NAME

Address, Home Phone, Cell Phone, Email

DOB 5/24/73 289-XX-XXXX SS# ALLERGY: Sulfa Drugs, Adhesive Tape

- High intelligence (130 IQ), compliant patient, high tolerance to pain
- Incomplete Quad (has sensation), only movement left index finger 10 cm
- Need to explain EVERY procedure, when possible, ask for consent prior to doing
- If unable to talk => one blink = yes / two blinks = no Read his lips OR letter/word board to direct his care.

PRI	MARY DIAGNOSIS	AGE: 30	HEIGHT 4'3"	(51inches)	WEIGHT 80lbs approx	
1.	NEURO/MUSCULAR	Spinal Muse	cular Atrophy	Гуре 2 (Severe A	Anterior Horn Cell disease, 3/74)	
	359 Muscular Dystr/335.1 SMA	•		•	functional movement	
2.	RESPIRATORY	Respiratory failure - trach and vent (9/01), Chronic RLL Atelectasis,				
	V44 Trach, 518.81 Respir Failure	Recurrent p	01)			
	486, Pneumo Org NOS	Respiratory insufficiency, poor residual functions and reserved capacities				
3.	GASTRO	Decreased esophageal motility, s/p feeding gastrostomy tube (7/83)				
	V44.1 Gastro Status					
4.	ORTHOPEDIC	Severe defo	ormities: thorac	cic, pelvic obliqu	uity, bilateral dislocated hips	
	737.4, 754.89, 754.81	flexion cont	ractures, spina	ıl fusion (3/82 L	ueke Rod), pectus excavatum	
5.	UROLOGICAL	Undescende	ed L testicle (s	ince birth), inte	rmittent cath (10/01), cath: 10 Fr,	
	752.51			ent (10/01), IVP	(6/90)	
6.	BLOOD TYPE	A + (positive	e)			
7.	SPECIAL NOTES	IV: Porta Ca	ath (10/24/01) RI	S right clavicle	(PC 0603880 - lot 36HI124)	

MEDICAL						
ACUPUNCTURE PHYSICIAN Barbara XXXXX RN, AP, Ocala, FL O: 352- xxx -xxxx	HOSPITAL		orth FL Regional Medical Center, Gainesville, FL 95, 1/97, 5/01, 9-10/01			
INTENSIVIST: Melvin XXXX, MD, Ocala, FL O: 352-622-xxxx	IMMUNIZATIONS	Flu 02 DPT 73, 79 TB 78, 87	Pneumo 79, 01 Tetanus 85 Measles 74 Mumps 74			
PULMONOLOGIST: Robert xxx MD, Gainesville, FL O: 352- xxx -xxxx Bpr: 352- xxx -xxxx	ENTERAL	Pulmocare (237ml) x 2 cans, nocturnal 70 ml/hr				
MEDICATIONS	HERBS / DROPS		VENT / TRACH / 02			
Rx DAILY 1. Alprazolam (xanax) 0.5 mg QID anxiety 2. Aspirin-Child 81 mg 1 x prevent clots 3. Temazepam 15 mg H S sleeping pill 4. DuoNeb 1 vial QID nebulizer (Ipratropium, Bromide & Albunterol) Rx MONTHLY 1. Thiamine 100 mg monthly vitamin 2. Cyanocobalamin 1000 mcg/ml monthly (B12) vitamin Rx PRN 1. Darvocet-N pain 2. Zithromax SUS PFIZ 200/5ml 45ml antibiotic 3. Diphnoxylate/atropine 1-2 tablets diarrhea	Lymphatic Flu Balancing Respiratory Allertox –airborne " Alertox –airborne " Allertox –airborne " Allerdrain Immune Acute Rescue Urinary 10. Digestive 11. Mucous 12. Cell 13. Muscular 14. Integumentary 15. Er Cheng Tang	5 2X 10 2X 7 2X 5 2X 3 3x 10 4x 6 2X 5 2X 8 2X 3 2X 5 2X 7 2x 4 2x 8 2x 1 tsp 2X	VENT - Pulmonetic LTV 900 Breaths 05 Tidal Volume 310 Inspiration 1.1 Pressure Support 13 Sensitivity 02 High 40 Low 02 TRACH: Shiley 6 cuffed (deflated) SPEAKING VALVE: Passy-Muir PMV007 OXYGEN 1.5 liters			
INSURANCE						

BlueCross	BlueShield	l of Massach	usetts

XXXXX XXXXX Primary Subscriber:

BC/BS PPO Plan Code 200 Customer service: 800-296-xxxx XXP XXXXXXX 10 PPO

BlueCross BlueShield of Massachusetts

Secondary Subscriber: xxxxx xxxxx

BC/BS Blue Choice Plan 2, POS Code 200

Customer service: 800-222-xxxx

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HEALTH SURROGATE P H (mother) c 352-xxx-xxxx h 352-xxx-xxxx

BC/BS Case Manager	Debra XXXXXXX	800-392-xxxx	ext. xx	
Health Vendor	Option Care	800-825-xxxx	352-373-xxxx	acc't. # xxxxx
Home Nursing Agency	House Calls	352- xxx-xxxx		acc't. # xxxxx
Pharmacy	Bitting's	352-732-xxxx		