	Order Set: 182663
LOINC Code:	LOINC Description:	Hospital Service Code: MIP
Initial Order#: false	Radiology Order? t/f: false	Image Result? t/f: false
CPOE Order? t/f: false	Culture? y/n:	Blood Admin Code:

Patient Order Results

Order Result: WBC WBC		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result: 15.0 10 ³ /uL	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:43:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date: 2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result?: (T/F) false	Verbal Text:
Order Result: RBC RBC		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result: 5.63 10 ⁶ /uL	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:43:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date: 2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result?: (T/F) false	Verbal Text:
Order Result: HGB HGB		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result: 15.3 g/dL	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:43:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date: 2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result?: (T/F) false	Verbal Text:
Order Result: HCT HCT		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result: 46.0 %	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:43:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date: 2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result?: (T/F) false	Verbal Text:
Order Result: PLT PLTCT		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F

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Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Result: 150 10^5 /uL	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:43:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result:? (T/F) false	Verbal Text:
Order Result: DIFF DIFFERENTIAL		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) true
Collect Date: 2015-10-16 08:43:00.0	Entry Date: Not specified	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) true	Verbal Text:
Order Result: NA SODIUM		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result: 130 mmol/L	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:52:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result:? (T/F) false	Verbal Text:
Order Result: POTAS POTASSIUM		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result: 5.3 mmol/L	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:52:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CL CHLORIDE		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result: 101 mmol/L	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:52:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CO2 CARBON DIOXIDE CO2		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result: 22 mmol/L	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:52:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result:? (T/F) false	Verbal Text:
Order Result: GLUCOSE GLUCOSE		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result: 130 mg/dl	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:52:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified

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Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Verified Date: 2015-10-16 08:52:00.0	Verbal Result:? (T/F) false	Verbal Text:
Order Result: BUN BUN		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result: 15 mg/dl	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:52:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CREAT CREATININE		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result: 1.0 mg/dl	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:52:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CALCIUM CALCIUM		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result: 9.9 mg/dl	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:52:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result:? (T/F) false	Verbal Text:
Order Result: EGFR EST.GLOMERULAR FILTRATION RAT		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result: 50	Result Status: P	Optional Test? (T/F) false
Collect Date: 2015-10-16 08:52:00.0	Entry Date: 2015-10-16 08:52:00.0	Performed Date:2015-10-16 08:52:00.0
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: 2015-10-16 08:52:00.0	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CLINITES CLINITEST		Department: LAB
SubDept: UA	Profile: UARFLX	Test Type: F
Result:	Result Status:	Optional Test? (T/F) true
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) true	Verbal Text:
Order Result: UA PH URINE PH RANDOM		Department: LAB
SubDept: UA	Profile: UARFLX	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: URBILI UR-BILIRUBIN		Department: LAB
SubDept: UA	Profile: UARFLX	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false

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Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) true	Verbal Text: NEGATIVE
Order Result: URGLUC UR-GLUCOSE (DIP)		Department: LAB
SubDept: UA	Profile: UARFLX	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) true	Verbal Text: NEGATIVE
Order Result: URKET UR-KETONES		Department: LAB
SubDept: UA	Profile: UARFLX	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) true	Verbal Text: NEGATIVE
Order Result: URPROT UR PROT RAND DIP		Department: LAB
SubDept: UA	Profile: UARFLX	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) true	Verbal Text: NEGATIVE
Order Result: XRCXR XR CHEST 2 VIEW		Department: RAD
SubDept: RAD	Profile:	Test Type: T
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) true Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: DIFF DIFFERENTIAL		Department: LAB
SubDept: HEM	Profile: CBC	Test Type: F
Result:	Result Status:	Optional Test? (T/F) true
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) true	Verbal Text:
Order Result: HCT HCT		Department: LAB
SubDept: HEM	Profile: CBC	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Order Result: HGB HGB		Department: LAB
SubDept: HEM	Profile: CBC	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: PLT PLTCT		Department: LAB
SubDept: HEM	Profile: CBC	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: RBC RBC		Department: LAB
SubDept: HEM	Profile: CBC	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: WBC WBC		Department: LAB
SubDept: HEM	Profile: CBC	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: DIFF DIFFERENTIAL		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) true
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) true	Verbal Text:
Order Result: HCT HCT		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: HGB HGB		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: PLT PLTCT		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: RBC RBC		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: WBC WBC		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: BUN BUN		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CALCIUM CALCIUM		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CL CHLORIDE		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CO2 CARBON DIOXIDE CO2		Department: LAB

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

SubDept: CHE	Profile: METABOLI	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CREAT CREATININE		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: EGFR EST.GLOMERULAR FILTRATION RAT		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: GLUCOSE GLUCOSE		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: NA SODIUM		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: POTAS POTASSIUM		Department: LAB
SubDept: CHE	Profile: METABOLI	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: PT PROTHROMBIN TIME/INR		Department: LAB
SubDept: COA	Profile: PT	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: DIFF DIFFERENTIAL		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) true
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) true	Verbal Text:
Order Result: HCT HCT		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: HGB HGB		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: PLT PLTCT		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: RBC RBC		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: WBC WBC		Department: LAB
SubDept: HEM	Profile: CBCA	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: BUN BUN		Department: LAB

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

SubDept: CHE	Profile: POTAS	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: GLUCOSE GLUCOSE		Department: LAB
SubDept: CHE	Profile: GLUCOSE	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CALCIUM CALCIUM		Department: LAB
SubDept: CHE	Profile: POTAS	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CL CHLORIDE		Department: LAB
SubDept: CHE	Profile: POTAS	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CO2 CARBON DIOXIDE CO2		Department: LAB
SubDept: CHE	Profile: POTAS	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: CREAT CREATININE		Department: LAB
SubDept: CHE	Profile: POTAS	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: GFR GLOMERULAR FILTRATION RATE EST		Department: LAB
SubDept: CHE	Profile: POTAS	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:
Order Result: POTAS POTASSIUM		Department: LAB
SubDept: CHE	Profile: POTAS	Test Type: F
Result:	Result Status:	Optional Test? (T/F) false
Collect Date: Not specified	Entry Date: Not specified	Performed Date:Not specified
Blood Test? (T/F) false	Image Result? (T/F) false	Radiology? (T/F) false Date: Not specified
Verified Date: Not specified	Verbal Result:? (T/F) false	Verbal Text:

Inpatient Medication Orders

Medications

Medication name: METFORMIN 500 MG TABS
NDC: 00087606005 RxNorm: 861007
Order Date/Time: 2015-10-15 22:00:00.0
Medication Order Number: 42849
Dose: 500.0 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-01-08 13:43:37.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-15 10:15:00.0
Entered By: (user name) MHUSER4
Medication name: SODIUM CHLORIDE 0.9 % SOLN
NDC: 00264780000 RxNorm: 1807639
Order Date/Time: 2015-10-16 08:34:00.0
Medication Order Number: 42875
Dose: 1000.0 ML Frequency: CONT CONTINUOUS
IV Drip Rate: 75.0 ML IV Unit of Measure: ML IV Unit of Time: HR
Next Dose Date/Time: 2016-01-08 13:43:37.0
Admin Details: INTRAVENOUS
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-16 08:41:00.0
Entered By: (user name) MHUSER4
Medication name: IBUPROFEN 400 MG TABS
NDC: 62584074611 RxNorm: 197805
Order Date/Time: 2015-10-16 08:34:00.0
Medication Order Number: 42877
Dose: 400.0 MG Frequency: Q6HPRN EVERY 6 HOURS AS NEEDED
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-01-08 13:43:37.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-16 08:41:00.0
Entered By: (user name) MHUSER4
Medication name: SODIUM CHLORIDE 0.9% SOLN

