

Facility #: —

Date: Jul 31, 2023

Time: 08:22:08 PT

Fullerton Healthcare and Wellness Centre

Order Summary Report

Facility Code: 1102

User: Nery Visperas

Resident: All Unit: All Floor: Third Floor Status: Current Active Orders As Of: 07/31/2023

Resident:	CAO, HO V (2020530)	Location:	337 B	Admission:	07/14/2023
Client Id Number:	2020530	Gender:	M	Date of Birth:	02/01/1943
Physician:	PELLEGRINO, MARK	Pharmacy:	Pharmerica Cypress		
Allergies:	Lovastatin, NSAIDs				
Diagnoses:	OTHER ABNORMALITIES OF GAIT AND MOBILITY(R26.89), DYSARTHRIA FOLLOWING CEREBRAL INFARCTION (I69.322), MUSCLE WEAKNESS (GENERALIZED)(M62.81), HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS(I15.2), DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING(K57.30), GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS(K21.9), UNSPECIFIED FALL, SUBSEQUENT ENCOUNTER(W19.XXXD), URINARY TRACT INFECTION, SITE NOT SPECIFIED(N39.0), CEREBRAL INFARCTION, UNSPECIFIED(I63.9), TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION(E11.69), HYPERLIPIDEMIA, UNSPECIFIED(E78.5), TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE(E11.22), CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED(N18.30), TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED(E11.40), HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE(I69.351), CHRONIC KIDNEY DISEASE, STAGE 3B(N18.32), VASCULAR DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY(F01.50), TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION(E11.29), HYPOKALEMIA(E87.6), RETENTION OF URINE, UNSPECIFIED(R33.9)				

Dietary - Diet

<u>Order Summary</u>	<u>Communication Method</u>	<u>Order Status</u>	<u>Order Date</u>	<u>Start Date</u>	<u>End Date</u>
Controlled Carbohydrate diet Puree texture, Nectar/ Mildly Thick consistency	Phone	Active	07/20/2023	07/20/2023	

Dietary - Supplements

<u>Order Summary</u>	<u>Communication Method</u>	<u>Order Status</u>	<u>Order Date</u>	<u>Start Date</u>	<u>End Date</u>
Glucerna with meals for Supplement	Phone	Active	07/20/2023	07/21/2023	
Magic Cup with meals for Supplement	Phone	Active	07/20/2023	07/21/2023	

Other

<u>Order Summary</u>	<u>Communication Method</u>	<u>Order Status</u>	<u>Order Date</u>	<u>Start Date</u>	<u>End Date</u>
Acetaminophen: Non-pharmacological approach attempted prior to administration of PRN Pain Medication; (1) Repositioning (2) Dim Light/ Quiet Environment (3) Hot/ Cold Application (4) Relaxation Techniques (5) Distraction (6) Music (7) Other as needed	Phone	Active	07/14/2023	07/14/2023	
Admit to The Pavilion at Sunny Hills	Phone	Active	07/14/2023		

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Aspirin & Clopidogrel: Monitor for signs and symptoms of bleeding (abnormal or unexplained bruising, petechiae, internal bleeding, nosebleeds, bleeding gums, abnormal bleeding) by (+)YES or (-)NO. Notify MD if (+). every shift	Phone	Active	07/15/2023	07/15/2023	
Assist with all meals	Phone	Active	07/19/2023		
COVID-19 Test as needed for s/sx of covid 19	Phone	Active	07/14/2023	07/14/2023	
DNR	Phone	Active	07/27/2023		
Eye/ vision consult with follow up treatment as needed	Phone	Active	07/14/2023		
Family Practice appt. with LVN Angelica Scorza on 8/31/23 @ 2:50pm @ 3401 South Harbor Blvd., Santa Ana, CA 92704 (888) 988-2800 (Immunization- 2nd shingles) one time only until 08/31/2023 18:59	Phone	Active	07/17/2023	08/31/2023	08/31/2023
Hoyer lift transfer via 2 person assist for safety	Phone	Active	07/28/2023		
IV Peripheral Active Therapy Orders #1 : Start IV, change site Q 72 hrs & PRN infiltration or swelling. May extend beyond 72 hours due to poor venous access. as needed	Phone	Active	07/18/2023	07/18/2023	
IV Peripheral Active Therapy Orders #1 : Start IV, change site Q 72 hrs & PRN infiltration or swelling. May extend beyond 72 hours due to poor venous access. every day shift every 7 day(s)	Phone	Active	07/18/2023	07/19/2023	
IV Peripheral Active Therapy Orders #2 : Flush with 5cc NS before & after meds and/or Qshift & PRN as needed	Phone	Active	07/18/2023	07/18/2023	
IV Peripheral Active Therapy Orders #2 : Flush with 5cc NS before & after meds and/or Qshift & PRN every shift	Phone	Active	07/18/2023	07/18/2023	
IV Peripheral Active Therapy Orders #4 : Monitor peripheral IV site. Observe for reactions during infusion. Observe for signs and symptoms of infiltration or phlebitis before and after medication administration. Document as follow: 0 = None 1 = Redness 2 = Swelling 3 = Infiltration as needed	Phone	Active	07/18/2023	07/18/2023	
IV Peripheral Active Therapy Orders #4 : Monitor peripheral IV site. Observe for reactions during infusion. Observe for signs and symptoms of infiltration or phlebitis before and after medication administration. Document as follow: 0 = None 1 = Redness 2 = Swelling 3 = Infiltration every shift	Phone	Active	07/18/2023	07/18/2023	