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

NDC: 00264780020 RxNorm: 1807639
Order Date/Time: 2015-10-16 09:00:00.0
Medication Order Number: 42876
Dose: 250.0 ML Frequency: Q24H EVERY 24 HOURS
IV Drip Rate: 250.0 ML IV Unit of Measure: ML IV Unit of Time: HR
Next Dose Date/Time: 2015-11-12 10:01:26.0
Admin Details: IV PIGGYBACK
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-16 08:41:00.0
Entered By: (user name) MHUSER4
Medication name: AZITHROMYCIN IV 500 MG SOLR
NDC: 00069315083 RxNorm: 1668238
Order Date/Time: 2015-10-16 09:00:00.0
Medication Order Number: 42876
Dose: 500.0 MG Frequency: Q24H EVERY 24 HOURS
IV Drip Rate: 250.0 MG IV Unit of Measure: ML IV Unit of Time: HR
Next Dose Date/Time: 2015-11-12 10:01:36.0
Admin Details: IV PIGGYBACK
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-16 08:41:00.0
Entered By: (user name) MHUSER4
Medication name: LISINOPRIL 10 MG TABS
NDC: 00172375900 RxNorm: 314076
Order Date/Time: 2015-10-16 10:00:00.0
Medication Order Number: 42848
Dose: 10.0 MG Frequency: QDAY DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2015-11-12 10:01:36.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-15 10:15:00.0
Entered By: (user name) MHUSER4
Medication name: ALBUTEROL SULFATE (2.5 MG/3ML)
NDC: 00487950102 RxNorm: 630208
Order Date/Time: 2015-10-16 11:00:00.0
Medication Order Number: 42878
Dose: 2.5 MG Frequency: RTQ4H EVERY 4 HOURS PER RT
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-01-08 13:43:37.0
Admin Details: NEBULIZER
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-16 08:41:00.0
Entered By: (user name) MHUSER4
Medication name: ACETAMINOPHEN RECTAL 650 MG SU
NDC: 00536126012 RxNorm:
Order Date/Time: 2015-10-17 10:45:00.0
Medication Order Number: 42893
Dose: 650.0 MG Frequency: Q4HPRN EVERY 4 HOURS AS NEEDED
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Next Dose Date/Time: 2016-01-08 13:43:37.0
Admin Details: PER RECTUM
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-17 10:49:00.0 Entered By: (user name) MHUSER4
Medication name: SODIUM CHLORIDE 0.9 % SOLN
NDC: 00264780000 RxNorm: 1807639
Order Date/Time: 2015-10-17 10:45:00.0
Medication Order Number: 42892
Dose: 1000.0 ML Frequency: CONT CONTINUOUS
IV Drip Rate: 75.0 ML IV Unit of Measure: ML IV Unit of Time: HR
Next Dose Date/Time: 2016-01-08 13:43:37.0
Admin Details: INTRAVENOUS
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-17 10:49:00.0 Entered By: (user name) MHUSER4
Medication name: LEVOFLOXACIN IN D5W INJ 750 MG
NDC: 50458016601 RxNorm: 1665515
Order Date/Time: 2015-10-18 09:00:00.0
Medication Order Number: 42894
Dose: 750.0 MG Frequency: Q24H EVERY 24 HOURS
IV Drip Rate: 100.0 MG IV Unit of Measure: ML IV Unit of Time: HR
Next Dose Date/Time: 2015-11-12 10:01:36.0
Admin Details: INTRAVENOUS
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-17 10:49:00.0 Entered By: (user name) MHUSER4
Medication name: ALBUTEROL SULFATE (2.5 MG/3ML)
NDC: 00487950102 RxNorm: 630208
Order Date/Time: 2015-10-21 14:21:00.0
Medication Order Number: 43053
Dose: 2.5 MG Frequency: Q4HPRN EVERY 4 HOURS AS NEEDED
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-01-08 13:43:37.0
Admin Details: INHALATION
Order Details: DISTILLEHR PHYSICIAN 18 2015-10-21 14:23:00.0 Entered By: (user name) MHUSER4
Medication name: IBUPROFEN 600 MG TABS
NDC: 62584074711 RxNorm: 197806
Order Date/Time: 2016-02-17 07:30:00.0
Medication Order Number: 44080
Dose: 600.0 MG Frequency: ABKFLUN BEFORE BREAKFAST & LUNCH
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-03-10 13:44:54.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-24 14:58:00.0 Entered By: (user name) MHUSER1
Medication name: ACETAMINOPHEN 325 MG TABS

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

NDC: 00440701006 RxNorm: 313782
Order Date/Time: 2016-02-21 22:00:00.0
Medication Order Number: 44079
Dose: 650.0 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-03-24 09:55:37.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-24 14:52:00.0
Entered By: (user name) MHUSER1
Medication name: FUROSEMIDE 40 MG TABS
NDC: 00054829925 RxNorm: 313988
Order Date/Time: 2016-02-22 12:00:00.0
Medication Order Number: 44007
Dose: 40.0 MG Frequency: Q2H EVERY 2 HOURS
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-02-22 12:42:58.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-22 11:00:00.0
Entered By: (user name) MHUSER1
Medication name: ACETAMINOPHEN 325 MG TABS
NDC: 00440701006 RxNorm: 313782
Order Date/Time: 2016-02-22 13:01:00.0
Medication Order Number: 44022
Dose: 650.0 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-03-10 13:44:54.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-22 13:02:00.0
Entered By: (user name) MHUSER1
Medication name: SODIUM CHLORIDE 0.9 % SOLN
NDC: 00264780000 RxNorm: 1807639
Order Date/Time: 2016-02-22 13:03:00.0
Medication Order Number: 44024
Dose: 1000.0 ML Frequency: CONT CONTINUOUS
IV Drip Rate: 75.0 ML IV Unit of Measure: ML IV Unit of Time: HR
Next Dose Date/Time: 2016-03-24 09:55:36.0
Admin Details: INTRAVENOUS
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-22 13:03:00.0
Entered By: (user name) MHUSER1
Medication name: FUROSEMIDE 40 MG TABS
NDC: 00054829925 RxNorm: 313988
Order Date/Time: 2016-02-22 14:19:00.0
Medication Order Number: 44014
Dose: 40.0 MG Frequency: Q3H-INT EVERY 3 HOURS-INTERVAL
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Next Dose Date/Time: 2016-02-23 09:26:42.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-22 12:42:00.0 Entered By: (user name) MHUSER10
Medication name: OXYCODONE-ACETAMINOPHEN 5-325
NDC: 00054865024 RxNorm: 1049221
Order Date/Time: 2016-02-22 16:00:00.0
Medication Order Number: 44008
Dose: 1.0 TAB Frequency: Q6H EVERY 6 HOURS
IV Drip Rate: 0.0 TAB IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-02-22 16:00:00.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-22 11:00:00.0 Entered By: (user name) MHUSER1
Medication name: OXYCODONE-ACETAMINOPHEN 5-325
NDC: 00054865024 RxNorm: 1049221
Order Date/Time: 2016-02-22 16:00:00.0
Medication Order Number: 44021
Dose: 1.0 TAB Frequency: Q6H EVERY 6 HOURS
IV Drip Rate: 0.0 TAB IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-03-10 13:44:54.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-22 12:57:00.0 Entered By: (user name) MHUSER1
Medication name: AMPICILLIN 250 MG CAPS
NDC: 63874011308 RxNorm: 313800
Order Date/Time: 2016-02-22 17:00:00.0
Medication Order Number: 44027
Dose: 500.0 MG Frequency: QID 4 TIMES A DAY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-02-23 08:20:56.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-22 15:38:00.0 Entered By: (user name) MHUSER1
Medication name: METFORMIN 500 MG TABS
NDC: 00087606005 RxNorm: 861007
Order Date/Time: 2016-02-22 22:00:00.0
Medication Order Number: 44023
Dose: 500.0 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-03-24 09:55:36.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-22 13:03:00.0 Entered By: (user name) MHUSER1
Medication name: FUROSEMIDE 40 MG TABS

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

NDC: 00054829925 RxNorm: 313988
Order Date/Time: 2016-02-23 00:00:00.0
Medication Order Number: 44033
Dose: 40.0 MG Frequency: Q6H-INT EVERY 6 HOURS-INTERVAL
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-03-24 09:55:37.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-23 09:26:00.0
Entered By: (user name) MHUSER1
Medication name: AMPICILLIN 250 MG CAPS
NDC: 63874011308 RxNorm: 313800
Order Date/Time: 2016-02-23 09:00:00.0
Medication Order Number: 44031
Dose: 500.0 MG Frequency: Q8H-INT EVERY 8 HOURS-INTERVAL
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-02-24 07:43:58.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-23 08:20:00.0
Entered By: (user name) MHUSER1
Medication name: AMPICILLIN 250 MG CAPS
NDC: 63874011308 RxNorm: 313800
Order Date/Time: 2016-02-24 00:00:00.0
Medication Order Number: 44081
Dose: 500.0 MG Frequency: Q6H-INT EVERY 6 HOURS-INTERVAL
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-03-28 14:52:02.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-24 15:03:00.0
Entered By: (user name) MHUSER1
Medication name: AMPICILLIN 250 MG CAPS
NDC: 63874011308 RxNorm: 313800
Order Date/Time: 2016-02-24 08:00:00.0
Medication Order Number: 44061
Dose: 500.0 MG Frequency: Q8H EVERY 8 HOURS
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-02-24 13:33:34.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-24 07:43:00.0
Entered By: (user name) MHUSER1
Medication name: AMPICILLIN 250 MG CAPS
NDC: 63874011308 RxNorm: 313800
Order Date/Time: 2016-02-24 13:35:00.0
Medication Order Number: 44073
Dose: 500.0 MG Frequency: Q4H-INT EVERY 4 HOURS-INTERVAL
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Next Dose Date/Time: 2016-02-24 15:03:34.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-24 13:36:00.0 Entered By: (user name) MHUSER1
Medication name: AMPICILLIN 250 MG CAPS
NDC: 63874011308 RxNorm: 313800
Order Date/Time: 2016-02-25 00:00:00.0
Medication Order Number: 44072
Dose: 500.0 MG Frequency: Q8H-INT EVERY 8 HOURS-INTERVAL
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-02-25 00:00:00.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-02-24 13:33:00.0 Entered By: (user name) MHUSER1
Medication name: VERAPAMIL HCL ER 180 MG TBCR
NDC: 00172428600 RxNorm: 897640
Order Date/Time: 2016-02-25 14:00:00.0
Medication Order Number: 44098
Dose: 180.0 MG Frequency: 6XD SIX TIMES DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-03-30 15:55:42.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0 Entered By: (user name) MHUSER1
Medication name: LITHIUM CARBONATE 150 MG CAPS
NDC: 00054252625 RxNorm: 311355
Order Date/Time: 2016-02-25 16:28:00.0
Medication Order Number: 44093
Dose: 150.0 MG Frequency: AC BEFORE MEALS
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-03-30 15:55:41.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0 Entered By: (user name) MHUSER1
Medication name: QUINIDINE SULFATE 200 MG TABS
NDC: 00185434601 RxNorm: 852877
Order Date/Time: 2016-02-25 16:28:00.0
Medication Order Number: 44097
Dose: 200.0 MG Frequency: AC BEFORE MEALS
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-03-30 15:55:42.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0 Entered By: (user name) MHUSER1
Medication name: CLOPIDOGREL BISULFATE 300 MG T