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May crush crushable medications and administer if not contraindicated.	Phone	Active	07/14/2023		
May participate in activity if not in conflict with treatment plan.	Phone	Active	07/14/2023		
May use generics	Phone	Active	07/14/2023		
Monitor level of pain (0-10 scale): Document pain level as follows: 0 = None 1-3 = Mild Pain 4-6 = Moderate Pain 7-10 = Severe Pain every shift	Phone	Active	07/14/2023	07/14/2023	
Monitor vital signs and signs/symptoms such as: Fever (100 F and above) Cough Shortness of breath (SOB) Nausea and Vomiting Diarrhea Chills Muscle pain Sore throat New loss taste or smell. Document (+)Yes and (-)No. Notify MD if (+) every shift	Phone	Active	07/14/2023	07/14/2023	
Monitor weight Q Saturday or Sunday, AM shift x 4 weeks every day shift every Sat, Sun for 4 Weeks	Phone	Active	07/14/2023	07/15/2023	08/12/2023
Occupational Therapy: Evaluate and Treatment as Indicated	Phone	Active	07/14/2023		
OT Clarification order for Skilled OT services QD 7x/wk x 4wks: Tx plan to include therapeutic exercises, therapeutic activities, ADL re-training, NM re-ed and pt/CG education. (Dx: generalized muscle weakness) THE THERAPY CLARIFICATION ORDER SERVES AS THE PHYSICIAN CERTIFICATION FOR THE THERAPY PLAN OF CARE. every day shift related to MUSCLE WEAKNESS (GENERALIZED) (M62.81) for 4 Weeks	Phone	Active	07/15/2023	07/16/2023	08/13/2023
Physical Therapy: Evaluate and Treatment as Indicated	Phone	Active	07/14/2023		
Plate guard at every meal QDx7x/wk BLD with meals	Phone	Active	07/19/2023	07/19/2023	
Podiatry care for mycotic, keratotic & hypertrophic nails q60 days & PRN	Phone	Active	07/14/2023		
PT Clarification: Skilled PT 7x/week x 4 weeks with treatment plan may include therapeutic exercises, therapeutic activity, Neuro Reed, gait training, wheelchair propulsion and management training THE THERAPY CLARIFICATION ORDER SERVES AS THE PHYSICIAN CERTIFICATION FOR THE THERAPY PLAN OF CARE. one time only related to OTHER ABNORMALITIES OF GAIT AND MOBILITY (R26.89) for 4 Weeks	Phone	Active	07/15/2023	07/15/2023	08/12/2023
Social Service to arrange Ophthalmology, Optometry, Audiology & Dental consult PRN	Phone	Active	07/14/2023		

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Speech Therapy: Evaluate and Treatment as indicated	Phone	Active	07/14/2023		
ST Clarification: Skilled ST 5x/week x 4 weeks for (Diagnosis: dysphagia following CI I63.91, oropharyngeal dysphagia R13.12, dysarthria R47.1, cognitive-comm deficit R41.841) : Tx plan may include oral motor/pharyngeal exercises, safe swallow strategy training, patient/caregiver education for aspiration precaution, speech comp strategies. THE THERAPY CLARIFICATION ORDER SERVES AS THE PHYSICIAN CERTIFICATION FOR THE THERAPY PL every day shift for 4 Weeks	Phone	Active	07/17/2023	07/18/2023	08/15/2023