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

NDC: 63653133202 RxNorm: 749196
Order Date/Time: 2016-02-25 22:00:00.0
Medication Order Number: 44091
Dose: 300.0 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-03-30 15:55:41.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0
Entered By: (user name) MHUSER1
Medication name: DIGOXIN 0.125 MG TABS
NDC: 00904592161 RxNorm: 197604
Order Date/Time: 2016-02-25 22:00:00.0
Medication Order Number: 44096
Dose: 0.125 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-03-30 15:55:42.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0
Entered By: (user name) MHUSER1
Medication name: WARFARIN SODIUM 10 MG TABS
NDC: 00056017475 RxNorm: 855296
Order Date/Time: 2016-02-26 10:00:00.0
Medication Order Number: 44092
Dose: 10.0 MG Frequency: QDAY DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-03-30 15:55:41.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0
Entered By: (user name) MHUSER1
Medication name: ENOXAPARIN SODIUM INJ 120 MG/0
NDC: 00075291201 RxNorm: 854245
Order Date/Time: 2016-02-29 11:36:00.0
Medication Order Number: 44118
Dose: 120.0 MG Frequency: NOW NOW
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-03-10 13:44:54.0
Admin Details: SUBCUTANEOUSLY
Order Details: DISTILLEHR PHYSICIAN 4 2016-02-29 11:37:00.0
Entered By: (user name) MHUSER8
Medication name: INFLUENZA VACCINE ADULT SUSP
NDC: 49281001250 RxNorm: 1799398
Order Date/Time: 2016-02-29 11:40:00.0
Medication Order Number: 44119
Dose: 0.5 ML Frequency: ONE-UNSCHD ONCE UNSCHEDULED
IV Drip Rate: 0.0 ML IV Unit of Measure: IV Unit of Time:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Next Dose Date/Time: 2016-03-30 11:40:00.0
Admin Details: INTRAMUSCULAR
Order Details: DISTILLEHR PHYSICIAN 4 2016-02-29 11:41:00.0 Entered By: (user name) MHUSER8
Medication name: SODIUM CHLORIDE 0.9% SOLN
NDC: 00264180032 RxNorm: 1807639
Order Date/Time: 2016-03-29 08:09:00.0
Medication Order Number: 44507
Dose: 100.0 ML Frequency: TITRATEPRN TITRATE AS NEEDED
IV Drip Rate: 0.0 ML IV Unit of Measure: ML IV Unit of Time:
Next Dose Date/Time: 2016-04-29 10:27:30.0
Admin Details: IV PIGGYBACK
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0 Entered By: (user name) MHUSER1
Medication name: SODIUM CHLORIDE 0.9% SOLN
NDC: 00264180032 RxNorm: 1807639
Order Date/Time: 2016-03-29 08:09:00.0
Medication Order Number: 44508
Dose: 100.0 ML Frequency: TITRATEPRN TITRATE AS NEEDED
IV Drip Rate: 0.0 ML IV Unit of Measure: ML IV Unit of Time:
Next Dose Date/Time: 2016-04-29 10:27:30.0
Admin Details: IV PIGGYBACK
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0 Entered By: (user name) MHUSER1
Medication name: DEXTROSE 50% ABBOJECT SOLN
NDC: 00409751716 RxNorm: 1795519
Order Date/Time: 2016-03-29 08:09:00.0
Medication Order Number: 44509
Dose: 25.0 GM Frequency: PRNIND AS NEEDED PER INDICATION
IV Drip Rate: 0.0 GM IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-04-29 10:27:40.0
Admin Details: IV PUSH
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0 Entered By: (user name) MHUSER1
Medication name: DEXTROSE 50% ABBOJECT SOLN
NDC: 00409751716 RxNorm: 1795519
Order Date/Time: 2016-03-29 08:09:00.0
Medication Order Number: 44510
Dose: 25.0 GM Frequency: PRNIND AS NEEDED PER INDICATION
IV Drip Rate: 0.0 GM IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-04-29 10:27:40.0
Admin Details: IV PUSH
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0 Entered By: (user name) MHUSER1
Medication name: INSULIN REGULAR (100 UNIT/ML)

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

NDC: 00002821501 RxNorm: 847417
Order Date/Time: 2016-03-29 08:09:00.0
Medication Order Number: 44508
Dose: 100.0 UNT Frequency: TITRATEPRN TITRATE AS NEEDED
IV Drip Rate: 0.0 UNT IV Unit of Measure: ML IV Unit of Time:
Next Dose Date/Time: 2016-04-29 10:27:40.0
Admin Details: IV PIGGYBACK
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0
Entered By: (user name) MHUSER1
Medication name: INSULIN REGULAR (100 UNIT/ML)
NDC: 00002821501 RxNorm: 847417
Order Date/Time: 2016-03-29 08:09:00.0
Medication Order Number: 44507
Dose: 100.0 UNT Frequency: TITRATEPRN TITRATE AS NEEDED
IV Drip Rate: 0.0 UNT IV Unit of Measure: ML IV Unit of Time:
Next Dose Date/Time: 2016-04-29 10:27:40.0
Admin Details: IV PIGGYBACK
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0
Entered By: (user name) MHUSER1
Medication name: DEXTROSE 50% ABBOJECT SOLN
NDC: 00409751716 RxNorm: 1795519
Order Date/Time: 2016-03-29 08:09:00.0
Medication Order Number: 44511
Dose: 12.5 GM Frequency: PRNIND AS NEEDED PER INDICATION
IV Drip Rate: 0.0 GM IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-04-29 10:27:41.0
Admin Details: IV PUSH
Order Details: DISTILLEHR PHYSICIAN 53 2016-03-29 08:14:00.0
Entered By: (user name) MHUSER1
Medication name: ALBUTEROL SULFATE (2.5 MG/3ML)
NDC: 00487950102 RxNorm: 630208
Order Date/Time: 2016-04-04 15:00:00.0
Medication Order Number: 44796
Dose: 2.5 MG Frequency: RTQ4H EVERY 4 HOURS PER RT
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-05-10 08:40:36.0
Admin Details: NEBULIZER
Order Details: DISTILLEHR PHYSICIAN 23 2016-04-04 12:13:00.0
Entered By: (user name) MHUSER11
Medication name: BACTRIM DS 800-160 MG TABS
NDC: 13310014601 RxNorm: 198335
Order Date/Time: 2016-04-05 10:00:00.0
Medication Order Number: 44818
Dose: 1.0 TAB Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 TAB IV Unit of Measure: IV Unit of Time: HR

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Next Dose Date/Time: 2016-05-10 08:40:36.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-05-09 07:28:00.0 Entered By: (user name) MHUSER1
Medication name: WARFARIN SODIUM 10 MG TABS
NDC: 00056017475 RxNorm: 855296
Order Date/Time: 2016-04-05 10:00:00.0
Medication Order Number: 44817
Dose: 10.0 MG Frequency: QDAY DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-05-10 08:40:36.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-05-09 07:28:00.0 Entered By: (user name) MHUSER1
Medication name: CLOPIDOGREL BISULFATE 300 MG T
NDC: 63653133202 RxNorm: 749196
Order Date/Time: 2016-04-05 10:00:00.0
Medication Order Number: 44819
Dose: 300.0 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-05-10 08:40:36.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-05-09 07:28:00.0 Entered By: (user name) MHUSER1
Medication name: AMIODARONE 200 MG TABS
NDC: 00008418804 RxNorm: 833528
Order Date/Time: 2016-04-05 10:00:00.0
Medication Order Number: 44822
Dose: 200.0 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-05-10 08:40:37.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-05-09 07:28:00.0 Entered By: (user name) MHUSER1
Medication name: ASPIRIN 325 MG TABS
NDC: 47682080548 RxNorm: 212033
Order Date/Time: 2016-04-05 10:00:00.0
Medication Order Number: 44820
Dose: 325.0 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-05-10 08:40:37.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-05-09 07:28:00.0 Entered By: (user name) MHUSER1
Medication name: LEVOFLOXACIN 250 MG TABS

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

NDC: 50458092010 RxNorm: 199884
Order Date/Time: 2016-04-05 22:00:00.0
Medication Order Number: 44821
Dose: 250.0 MG Frequency: QHS EVERY NIGHT AT BEDTIME
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-05-10 08:40:37.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-05-09 07:28:00.0
Entered By: (user name) MHUSER1
Medication name: ACETAMINOPHEN EXTRA STRENGTH 5
NDC: 00113048452 RxNorm: 198440
Order Date/Time: 2016-06-20 22:00:00.0
Medication Order Number: 45459
Dose: 500.0 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-07-25 16:41:03.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 16 2016-06-20 15:18:00.0
Entered By: (user name) MHUSER5
Medication name: METFORMIN 500 MG TABS
NDC: 00087606005 RxNorm: 861007
Order Date/Time: 2016-06-20 22:00:00.0
Medication Order Number: 45460
Dose: 500.0 MG Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-07-25 16:41:03.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 16 2016-06-20 15:18:00.0
Entered By: (user name) MHUSER5
Medication name: LISINAPRIL 10 MG TABS
NDC: 00172375900 RxNorm: 314076
Order Date/Time: 2016-06-21 10:00:00.0
Medication Order Number: 45461
Dose: 10.0 MG Frequency: QDAY DAILY
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-07-19 13:45:18.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 16 2016-06-20 15:18:00.0
Entered By: (user name) MHUSER5
Medication name: ACETAMIN-CODEINE 300-30 MG T
NDC: 68084037211 RxNorm: 993781
Order Date/Time: 2016-07-13 09:17:00.0
Medication Order Number: 45837
Dose: 2.0 TAB Frequency: Q3HPRN EVERY 3 HOURS AS NEEDED
IV Drip Rate: 0.0 TAB IV Unit of Measure: IV Unit of Time:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Next Dose Date/Time: 2016-07-19 13:45:19.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-07-13 09:19:00.0 Entered By: (user name) MHUSER10
Medication name: TRAMADOL HCL 50 MG TABS
NDC: 62584055901 RxNorm: 835603
Order Date/Time: 2016-07-13 09:17:00.0
Medication Order Number: 45836
Dose: 100.0 MG Frequency: Q4HPRN EVERY 4 HOURS AS NEEDED
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-08-29 15:42:40.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-07-13 09:19:00.0 Entered By: (user name) MHUSER10
Medication name: METHOCARBAMOL 500 MG TABS
NDC: 00143129001 RxNorm: 197943
Order Date/Time: 2016-07-13 09:17:00.0
Medication Order Number: 45839
Dose: 500.0 MG Frequency: Q6HPRN EVERY 6 HOURS AS NEEDED
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-08-29 15:42:40.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-07-13 09:19:00.0 Entered By: (user name) MHUSER10
Medication name: METHOCARBAMOL 500 MG TABS
NDC: 00143129001 RxNorm: 197943
Order Date/Time: 2016-07-13 10:00:00.0
Medication Order Number: 45838
Dose: 500.0 MG Frequency: Q6H EVERY 6 HOURS
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-07-13 11:33:21.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-07-13 09:19:00.0 Entered By: (user name) MHUSER10
Medication name: ACETAMINOPHEN EXTRA STRENGTH 5
NDC: 00113048452 RxNorm: 198440
Order Date/Time: 2016-07-13 10:00:00.0
Medication Order Number: 45835
Dose: 1000.0 MG Frequency: Q6H EVERY 6 HOURS
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-07-19 13:45:19.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-07-13 09:19:00.0 Entered By: (user name) MHUSER10
Medication name: METHOCARBAMOL 500 MG TABS

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

NDC: 00143129001 RxNorm: 197943
Order Date/Time: 2016-07-13 16:00:00.0
Medication Order Number: 45841
Dose: 500.0 MG Frequency: Q6H EVERY 6 HOURS
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-07-13 16:00:00.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-07-13 11:33:00.0
Entered By: (user name) MHUSER1
Medication name: SODIUM CHLORIDE 0.9% SOLN
NDC: 00264180031 RxNorm: 1807639
Order Date/Time: 2016-07-13 16:00:00.0
Medication Order Number: 45834
Dose: 50.0 ML Frequency: Q8H EVERY 8 HOURS
IV Drip Rate: 100.0 ML IV Unit of Measure: ML IV Unit of Time: HR
Next Dose Date/Time: 2016-07-19 13:45:15.0
Admin Details: IV PIGGYBACK
Order Details: DISTILLEHR PHYSICIAN 53 2016-07-13 09:19:00.0
Entered By: (user name) MHUSER10
Medication name: CEFZOLIN SODIUM 1 GM SOLR
NDC: 00409080501 RxNorm: 1665050
Order Date/Time: 2016-07-13 16:00:00.0
Medication Order Number: 45834
Dose: 1000.0 MG Frequency: Q8H EVERY 8 HOURS
IV Drip Rate: 100.0 MG IV Unit of Measure: ML IV Unit of Time: HR
Next Dose Date/Time: 2016-07-19 13:45:19.0
Admin Details: IV PIGGYBACK
Order Details: DISTILLEHR PHYSICIAN 53 2016-07-13 09:19:00.0
Entered By: (user name) MHUSER10
Medication name: METHOCARBAMOL 500 MG TABS
NDC: 00143129001 RxNorm: 197943
Order Date/Time: 2016-07-13 16:00:00.0
Medication Order Number: 45842
Dose: 500.0 MG Frequency: Q6H EVERY 6 HOURS
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time:
Next Dose Date/Time: 2016-07-19 13:45:19.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 53 2016-07-13 12:13:00.0
Entered By: (user name) MHUSER1
Medication name: ATORVASTATIN CALCIUM 10 MG TAB
NDC: 68084056401 RxNorm: 617312
Order Date/Time: 2016-08-04 22:00:00.0
Medication Order Number: 47121
Dose: 10.0 MG Frequency: QHS EVERY NIGHT AT BEDTIME
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Next Dose Date/Time: 2016-08-29 15:42:40.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 25 2016-08-04 13:20:00.0 Entered By: (user name) MHUSER5
Medication name: Pink Pill
NDC: FreeTextMed RxNorm:
Order Date/Time: 2016-08-04 22:00:00.0
Medication Order Number: 47122
Dose: 1.0 TAB Frequency: BID TWICE DAILY
IV Drip Rate: 0.0 TAB IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-08-29 15:42:41.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 25 2016-08-04 13:20:00.0 Entered By: (user name) MHUSER5
Medication name: ASPIRIN 325 MG TABS
NDC: 47682080548 RxNorm: 212033
Order Date/Time: 2016-08-04 22:00:00.0
Medication Order Number: 47125
Dose: 325.0 MG Frequency: QHS EVERY NIGHT AT BEDTIME
IV Drip Rate: 0.0 MG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-09-02 22:00:00.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 25 2016-08-04 13:20:00.0 Entered By: (user name) MHUSER5
Medication name: CYANOCOBALAMIN 100 MCG TABS
NDC: 00182004201 RxNorm: 309595
Order Date/Time: 2016-08-05 10:00:00.0
Medication Order Number: 47126
Dose: 100.0 MCG Frequency: QDAY DAILY
IV Drip Rate: 0.0 MCG IV Unit of Measure: IV Unit of Time: HR
Next Dose Date/Time: 2016-09-03 10:00:00.0
Admin Details: ORALLY
Order Details: DISTILLEHR PHYSICIAN 25 2016-08-04 13:20:00.0 Entered By: (user name) MHUSER5