Pharmacy

<u>Order Summary</u>	<u>Communication Method</u>	<u>Order Status</u>	<u>Order Date</u>	<u>Start Date</u>	<u>End Date</u>
Acetaminophen Oral Tablet 325 MG (Acetaminophen) Give 2 tablet by mouth every 6 hours as needed for FEVER/ TEMP> 100.5F NTE 3GM OF APAP/24 HOURS FROM ALL SOURCES. 2TABS= 650MG	Phone	Active	07/15/2023	07/15/2023	
Acetaminophen Oral Tablet 325 MG (Acetaminophen) Give 2 tablet by mouth every 6 hours as needed for MILD PAIN/ (1-3) PAIN SCALE NTE 3GM OF APAP/24 HOURS FROM ALL SOURCES. 2TABS= 650MG	Phone	Active	07/15/2023	07/15/2023	
amlODIPine Besylate Oral Tablet 5 MG (Amlodipine Besylate) Give 1 tablet by mouth one time a day for HTN HOLD IF SBP< 110MMHG	Phone	Active	07/14/2023	07/15/2023	
Aspirin 81 Oral Tablet Chewable (Aspirin) Give 1 tablet by mouth one time a day for CVA PPX	Phone	Active	07/14/2023	07/15/2023	
Calcium 600+D Plus Minerals Oral Tablet 600-400 MG-UNIT (Calcium Carbonate-Vitamin D w/ Minerals) Give 1 tablet by mouth two times a day for SUPPLEMENT	Phone	Active	07/14/2023	07/15/2023	
Clopidogrel Bisulfate Oral Tablet 75 MG (Clopidogrel Bisulfate) Give 1 tablet by mouth one time a day for STROKE until 09/02/2023 23:59	Phone	Active	07/17/2023	07/18/2023	09/02/2023
Docusate Sodium Oral Capsule 250 MG (Docusate Sodium) Give 1 capsule by mouth two times a day for bowel management hold for loose stool	Phone	Active	07/17/2023	07/17/2023	
Dulcolax Suppository (Bisacodyl) Insert 10 mg rectally every 24 hours as needed for bowel regimen if MOM is ineffective.	Phone	Active	07/15/2023	07/15/2023	

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Fleet Mineral Oil Enema (Mineral Oil) Insert 133 ml rectally every 72 hours as needed for bowel management if Dulcolax is ineffective.	Phone	Active	07/15/2023	07/15/2023	
glipIZIDE Oral Tablet 5 MG (Glipizide) Give 1 tablet by mouth one time a day for DM2 TAKE 30MINS BEFORE BREAKFAST	Phone	Active	07/14/2023	07/15/2023	
HumuLIN R Injection Solution 100 UNIT/ML (Insulin Regular (Human)) Inject as per sliding scale: f 70-120 = 0 UNIT BS<70 GIVE 8OZ OJ/COOKIE. IF UNRESPONSIVE OR BS REMAINS <70, GIVE 1GM GLUCAGON IM X1, THEN CALL MD; 121-150 = 1 UNITS; 151-200 = 2 UNITS; 201-250 = 3 UNITS; 251-300 = 4 UNITS; 301-350 = 6UNITS; 351-400 = 8 UNITS BS>400 CALL MD, subcutaneously before meals and at bedtime for DM2 ROTATE SITE OF ADMINISTRATION	Phone	Active	07/14/2023	07/14/2023	
Lactulose Oral Solution 20 GM/30ML (Lactulose) Give 30 ml by mouth every 24 hours as needed for bowel management give if no BM > 72 hours	Phone	Active	07/17/2023	07/17/2023	
Lisinopril Oral Tablet 20 MG (Lisinopril) Give 0.5 tablet by mouth one time a day for HTN HOLD IF SBP<110MMHG	Phone	Active	07/14/2023	07/15/2023	
Magnesium Oxide Oral Tablet 400 MG (Magnesium Oxide) Give 1 tablet by mouth one time a day for Supplement	Phone	Active	07/17/2023	07/18/2023	
Milk of Magnesia Suspension 1200 MG/15ML (Magnesium Hydroxide) Give 30 cc by mouth every 24 hours as needed for bowel regimen - shake well	Phone	Active	07/15/2023	07/15/2023	
Multivitamin Oral Tablet (Multiple Vitamin) Give 1 tablet by mouth one time a day for SUPPLEMENT	Phone	Active	07/14/2023	07/15/2023	
Rosuvastatin Calcium Oral Tablet 40 MG (Rosuvastatin Calcium) Give 1 tablet by mouth at bedtime for HYPERLIPIDEMIA	Phone	Active	07/14/2023	07/15/2023	
Senna Oral Tablet 8.6 MG (Sennosides) Give 2 tablet by mouth two times a day for bowel management hold for loose stool	Phone	Active	07/20/2023	07/20/2023	

I have approved these orders for CAO, HOV (2020530). Total pages 5.

Physician:

Name:

Kathleen

Signature:

Signature:

Date:

Date:

8/1/23

07/31/23