Medication Administration Record

Order Number: 44007	Administered Date/Time: 2016-02-22 11:19:00.0
RX Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-22 12:00:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q2H
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44008	Administered Date/Time: 2016-02-22 12:47:00.0
RX_Name: OXYCODONE-ACETAMINOPHEN 5-325	Scheduled Date/Time: 2016-02-22 16:00:00.0
Administered Dose: 1.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 10 *RN	Verified By: Medhost User 10 *RN
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054865024
RX Norm: 1049221	Order Frequency: Q6H
Barcode Scan: false	Override Alert: true
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44014	Administered Date/Time: 2016-02-22 12:47:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-22 14:19:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 10 *RN	Verified By: Medhost User 10 *RN
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q3H-INT
Barcode Scan: false	Override Alert: true
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44014	Administered Date/Time: 2016-02-22 18:00:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-22 17:19:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q3H-INT

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44014	Administered Date/Time: 2016-02-22 20:00:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-22 20:19:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q3H-INT
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44014	Administered Date/Time: 2016-02-22 23:10:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-22 23:19:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q3H-INT
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44014	Administered Date/Time: 2016-02-23 02:00:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-23 02:19:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q3H-INT
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44014	Administered Date/Time: 2016-02-23 05:00:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-23 05:19:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q3H-INT
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44014	Administered Date/Time: 2016-02-23 08:04:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-23 08:19:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q3H-INT
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44021	Administered Date/Time: 2016-02-22 15:00:00.0
RX_Name: OXYCODONE-ACETAMINOPHEN 5-325	Scheduled Date/Time: 2016-02-22 16:00:00.0
Administered Dose: 1.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054865024
RX Norm: 1049221	Order Frequency: Q6H
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Order Number: 44021	Administered Date/Time: 2016-02-22 22:00:00.0
RX_Name: OXYCODONE-ACETAMINOPHEN 5-325	Scheduled Date/Time: 2016-02-22 22:00:00.0
Administered Dose: 1.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054865024
RX Norm: 1049221	Order Frequency: Q6H
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44021	Administered Date/Time: 2016-02-23 04:30:00.0
RX_Name: OXYCODONE-ACETAMINOPHEN 5-325	Scheduled Date/Time: 2016-02-23 04:00:00.0
Administered Dose: 1.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054865024
RX Norm: 1049221	Order Frequency: Q6H
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44021	Administered Date/Time: 2016-02-24 13:30:00.0
RX_Name: OXYCODONE-ACETAMINOPHEN 5-325	Scheduled Date/Time: 2016-02-23 10:00:00.0
Administered Dose: 1.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason: NPO	PRN Reason:
Missed Reason:	NDC: 00054865024
RX Norm: 1049221	Order Frequency: Q6H
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44021	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: OXYCODONE-ACETAMINOPHEN 5-325	Scheduled Date/Time: 2016-02-23 16:00:00.0

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00054865024
RX Norm: 1049221	Order Frequency: Q6H
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44021	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: OXYCODONE-ACETAMINOPHEN 5-325	Scheduled Date/Time: 2016-02-23 22:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00054865024
RX Norm: 1049221	Order Frequency: Q6H
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44021	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: OXYCODONE-ACETAMINOPHEN 5-325	Scheduled Date/Time: 2016-02-24 04:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00054865024
RX Norm: 1049221	Order Frequency: Q6H
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44021	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: OXYCODONE-ACETAMINOPHEN 5-325	Scheduled Date/Time: 2016-02-24 10:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00054865024
RX Norm: 1049221	Order Frequency: Q6H
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44022	Administered Date/Time: 2016-02-22 14:00:00.0
RX_Name: ACETAMINOPHEN 325 MG TABS	Scheduled Date/Time: 2016-02-22 13:01:00.0
Administered Dose: 650.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00440701006
RX Norm: 313782	Order Frequency: BID
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44022	Administered Date/Time: 2016-02-22 22:50:00.0
RX_Name: ACETAMINOPHEN 325 MG TABS	Scheduled Date/Time: 2016-02-22 22:00:00.0
Administered Dose: 650.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00440701006
RX Norm: 313782	Order Frequency: BID
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44022	Administered Date/Time: 2016-02-24 13:30:00.0
RX_Name: ACETAMINOPHEN 325 MG TABS	Scheduled Date/Time: 2016-02-23 10:00:00.0
Administered Dose: 650.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason: NPO	PRN Reason:
Missed Reason:	NDC: 00440701006
RX Norm: 313782	Order Frequency: BID
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44022	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: ACETAMINOPHEN 325 MG TABS	Scheduled Date/Time: 2016-02-23 22:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00440701006
RX Norm: 313782	Order Frequency: BID
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44022	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: ACETAMINOPHEN 325 MG TABS	Scheduled Date/Time: 2016-02-24 10:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00440701006
RX Norm: 313782	Order Frequency: BID
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44023	Administered Date/Time: 2016-02-22 22:00:00.0
RX_Name: METFORMIN 500 MG TABS	Scheduled Date/Time: 2016-02-22 22:00:00.0
Administered Dose: 500.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per:
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Missed Reason:	NDC: 00087606005
RX Norm: 861007	Order Frequency: BID
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44023	Administered Date/Time: 2016-02-24 13:30:00.0
RX_Name: METFORMIN 500 MG TABS	Scheduled Date/Time: 2016-02-23 10:00:00.0
Administered Dose: 500.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per:
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason: NPO	PRN Reason:
Missed Reason:	NDC: 00087606005
RX Norm: 861007	Order Frequency: BID
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44023	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: METFORMIN 500 MG TABS	Scheduled Date/Time: 2016-02-23 22:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per:
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00087606005
RX Norm: 861007	Order Frequency: BID
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44023	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: METFORMIN 500 MG TABS	Scheduled Date/Time: 2016-02-24 10:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per:
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00087606005
RX Norm: 861007	Order Frequency: BID

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44027	Administered Date/Time: 2016-02-22 17:00:00.0
RX_Name: AMPICILLIN 250 MG CAPS	Scheduled Date/Time: 2016-02-22 17:00:00.0
Administered Dose: 500.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 63874011308
RX Norm: 313800	Order Frequency: QID
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44027	Administered Date/Time: 2016-02-22 21:00:00.0
RX_Name: AMPICILLIN 250 MG CAPS	Scheduled Date/Time: 2016-02-22 21:00:00.0
Administered Dose: 500.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 63874011308
RX Norm: 313800	Order Frequency: QID
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44027	Administered Date/Time: 2016-02-23 08:04:00.0
RX_Name: AMPICILLIN 250 MG CAPS	Scheduled Date/Time: 2016-02-23 09:00:00.0
Administered Dose: 500.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 63874011308
RX Norm: 313800	Order Frequency: QID
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44031	Administered Date/Time: 2016-02-23 08:27:00.0
RX Name: AMPICILLIN 250 MG CAPS	Scheduled Date/Time: 2016-02-23 09:00:00.0
Administered Dose: 500.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 63874011308
RX Norm: 313800	Order Frequency: Q8H-INT
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44033	Administered Date/Time: 2016-02-24 02:00:00.0
RX Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-22 00:00:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason: NPO	PRN Reason:
Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q6H-INT
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44033	Administered Date/Time: 2016-02-24 10:00:00.0
RX Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-23 06:00:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason: NPO	PRN Reason:
Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q6H-INT
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:

Your Care Hospital Nashville

Patient: DOE JOHN

MRN: 425

Encounter #: 123123

Chief Complaint: COUGH

Room #: P51 Bed #: 2

Admit Date: 2015-01-01

Attending: DISTILLEHR PHYSICIAN 59

Referring Physician: Not specified

DOB/Age/Sex: 1970-01-01 47 M

Discharged Date: Not specified

Order Number: 44033	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-23 12:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q6H-INT
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44033	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-23 18:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q6H-INT
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44033	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-23 00:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q6H-INT
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44033	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-24 06:00:00.0

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q6H-INT
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44033	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-24 12:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q6H-INT
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44033	Administered Date/Time: 2016-02-24 13:32:00.0
RX_Name: FUROSEMIDE 40 MG TABS	Scheduled Date/Time: 2016-02-24 18:00:00.0
Administered Dose: 40.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 00054829925
RX Norm: 313988	Order Frequency: Q6H-INT
Barcode Scan: false	Override Alert: true
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44061	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: AMPICILLIN 250 MG CAPS	Scheduled Date/Time: 2016-02-24 08:00:00.0
Administered Dose: 500.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason: NPO	PRN Reason:
Missed Reason:	NDC: 63874011308
RX Norm: 313800	Order Frequency: Q8H
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44061	Administered Date/Time: 2016-02-24 13:31:00.0
RX_Name: AMPICILLIN 250 MG CAPS	Scheduled Date/Time: 2016-02-24 16:00:00.0
Administered Dose: 0.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason: AGITA	NDC: 63874011308
RX Norm: 313800	Order Frequency: Q8H
Barcode Scan: Not specified	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:
Order Number: 44073	Administered Date/Time: 2016-02-24 13:36:00.0
RX_Name: AMPICILLIN 250 MG CAPS	Scheduled Date/Time: 2016-02-24 13:35:00.0
Administered Dose: 500.000	Administered Route: ORALLY
IV Drip Rate: 0.000	IV Per: HR
IV Unit of Measure:	Injection Site:
Pain Scale Before:	Pain Scale After:
Administered By: Medhost User 1 MD	Verified By: Medhost User 1 MD
Late Reason:	PRN Reason:
Missed Reason:	NDC: 63874011308
RX Norm: 313800	Order Frequency: Q4H-INT
Barcode Scan: false	Override Alert: false
Modification Reason:	Modification Comment:
User Signature:	User Signature Not Captured Reason:
Dual Signature Required: Not specified	Dual Signature Name:

Medication Reconciliation

TRAMADOL HCL 50 MG

NDC: 62584055901 GPI: 65100095100320

MedRec Status: RVW Type: DSC

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Next Dose Date/Time: Not specified
Dose: 100 MG Frequency: Q4HPRN Route: ORALLY
User MHUSER5
Comments:
METHOCARBAMOL 500 MG
NDC: 00143129001 GPI: 75100070000305
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 500 MG Frequency: Q6HPRN Route: ORALLY
User MHUSER5
Comments:
ATORVASTATIN CALCIUM 10 MG
NDC: 68084056401 GPI: 39400010100310
MedRec Status: ACK Type: ADM
Next Dose Date/Time: Not specified
Dose: 10 MG Frequency: QHS Route: ORALLY
User MHUSER5
Comments:
Pink Pill
NDC: FreeTextMed GPI:
MedRec Status: ACK Type: ADM
Next Dose Date/Time: Not specified
Dose: 1 TAB Frequency: BID Route: ORALLY
User MHUSER5
Comments:
TRAMADOL HCL 50 MG
NDC: 62584055901 GPI: 65100095100320
MedRec Status: ACK Type: ADM
Next Dose Date/Time: Not specified
Dose: 100.000 MG Frequency: Q4HPRN Route: ORALLY
User MHUSER1
Comments:
METHOCARBAMOL 500 MG
NDC: 00143129001 GPI: 75100070000305
MedRec Status: ACK Type: ADM
Next Dose Date/Time: Not specified
Dose: 500.000 MG Frequency: Q6HPRN Route: ORALLY
User MHUSER1
Comments:
ASPIRIN 325 MG
NDC: 47682080548 GPI: 64100010000315
MedRec Status: ACK Type: ADM
Next Dose Date/Time: Not specified
Dose: 325 MG Frequency: QHS Route: ORALLY

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

User MHUSER5
Comments:
CYANOCOBALAMIN 100 MCG
NDC: 00182004201 GPI: 82100010000315
MedRec Status: ACK Type: ADM
Next Dose Date/Time: Not specified
Dose: 100 MCG Frequency: QDAY Route: ORALLY
User MHUSER5
Comments:
Pink Pill
NDC: FreeTextMed GPI:
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 1.000 TAB Frequency: BID Route: ORALLY
User MHUSER5
Comments:
CYANOCOBALAMIN 100 MCG
NDC: 00182004201 GPI: 82100010000315
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 100.000 MCG Frequency: QDAY Route: ORALLY
User MHUSER5
Comments:
ATORVASTATIN CALCIUM
NDC: 68084056401 GPI: 39400010100310
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 10.000 MG Frequency: QHS Route: ORALLY
User MHUSER5
Comments:
ASPIRIN 325 MG
NDC: 47682080548 GPI: 64100010000315
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 325.000 MG Frequency: QHS Route: ORALLY
User MHUSER5
Comments:
AMOXICILLIN 250 MG
NDC: 00781202001 GPI: 01200010100105
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 250 MG Frequency: BID Route: ORALLY
User MHUSER10
Comments: ff

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Acetaminophen Extra Strength
NDC: 00113048452 GPI:
MedRec Status: RVW Type: XFR
Next Dose Date/Time: Not specified
Dose: 500 MG Frequency: BID Route: ORALLY
User MHUSER5
Comments:
METFORMIN 500 MG TABS
NDC: 00087606005 GPI:
MedRec Status: RVW Type: XFR
Next Dose Date/Time: Not specified
Dose: 500 MG Frequency: BID Route: ORALLY
User MHUSER5
Comments:
LISINOPRIL 10 MG TABS
NDC: 00172375900 GPI:
MedRec Status: RVW Type: XFR
Next Dose Date/Time: Not specified
Dose: 10 MG Frequency: QDAY Route: ORALLY
User MHUSER5
Comments:
ACETAMINOPHEN EXTRA STRENGTH 500 MG
NDC: 00113048452 GPI:
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 500 MG Frequency: BID Route: ORALLY
User MHUSER5
Comments:
LISINOPRIL 10 MG
NDC: 00172375900 GPI:
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 10 MG Frequency: QDAY Route: ORALLY
User MHUSER5
Comments:
METFORMIN 500 MG
NDC: 00087606005 GPI:
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 500 MG Frequency: BID Route: ORALLY
User MHUSER5
Comments:
ASPIRIN 325 MG
NDC: 47682080548 GPI:

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 325 MG Frequency: Route: ORALLY
User MHUSER5
Comments:
ASPIRIN 325 MG TABS 325 MG
NDC: 47682080548 GPI:
MedRec Status: ACK Type: ADM
Next Dose Date/Time: Not specified
Dose: 325 MG Frequency: Route: ORALLY
User MHUSER5
Comments:
CYANOCOBALAMIN 100 MCG TABS 100 MCG
NDC: 00182004201 GPI:
MedRec Status: ACK Type: ADM
Next Dose Date/Time: Not specified
Dose: MCG Frequency: Route:
User MHUSER5
Comments:
LIPITOR 10 MG TAB 10 MG
NDC: 68084056401 GPI:
MedRec Status: ACK Type: ADM
Next Dose Date/Time: Not specified
Dose: 10 MG Frequency: Route: ORALLY
User MHUSER5
Comments:
Pink Pill
NDC: FreeTextMed GPI:
MedRec Status: ACK Type: ADM
Next Dose Date/Time: Not specified
Dose: Frequency: Route:
User MHUSER5
Comments:
Pink Pill
NDC: FreeTextMed GPI:
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: Frequency: Route:
User MHUSER5
Comments:
CYANOCOBALAMIN 100 MCG
NDC: 00182004201 GPI:
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Discharged Date:	Not specified
	Bed #: 2		

Dose: MCG Frequency: Route:
User MHUSER5
Comments:
ATORVASTATIN CALCIUM 10 MG 10 MG
NDC: 68084056401 GPI:
MedRec Status: RVW Type: DSC
Next Dose Date/Time: Not specified
Dose: 10 MG Frequency: HS Route: ORALLY
User MHUSER5
Comments:

Care Standard Override Reasons

Care Standard Override Reason: PHARMACY TO DOSE	
Order Set: PNAAN Order Set Group: VTEANSPHAR	Order Time: 2015-10-16 08:40:32.206 Override Code: VTEL Override Description: VTE - PATIENT AT LOW RISK FO User: MHUSER4 Time Stamp: 2015-10-16 08:40:32.628

Comment:

Care Standard Override Reason: ENOXAPARIN SODIUM INJ	
Order Set: PNAAN Order Set Group: VTEANSPHAR	Order Time: 2015-10-16 08:40:32.206 Override Code: VTEL Override Description: VTE - PATIENT AT LOW RISK FO User: MHUSER4 Time Stamp: 2015-10-16 08:40:32.987

Comment:

Care Standard Override Reason: ENOXAPARIN SODIUM INJ	
Order Set: PNAAN Order Set Group: VTEANSPHAR	Order Time: 2015-10-16 08:40:32.206 Override Code: VTEL Override Description: VTE - PATIENT AT LOW RISK FO User: MHUSER4 Time Stamp: 2015-10-16 08:40:33.084

Comment:

Care Standard Override Reason: HEPARIN SODIUM (PORCINE)	
Order Set: PNAAN Order Set Group: VTEANSPHAR	Order Time: 2015-10-16 08:40:32.206 Override Code: VTEL Override Description: VTE - PATIENT AT LOW RISK FO User: MHUSER4 Time Stamp: 2015-10-16 08:40:33.136

Comment:

Care Standard Override Reason: HEPARIN SODIUM (PORCINE)	
Order Set: PNAAN Order Set Group: VTEANSPHAR	Order Time: 2015-10-16 08:40:32.206 Override Code: VTEL Override Description: VTE - PATIENT AT LOW RISK FO User: MHUSER4 Time Stamp: 2015-10-16 08:40:33.199

Comment:

Care Standard Override Reason: PHARMACY TO DOSE, 1DOS, IV PUSH, NOW	
Order Set: PNAAN Order Set Group: VTEANSPHAR	Order Time: 2015-10-17 10:47:26.001 Override Code: CHFHT Override Description: CHF-HYPOTENSION User: MHUSER4 Time Stamp: 2015-10-17 10:46:52.709957

Comment:

Care Standard Override Reason: ENOXAPARIN SODIUM INJ, 40MG, SUBCUT, Q24H

Your Care Hospital Nashville

Patient:	DOE JOHN	Admit Date:	2015-01-01
MRN:	425	Attending:	DISTILLEHR PHYSICIAN 59
Encounter #:	123123	Referring Physician:	Not specified
Chief Complaint:	COUGH	DOB/Age/Sex:	1970-01-01 47 M
Room #:	P51	Bed #:	2
		Discharged Date:	Not specified

Order Set: PNAAN Order Set Group: VTEANSPHAR	Order Time: 2015-10-17 10:47:26.001 Override Code: CHFHT Override Description: CHF-HYPOTENSION User: MHUSER4 Time Stamp: 2015-10-17 10:46:52.784703
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Comment:

Care Standard Override Reason: ENOXAPARIN SODIUM INJ, 30MG, SUBCUT, Q24H

Order Set: PNAAN Order Set Group: VTEANSPHAR	Order Time: 2015-10-17 10:47:26.001 Override Code: CHFHT Override Description: CHF-HYPOTENSION User: MHUSER4 Time Stamp: 2015-10-17 10:46:52.884472
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Comment:

Care Standard Override Reason: HEPARIN SODIUM (PORCINE), 5000UNT, SUBCUT, Q8H

Order Set: PNAAN Order Set Group: VTEANSPHAR	Order Time: 2015-10-17 10:47:26.001 Override Code: CHFHT Override Description: CHF-HYPOTENSION User: MHUSER4 Time Stamp: 2015-10-17 10:46:52.930972
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Comment:

Care Standard Override Reason: HEPARIN SODIUM (PORCINE), 5000UNT, SUBCUT, Q12H

Order Set: PNAAN Order Set Group: VTEANSPHAR	Order Time: 2015-10-17 10:47:26.001 Override Code: CHFHT Override Description: CHF-HYPOTENSION User: MHUSER4 Time Stamp: 2015-10-17 10:46:52.948797
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Comment:

Care Standard Override Reason: ENOXAPARIN SODIUM INJ

Order Set: GOAPO Order Set Group: VTESPOMULT	Order Time: 2016-07-13 09:18:57.803 Override Code: CHFAL Override Description: CHF-ALLERGY User: MHUSER10 Time Stamp: 2016-07-13 09:18:58.79
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Comment:

Care Standard Override Reason: HEPARIN SODIUM (PORCINE)

Order Set: GOAPO Order Set Group: VTESPOMULT	Order Time: 2016-07-13 09:18:57.803 Override Code: CHFAL Override Description: CHF-ALLERGY User: MHUSER10 Time Stamp: 2016-07-13 09:18:59.625
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Comment:

Care Standard Override Reason: INTERMITTENT PNEUMATIC COMPRESSION

Order Set: GOAPO Order Set Group: VTESPOMULT	Order Time: 2016-07-13 09:18:57.803 Override Code: CHFAL Override Description: CHF-ALLERGY User: MHUSER10 Time Stamp: 2016-07-13 09:18:59.693
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Comment:

Care Standard Override Reason: ENOXAPARIN SODIUM INJ

Order Set: GOAPO Order Set Group: VTESPOMULT	Order Time: 2016-07-13 09:18:57.803 Override Code: CHFAL Override Description: CHF-ALLERGY User: MHUSER10 Time Stamp: 2016-07-13 09:18:59.753
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Comment: