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November 16, 2016

Dr. Margaret Hutchison
c/o Northwest Medical Experts
600 University Street, Suite 2325
Seattle, WA 98101

Re: Nguyen vs. Hohensinner
Snohomish County Cause No. 16-2-03475-4
Date of Loss: May 14, 2014
Our File Number: 0326606381.1 JSB
Claimant: Loan Nguyen

REPORT DUE BY: December 30, 2016

Dear Dr. Hutchison:

Thank you for agreeing to perform a records review for Loan Nguyen, the plaintiff in the above referenced matter. This lawsuit arises out of an automobile accident which occurred on May 14, 2014.

For your review, I have enclosed the following medical records:

See JSL closing reports

The following items are also enclosed:

1. Vehicle Photographs
2. Transcript of claimant's deposition
3. Claimant's discovery responses

Please conduct a thorough review of the records and prepare a report regarding your findings. In your report, please address the questions and comments listed below.

(1) List all relevant diagnoses and their causal relationship to the claimed injury event on a more

probable than not basis.

(2) Are the claimant's claimed injuries consistent with the trauma the claimant suffered? If not, please explain why not.

(3) Has the medical treatment obtained by the claimant been reasonable, appropriate and necessary? If not, please describe the course of treatment which would have been appropriate and the reasons why.

(4) Has the medical treatment obtained by the claimant been solely for treatment of injuries proximately caused by the motor vehicle accident identified above? If not, describe the course of treatment attributed solely for treatment of injuries proximately caused by the accident.

(5) Is any further treatment reasonably necessary? If so, please specify the type and anticipated duration of treatment.

(6) Are there any complaints that are not related to the claimed injury event?

(7) Does the claimant have any physical limitations? If so, specify whether they are related to the claimed injury event or to another cause.

(8) Is the claimant capable of gainful employment? If so, specify whether the claimant is capable of regular or modified work; full or part-time. If the claimant is not capable of gainful employment, please identify the reason for the disability, the anticipated duration of the disability and whether the disability is accident related. Please explain fully.

(9) Are there objective findings which corroborate the claimant's subjective complaints? Please explain fully.

(10) Is the claimant limited in any activities of daily living? If so, please identify which activities are limited, the anticipated duration of the limitations and whether the limitations are related to the claimed injury event. Please explain fully.

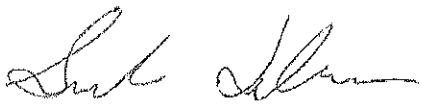
(11) Was any pre-existing condition exacerbated (temporarily worsened) or aggravated (permanently worsened) by the claimed injury event? If so, please explain fully.

(12) What is the claimant's prognosis? Please explain fully.

Please be aware that you may be called to testify about your findings at an arbitration and/or trial. Please contact us immediately if you are unavailable or unwilling to provide live testimony about your findings. Also, as discussed with Chrystal, we do need your completed report in our office no later than December 30, 2016.

Doctor Hutchison, thank you for your willingness to perform this review. Please feel free to call me at my direct telephone number, (206) 689-4273, if you have any questions.

Sincerely,



Sarah R. Johnson

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Enclosures

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF SNOHOMISH

LOAN NGUYEN, Plaintiff, vs. MARY HOHENSINNER and "JANE/JOHN DOE" HOHENSINNER, individually and as a married couple, and the marital community composed thereof; and "JOHN DOE" and "JANE/JOHN DOE", individually and as a married couple, and the marital community composed thereof, Defendants.	No. 16-2-03475-4

DEPOSITION UPON ORAL EXAMINATION OF

LOAN NGUYEN

2:15 p.m.
Wednesday, October 19, 2016
1105 Tacoma Avenue South
Tacoma, Washington

MARGARET A. STEWART
NORTHWEST COURT REPORTERS
1415 Second Avenue, Suite 1107
Seattle, Washington 98101
(206) 623-6136

APPEARANCES

On Behalf of Plaintiff(s):

JOHN J. MESKE
Law Office of John J. Meske
1105 Tacoma Avenue South
Tactoma, WA 98402

On Behalf of Defendant(s):

SARAH R. JOHNSON
Allstate Staff Counsel
901 5th Avenue, Suite 2250
Seattle, WA 98164

INTERPRETER: David Neathery.

ALSO PRESENT: Vu Phan.

EXAMINATION INDEX

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* * *

EXHIBIT INDEX

(No exhibits offered)

* * *

LOAN NGUYEN, being first duly sworn by the Court Reporter, testified as follows:

(Deposition commenced at 2:15 p.m.)

EXAMINATION

BY MS. JOHNSON:

Q. Well, good afternoon. My name is Sarah Johnson. I represent the defendant in this case. Have you ever given a deposition before?

THROUGH INTERPRETER:

A. No.

Q. Okay. I'm sure your attorney went over what to expect, but we'll cover a couple of the ground rules really briefly. Okay?

A. Yeah.

Q. Okay. This woman at the head of our table is the court reporter, and she's writing down everything we both say.

A. Yes.

Q. Because of that it's really important that only one person talk at a time. No. 1 rule of a deposition.

A. Yes.

Q. Especially when we have an interpreter, if you can make sure you give him enough time to fully interpret what you say. That way we have a complete, clear record.

A. Yes.

Q. And if you can continue to do what you just did, give verbal responses such as yes or no. She can't record a head nod or uh-huh or uh-uh, things like that.

A. Yes.

Q. Okay. If you don't understand something I'm asking please let me know, and I'll be happy to rephrase my question.

A. Yes.

Q. This will hopefully not take very long, but if at any point in time you need to take a break, just let us know.

A. Yes.

Q. The only caveat to that is if we have a question on the table, I ask that we finish that question, and then we can break.

A. Yes.

Q. Have you taken any medication that might affect your ability to answer any questions today?

A. No.

Q. Okay. Then let's get started. Can you state your full name?

A. Yes. My name is Loan T. Kim Nguyen.

Q. Have you ever gone by any other name?

A. No.

Q. What's your birthday?

A. 7/15/1988.
Q. And that makes you how old today?
A. That makes me 28.
Q. What's your current address?
A. 20801 49th Avenue West, Lynnwood, Washington 98036.
Q. How long have you lived there?
A. About four years.
Q. Do you rent or own?
A. My husband's home.
Q. Is he the owner?
A. Yes.
Q. What's your husband's name?
A. Vu Phan.
Q. When did you get married?
A. July 2015.
Q. And do you have children?
A. Yes.
Q. How many?
A. Well, the common kid is 2 years old.
Q. Is that with your husband?
A. Yes.
Q. 2 years old, and is it a boy or girl?
A. A boy.
Q. What's his name?

A. Brandonl Phan.

Q. Okay. And do you have any other children?

A. And then I have one that's my own, and then two that's my husband's.

Q. You have a big family.

A. Yes.

Q. Then what is your other child's name and age?

A. Okay. My own kid is Shayla Ly, who is 6 years old, and my husband's two kids are Kevin Phan, he's 15, and the other kid is Brian Phan, who is 13.

Q. Okay. Do all of those children live with you?

A. And only Shayla Ly lives at home, and Kevin and Brian, they come on weekends.

Q. I assume Brandon, your 2-year-old, lives with you, as well?

A. Yes.

Q. What's the highest level you've completed in school?

A. I finished high school. I'm currently attending college.

Q. Where are you attending school?

A. Edmonds Community College.

Q. And where did you attend high school?

A. In Vietnam.

Q. When did you move to the U.S.?

A. I came here on 5/28/2010.

Q. And are you currently employed?

A. No.

Q. Are you attending school at Edmonds Community College full-time?

A. I'm temporarily off right now because of attending to the kid, the young kid.

Q. You're temporarily off from your school program, is that what you mean?

A. Yes.

Q. I have to ask everybody this, but have you ever been convicted of or pled guilty to a crime?

A. No.

Q. Have you ever served in the military?

A. No.

Q. Ever filed for bankruptcy?

A. No.

Q. Ever filed for disability benefits?

A. No.

Q. Okay. Other than this lawsuit, have you been a party to any other lawsuits before?

A. No.

Q. Other than the claim related to this case, have you ever made a claim to an insurance company for injuries before?

A. From what I remember, no.

Q. Okay. Did you have your own auto insurance at the time of this accident?

A. Yes.

Q. And who was your carrier?

A. I'm trying to remember the company. I think my husband knows that. He's the one that takes care of insurance.

Q. Okay. You don't remember at this time?

A. Right.

Q. What's your height?

A. 5'2".

Q. And what's your current weight?

A. 90 pounds.

Q. Let's talk about the accident now. I have May 14, 2014 written down as the date it occurred. Does that sound about right?

A. Yes.

Q. Okay. Do you remember what time of day?

A. It was noontime.

Q. What was the weather like that afternoon?

A. It was sunny.

Q. What vehicle were you in?

A. Acura MDX.

Q. Are you the owner of that car?

A. My husband's the owner.

Q. Was that the car that you regularly drove?

A. Yes.

Q. Do you know when your husband bought it?

A. He bought it in 2014.

Q. Does your driver's license require you to wear corrective lenses to drive? Like glasses or contacts?

A. No.

Q. Where did the accident take place?

A. On 196th and Highway 99.

Q. Where were you going at the time?

A. I was getting some gas.

Q. Where had you come from?

A. From home.

Q. And was anybody with you in the car at the time?

A. No.

Q. How was traffic at that time?

A. It was average.

Q. Do you remember what day of the week that was?

A. I don't remember, but I remember the date.

Q. Okay. You said the traffic was average. What's average for that area for someone that doesn't know?

A. Well, the traffic was flowing okay. There was no jam or anything like that, and I was stopping on red.

Q. Which street were you on?

A. I was on 196th.

Q. Can you tell me how the accident happened?

A. Right at the intersection I stopped to make a right turn. Then all of a sudden I heard a bang from behind. I realized I was hit.

Q. So, were you planning to take a right turn onto Highway 99 from 196th?

A. Yes.

Q. How many lanes is 196th Street right there?

A. From what I remember, 196th has maybe three or four lanes each way.

Q. Okay. And were you at a complete stop at a red light when you were hit?

A. Yes.

Q. I presume you were in the rightmost lane?

A. Yes.

Q. Were there other cars stopped in front of you in that lane?

A. No.

Q. You were the very first one?

A. Yes.

Q. And then you were suddenly rear-ended?

A. Yes.

Q. At the time you were rear-ended was the light still -- was it red?

A. Yes.

Q. Can you estimate how long you had been stopped at that intersection after you got hit?

A. I had stopped already, and I was checking the traffic to clear traffic before I go. That's when I got hit, but I'm guessing it was only seconds before I got hit. 5 seconds, 10 seconds.

Q. I want to get an idea of how severe this impact was. On a scale of zero to 10, zero being no impact, 10 being the worst accident you could imagine, how strong was the impact when this accident happened?

A. I was shocked, I remember that much. I felt some pain, but I don't know how to put it on a scale.

Q. Okay. How would you describe it? Would you describe it as a moderate, mild, severe impact?

A. I felt pain, and I was concerned about it because I was pregnant at that time. So, my stomach was very close to the steering wheel, and following that I had just to make sure I went for checkup.

Q. Okay. But the impact itself when the other car hit you, the bang that you said, would you describe that as a really bad impact or a light impact? How would you describe that?

A. From what I felt, it was strong because it pushed me forward.

Q. Did it push -- you said, pushed me forward. Did it push your whole car forward?

A. Because I was shocked mainly, I heard a bang, so I don't know how to describe.

Q. Did the impact from the other vehicle push your car forward or did your car stay put?

A. I did not pay attention to that.

Q. Okay. When you said the impact pushed you forward, did you mean your body inside the car?

A. I was sitting very close to the steering wheel, and my stomach hit the steering wheel, and then on the way back -- when I bounced back my back hit the seat. Because of my small physique I had to position myself very close to the steering wheel, and also prop the back forward.

Q. Did you see the other car coming before it hit you?

A. I did not see it coming.

Q. Do you remember what kind of car it was?

A. It was an American car.

Q. Chevrolet?

A. Chevrolet.

Q. Did you have your seatbelt on?

A. Yes.

Q. Did your seatbelt have a shoulder belt in addition to just a lap belt?

A. Yes.
Q. And you had that on, as well?
A. Yes.
Q. Do you remember if it locked up from the impact?
A. I did not pay attention.
Q. Did any airbags deploy in your vehicle?
A. No.
Q. Did the impact push your vehicle into anything else, like a curb or a pole?
A. No.
Q. Which direction was your head turned when you were hit?
A. The right. Yeah. First I looked forward, and then when I was about to turn right I turned to the right.
Q. Did you have both hands on the steering wheel?
A. Yes.
Q. And I think you testified earlier, I want to make sure I'm clear, the impact pushed you forward and your stomach hit the steering wheel, and then you went backward and your back hit the seat; is that accurate?
A. That's what happened. I was pushed forward and then bounced back, yes.
Q. Within five minutes before the accident had you been using a cell phone?
A. No.

Q. I have to ask this question, as well, but had you had any alcohol to drink that day?

A. No.

Q. Any medication?

A. No.

Q. After the impact, when did you first get out of the car?

A. About five minutes, and then I got out of the car.

Q. Did you move your car first, or did you just stay put and then get out?

A. I left it there.

Q. Did you speak with the other driver?

A. Yes, but very little because we were going to call the police.

Q. Okay. Do you speak any English or just Vietnamese?

A. I can speak English.

Q. Did you call the police?

A. I was about to call, but the other lady had already called.

Q. And did the police come?

A. Yes.

Q. Did any other emergency personnel come, like a fire truck or ambulance?

A. No.

Q. Okay. And you spoke to the Police Officer?
A. Yes.
Q. What did you discuss with the Police Officer?
A. He asked me if I need an ambulance, and I said no. I told him that I had stomach pain or belly pain.
Q. Was your car drivable afterwards?
A. Yes, it was drivable.
Q. Okay. Where did you go after you left the accident scene?
A. I went to gas up, and then I went home.
Q. Did you go anywhere else the rest of that day?
A. I went to the hospital for a checkup.
Q. We're going to get to that in just a second, but I want to ask about your car first. Can you describe the damage that your car sustained in this accident?
A. There were some scratches in the rear bumper.
Q. Some scratches in the rear bumper?
A. Yes.
Q. Okay. Anything else that you saw?
A. There's a little portion underneath the bumper that got pushed in.
Q. Okay. Did you get a chance to look at the other car at the scene of the accident?
A. I took a picture of it.
Q. Did you see any damage on the other car?

A. I didn't pay attention.

Q. So, you took a picture of the other car at the scene of the accident?

A. Well, I took pictures of both cars.

Q. Do you still have those?

A. My lawyer has them.

Q. Okay. Did you get your vehicle repaired?

A. No, I didn't get it repaired because I didn't want to get it reported as an accident because my husband just bought that car.

Q. Report it to your own car insurance?

A. Right. I don't want to have it on their record that the car got involved in an accident.

Q. Do you still have the car?

A. Yes.

Q. Okay. Now I want to talk about how you were physically doing after this accident. Immediately after the impact how did you feel?

A. My stomach was in pain, but also my back was in pain, but I didn't know the reason for the back pain, but the stomach pain was more.

Q. Okay. And how pregnant were you at that time, what month?

A. 8th.

Q. And you said you went to the hospital that day?

A. Yes. My husband took me there.
Q. Was that Swedish Hospital?
A. Yes.
Q. Okay. What happened at Swedish that day?
A. They took a sonic picture.
Q. Sonogram?
A. Sonogram.
Q. A picture of the baby, right?
A. Yes. Yeah, looked at the baby through the sonogram, and also check on its heartbeat. I guess they were concerned because at the time the baby was kicking a lot. The doctor said that the baby's heartbeat was fast.
Q. Did they find anything else wrong?
A. At the time they say that I might have premature birth.
Q. What was your due date?
A. June 5, 2014.
Q. Okay. So, did they send you home or did they keep you at Swedish?
A. They released me after about four or five hours.
Q. Okay. Did you have any other complications with your pregnancy after that?
A. Well, this was sometime ago, but I went to another hospital or went back to the same hospital. My lawyer has all that record.

Q. And we'll get all the records, but I want to know what you remember. Why did you go to the hospital a second time?

A. I was afraid I was -- I had too much water, that I was ruptured.

Q. That you were retaining too much water?

A. I was giving out too much water.

Q. Okay. Is this second trip to a hospital related to your car accident?

A. It's related, yes.

Q. Okay. How so?

A. Because the baby was still kicking and my stomach still in pain.

Q. Were you having contractions?

A. Yes.

Q. Okay. You mentioned after the accident you had stomach pain. That stomach pain, were those contractions, or was it just kind of a constant dull pain?

A. It was -- to me it was like contracting pain, labor contracting.

Q. Okay. Do you remember how much went by between the first trip to the hospital and the second?

A. A few days later.

Q. And what happened the second time you went to the hospital?

A. Yeah. The pain was still there, and I think the interpreter is having trouble describing it to you. The pain was still there, and I was afraid that the placenta was bleeding or something. Breakage.

Q. And I apologize for asking a personal question, but were you having bleeding at the time?

A. There was no bleeding, but there was a milky fluid.

Q. And what happened when you went to the hospital a second time? What did they tell you?

A. They examined me, and also they examined the baby. Then a few hours later I was released. When they released me they told me to take good rest.

Q. Did they put you on bedrest so you did not move much?

A. Yes.

Q. Okay. So, at this point we're a couple weeks before your due date; does that sound about right?

A. Yes.

Q. Okay. Did you have any other further complications?

A. It's been such a long time, so I'm having trouble remembering if anything else happened. It's like over two years.

Q. Just tell me what you remember. I know it's been

awhile. When was your baby born?

A. 6/10/2014.

Q. Okay. So, the baby went past its due date, huh?

A. Yes.

Q. Were there any complications with the birth, any problems?

A. Yes.

Q. Okay. And again I apologize for having to ask personal questions about all this. Did you have to have a C-section or was it a normal delivery?

A. It was a natural birth, childbirth, but I was in the hospital for two days.

Q. And was that longer than you had planned to be in the hospital for?

A. Yes.

Q. And what was the reason?

A. There was a lot of waiting. The baby was not wanting to move out, so that they used some medication and coaxing to get the baby to come out.

Q. Did you go into labor or did you have to be induced?

A. Induced.

Q. Okay. Was the baby healthy?

A. Yes.

Q. Are you claiming that the baby had any kind of

health problems after this because of the accident or was the baby fine?

A. Currently the baby is healthy.

Q. Okay. You mentioned you also had some back pain because of the accident?

A. Yes, and also neck pain.

Q. Did you ever see a doctor about that?

A. No.

Q. Where did you have your baby? Was that at Swedish?

A. At Swedish.

Q. Okay. What's the name of your -- the doctor who was monitoring your pregnancy?

A. I don't remember the doctor's name because they kept on switching doctors during my two-day stay there. So, I did not know what you want.

Q. Well, did you have a doctor that you were seeing while you were pregnant for all your checkups?

A. Yes. Sherwood.

Q. Dr. Sherwood?

A. Yeah.

Q. Was that at Community Health Center?

A. Yes.

Q. Okay. During your pregnancy up until the accident did you have any kind of complications or, you know, medical

issues out of the ordinary?

A. No.

Q. And as we sit here today, you've never seen a doctor at all for the back or the neck?

A. No, but I'm planning to because the pain level is increasing day by day.

Q. Do you have an appointment?

A. No.

Q. Is there a reason you haven't seen a doctor before now?

A. Before I was able to use Advil.

Q. And is that not working now?

A. Right.

Q. Do you have just a regular family doctor?

A. Yes, also Dr. Sherwood.

Q. Okay. Do you have any appointments set up to see somebody about your neck and back?

A. No.

Q. Do you have anybody you're planning to go see?

A. Yes. I was planning to see my family doctor who would, hopefully, refer me to a specialist.

Q. Okay. Before this accident had you ever had a problem with back or neck pain?

A. No.

Q. Before this accident had you ever sought medical

treatment for back or neck pain?

A. No.

Q. Before this accident had you been injured in any other car accidents?

A. No.

Q. Before this accident did you have any other history of injuries or -- either from a slip and fall or on the job or anything else?

A. I had a right foot or leg surgery.

Q. When was that?

A. 2012.

Q. What was that for?

A. I had a loose kneecap.

Q. Did that condition resolve after the surgery?

A. Yes. It completely resolved.

Q. Any other significant treatment, hospitalizations in your past other than childbirth?

A. No.

Q. Okay. From the date of the accident now to the present time have you been in any new car accidents?

A. No.

Q. Have you gotten any other new injuries?

A. No.

Q. Now I want to kind of discuss what you're currently experiencing as far as your neck and back. Let's

talk about them one at a time. For your neck, do you have constant pain in your neck or does it come and go?

A. Yeah. I guess what happens is when I experience back pain I would also experience neck pain, especially when I'm working. Like when I'm waking up there's no pain.

Q. So, the back pain triggers -- kind of triggers the neck pain?

A. Yes, but, of course, the back pain is more pronounced.

Q. When you say back are you talking about your entire back or part of your back, like your lower or upper back?

A. From the mid- to the lower back.

Q. Okay. And that's worse than your neck?

A. Yes.

Q. Okay. How frequently do you have back pain? Is it -- again, is it constant pain or does it come and go?

A. The pain -- the back pain comes and goes, but I would get more pain if I sit for a long time.

Q. Okay. And are you familiar with the pain scale, zero to 10, zero being no pain, 10 being the worst pain you can imagine?

A. Yes.

Q. Okay. Can you tell me how bad your back pain gets?

A. When it's at its worst it's around 6. Then other times it's 3 or 4.

Q. Okay. What about your neck?

A. Neck is less. It's around 3 or 4.

Q. Okay. And you said up to now you've been kind of relying on Advil to get by; is that correct?

A. And Ibuprofen.

Q. Okay. How frequently do you take Advil or Ibuprofen?

A. I take it only as-needed when the pain is unbearable.

Q. On an average week how frequently would you have to take it?

A. Now or before?

Q. Around now.

A. About three times.

Q. Now, I think you testified that your back and neck pain have been progressing and getting worse since the accident; is that correct?

A. Yes.

Q. Okay. Did you have problems with back or neck pain in the first few months after the accident?

A. The pain started since the accident. What happened was at that time I was pregnant, so I did not know where the pain came from, if it was from my pregnancy, but

then after my childbirth the pain was still there, so I figure it's related to the accident.

Q. And how has it changed? After you gave birth and you realized that pain was hanging around, how has it changed from then until now?

Sorry, it was a poorly-worded question. How has your back and neck pain -- how has that condition changed from the month after you gave birth until now?

A. It's similar to when I was pregnant.

Q. Okay, but you said that it's gotten worse now than it was back then? It's progressed?

A. Yes. Sorry.

Q. That's okay. And is there, again, a particular reason why, you know, after you gave birth and you realized this pain wasn't going away, that you didn't go to a doctor at that point?

A. I did tell to my doctor during the regular checkup.

Q. So, you mentioned this with your regular checkup doctor?

A. Yes.

Q. And what happened?

A. My doctor say that the pain should be subsiding because at the time my hip was -- hipbone was expanding, but the pain didn't go away like he told me.

Q. Okay. Was that at a checkup that happened after you had given birth?

A. Yes.

Q. Was that at maybe a six-week checkup after?

A. Yes.

Q. Have you been back to see Dr. Sherwood since that six-week checkup?

A. I don't remember.

Q. At the time of this accident were you working?

A. No. I had just stopped.

Q. Okay. What had you done before that?

A. Nails.

Q. Okay. What were your plans after your baby was born regarding school and work? What had you been planning to do?

A. I was going to return to both schooling and my job.

Q. Okay. Did you work at a specific salon?

A. Crystal Nails & Spa.

Q. Is that in Lynnwood?

A. In Everett.

Q. Okay. And what ended up happening as far as working a job? How did things go after your baby was born?

A. I went back to nails.

Q. Same place?

A. Well, it's the same place, but it change ownership, and also it change the name of the shop to -- I went to a different place.

INTERPRETER: Interpreter correction. I went to a different place, Bon Jour.

BY MS. JOHNSON:

Q. When did you return to school?

A. I have not.

Q. Okay. And what's the reason you haven't returned to school?

A. The kid is still young right now.

Q. Okay. Do your injuries with your neck and back, are they the reason you didn't return to school, or is it just that you're focusing on being home with your child right now?

A. Mainly I want to take care of the baby, but secondly I cannot sit for a long time. I have to move about.

Q. And what about your job? Why did you switch salons?

A. The first location is a little far for me.

Q. Where did you go back to, then? What was the new place. ?

A. Crystal Nails & Spa in Everett.

Q. Okay. Where did you work -- I thought you

switched to a new -- are they both Crystal Nails & Spa, just in different places?

A. At first I worked at Bon Jour, and then I transfer to Crystal Nails & Spa.

Q. Okay. Did you return to -- after your baby was born did you return to kind of a normal schedule at the nail salon?

A. Only part-time.

Q. And again, were you planning to only return part-time or had you planned to return full-time?

A. When was that? After childbirth?

Q. After childbirth, yeah.

A. Full-time.

Q. Okay. And why did you only return part-time?

A. One reason is having to want to take care of the baby, and secondly, I cannot work long hours.

Q. Why can't you work long hours?

A. Because my back is still hurting, and then on top of that I have to take care of the baby.

Q. If you want to stand up, you can do that. As long as she can hear you and he can hear you, it's perfectly fine. We can keep going.

A. Yes, I have to move a little bit.

Q. Perfectly fine. Okay. At the nail salon are you paid hourly?

A. Yes.
Q. How much do you make an hour?
A. $12.
Q. Is it $12 plus tip?
A. Yes.
Q. How many hours do you work?
A. Right now I'm off for a week.
Q. Okay. I was going to say I asked you in the very beginning if you were employed right now, and I believe you said no. Are you still working at the nail salon right now or not?
A. I'm still working, but I'm off for one week.
Q. Okay. Like a vacation?
A. Yes.
Q. Okay. What are your normal hours?
A. Around four or five hours.
Q. Per shift?
A. Yes.
Q. How many days a week?
A. Normally four days, sometimes five.
Q. Okay. As you sit here today, do you have plans to return to school?
A. Not yet.
Q. Are you waiting for your child to get older?
A. Yes.

Q. Okay. All right. Now I want to know about the effect that this has had on your life. You know, your job, your school, your home life. How have your injuries impacted your lift?

A. What I feel is that I'm not motivated to do much because of pain, and I feel tired.

Q. Okay. Well, what about -- let's start with your job. You mentioned you have to work shorter shifts because of your pain; is that correct?

A. Yes, because I can't sit for a long time.

Q. Before this accident, when you were working at the nail salon, how long were your shifts?

A. Before the accident I was working five days a week, about 9 1/2 hours a day.

Q. Was there any change in your hourly pay when you switched nail salons or was it $12 an hour both places?

A. Still the same.

Q. Okay. What about at home? Are there things that you do at home or you need to do at home that have been impacted because of the pain you feel?

A. Currently I'm okay with household chores because I'm working part-time.

Q. Does your pain interfere with your ability to do household chores?

A. Some, but not a lot because my husband helps out.

Q. Does he have to help out more now than he did before?

A. Yes.

Q. Like what kind of things does he have to help out with that he didn't do before?

A. He has to help out with the laundry, mainly because we have to carry the basket to the lower level, and he helps out with the mopping. Mopping and sweeping, and also carrying heavy items.

Q. And what about -- after you gave birth and you had a newborn to take care of, did your injuries interfere with your ability to take care of your new baby?

A. No.

Q. Okay. What about your ability to sleep? I know a new baby probably interfered with your ability to sleep, but what about your injuries? Did that make it hard to fall asleep or --

A. Just a little. When the pain is a lot I would have a little trouble sleeping.

Q. What time of day is your pain the worst, in the morning or in the evening?

A. Nighttime.

Q. What about exercise? Did you do anything for exercise before this accident that was impacted by your injuries?

A. No impact. No to exercising before, and also no impact.

Q. Got you. Okay. What about on your relationship with your husband? Did it add any stress or strain having to have him kind of step in and do these chores now, anything like that?

A. No. Because he knows my condition, he's helping out.

Q. Okay. Give me one second. I'm going to glance over my notes really quickly. Again, feel free to stand up.

A. As long as I move about I'm okay.

Q. I understand. It's okay. It's a long time to sit in chairs.

Okay. I just have one more question. Is there anything else about this accident or your injuries that you feel is important to mention?

A. No.

MS. JOHNSON: Okay. I think I'm done. I don't think I have any further questions.

MR. MESKE: We'll go ahead and waive.

(The proceedings concluded at 3:20 p.m.)

(Signature Waived)

CERTIFICATE

STATE OF WASHINGTON)
) ss.
COUNTY OF THURSTON)

I, the undersigned Notary Public in and for the State of Washington, do hereby certify:

That the annexed and foregoing deposition of the witness named herein was taken stenographically before me and reduced to typewriting under my direction.

I further certify that the said witness was afforded the opportunity to examine, read, and sign said deposition after the same was transcribed, unless indicated in the record that the parties and the witness waive the signing.

I further certify that all objections made at the time of said examination to my qualifications or the manner of taking said deposition, or to the conduct of any party, have been noted by me upon the said deposition.

I further certify that I am not a relative or employee or attorney or counsel of any of the parties to said action, or a relative or employee of any such attorney or counsel, and that I am not financially interested in the said action or the outcome thereof.

I further certify that the witness before examination was by me duly sworn to testify the truth, the whole truth, and nothing but the truth.

I further certify that the deposition, as transcribed,

is a full, true, and correct transcript of the testimony, including questions and answers and all objections, motions and exceptions of counsel made and taken at the time of the foregoing examination.

IN WITNESS WHEREOF, I have hereunto set my hand this 26th day of October 2016

_____

MARGARET A. STEWART
License No. 2973
Certified Court Reporter in
and for the State of
Washington, residing at
Gig Harbor.

NORTHWEST COURT REPORTERS
1415 2nd Avenue, Suite 1107
Seattle, Washington 98101
(206) 623-6136

DATE: October 26, 2016

TO: Sarah Johnson
Allstate Staff Counsel
901 5th Avenue, Suite 2250
Seattle, WA 98164

NOTICE RE FILING OF ORIGINAL DEPOSITION

Re: Case Name: Nguyen v. Hohensinner
Case No: 16-2-03475-4
Deposition of: Loan Nguyen
Taken: October 19, 2016

Enclosed is the original sealed transcript of the deposition of Loan Nguyen.

The original signature page and changes, if any, received by this office will be forwarded to all Counsel.

Margaret A. Stewart

cc: Court File
John Meske

SJ
RECEIVED
OCT 03 2016
ALLSTATE INSURANCE

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SNOHOMISH

LOAN NGUYEN Plaintiff, vs. MARY HOHENSINNER and "JANE/JOHN DOE" HOHENSINNER, individually and as a married couple, and the marital community composed thereof, AND "JOHN DOE" and "JANE DOE", individually and as a married couple, and the marital community composed thereof, Defendants.	NO. 16-2-03475-4 PLAINTIFF'S RESPONSE TO FIRST INTERROGATORIES

TO: MARY HOHENSINNER and "JANE/JOHN DOE" HOHENSINNER, individually and as husband and wife, and the marital community composed thereof; et al

AND TO: SARAH R. JOHNSON, Attorney for Defendants

LAW OFFICES OF
John J. MESKE
1105 Tacoma Ave South
Tacoma, WA 98402
Phone: (253) 383-5346
Facsimile: (253) 572-6662

COMES NOW the Plaintiff, LOAN NGUYEN, by and through her attorney of record, John J. Meske, and in response to Defendants' First Interrogatories and Request for Production Propounded to Plaintiff, answers as follows:

INTERROGATORIES

ANSWER TO INTERROGATORY NO. 1:

Loan Thi Kim Nguyen
20801 49th Avenue West
Lynnwood, WA 98036
Date of Birth: 07/15/1988
Place of Birth: Vietnam

ANSWER TO INTERROGATORY NO. 2:

High School: studied in Vietnam

Edmonds Community College: attended ESL classes in 2010

Edmonds Community College: Pharmacy Technician Certificate Study

2012 – 2014 – Did not receive certificate.

ANSWER TO INTERROGATORY NO. 3:

Crystal Nails
12902 Bothell Everett Hwy., #302
Everett, WA 98208
October 2010 – October 2012

Bonjour Nails & Spa
14235 NE Woodinville Duvall Rd.
Woodinville, WA 98072
August 2013 – April 2014

KT Nails
225 Cypress Ave
Snohomish, WA 98290
September 2014 – January 2015

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Facsimile: (253) 572-6662

Crystal Nails & Spa
12902 Bothell Everett Hwy., #302
Everett, WA 98208
November 2015 – Present

ANSWER TO INTERROGATORY NO. 4:

No.

ANSWER TO INTERROGATORY NO. 5:

Spouse: Vu Ngoc Phan, Date of Birth 02/27/1970
20801 49th Ave. W.
Lynnwood, WA 98036
Married 07/27/2015 in Lynnwood, WA

ANSWER TO INTERROGATORY NO. 6:

Shayla Ly, Date of Birth: 12/09/2009

Brandon Phan, Date of Birth: 06/10/2014

My children are my dependents and currently under my care.

ANSWER TO INTERROGATORY NO. 7:

Washington State Driver's License Number: NGUYELT121MN

Issued on 07/01/2015

ANSWER TO INTERROGATORY NO. 8:

Yes.

ANSWER TO INTERROGATORY NO. 9:

No.

ANSWER TO INTERROGATORY NO. 10:

The registered owner is my husband, Vu Ngoc Phan. See address in Answer to Interrogatory No. 5. Telephone Number: (206) 229-1797

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John J. MESKE
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Tacoma, WA 98402
Phone: (253) 383-5346
Facsimile: (253) 572-6662

ANSWER TO INTERROGATORY NO. 11:

No.

ANSWER TO INTERROGATORY NO. 12:

On May 14, 2014, I was driving from my house to Costco to get gas. I was stopped at the red light on 196th street at the intersection of Hwy 99. As I was stopped at the red light, I got hit from behind. I was pregnant at the time of the incident and felt my stomach get pushed into the steering wheel. This accident occurred because the woman who hit me did not stop in time and ran into the back of my car.

ANSWER TO INTERROGATORY NO. 13:

No.

ANSWER TO INTERROGATORY NO. 14:

No.

ANSWER TO INTERROGATORY NO. 15:

No.

ANSWER TO INTERROGATORY NO. 16:

No.

ANSWER TO INTERROGATORY NO. 17:

N/A

ANSWER TO INTERROGATORY NO. 18:

Vu Ngoc Phan

My husband has knowledge regarding the circumstances surrounding the May 14, 2014 motor vehicle accident, my injuries as a result of that accident, and how that accident has affected my life.

LAW OFFICES OF
John J. MESKE
1105 Tacoma Ave South
Tacoma, WA 98402
Phone: (253) 383-5346
Facsimile: (253) 572-6662

ANSWER TO INTERROGATORY NO. 19:

No.

ANSWER TO INTERROGATORY NO. 20:

I have pictures of the vehicles involved in the accident.

ANSWER TO INTERROGATORY NO. 21:

Community Health Center
4111 194th St SW #101
Lynnwood, WA 98306

Swedish Medical Center
747 Broadway
Seattle, WA 98122

Treatment notes are attached under Response to Request for Production No. 6.

ANSWER TO INTERROGATORY NO. 22:

a. Injuries included, but are not limited to, my abdominal region, neck and back, in addition to emotional concerns and worries as to whether or not my unborn child was injured.

b. My treatment had to be restricted due to my pregnancy, so I did not have an official release date. My injuries have improved but I still experience pain in my back and neck.

c. I have pain in my back and neck after sitting for long periods of time.

ANSWER TO INTERROGATORY NO. 23:

Due to being pregnant, I was not prescribed pain medication. I used ibuprofen as needed during my pregnancy and after giving birth. I continue to use ibuprofen as needed.

ANSWER TO INTERROGATORY NO. 24:

Community Health Center	$2,109.00
Swedish Hospital	$ 734.00
TOTAL	$2,843.00

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Tacoma, WA 98402
Phone: (253) 383-5346
Facsimile: (253) 572-6662

ANSWER TO INTERROGATORY NO. 25:

No.

ANSWER TO INTERROGATORY NO. 26:

No.

ANSWER TO INTERROGATORY NO. 27:

No.

ANSWER TO INTERROGATORY NO. 28:

No.

ANSWER TO INTERROGATORY NO. 29:

None available.

ANSWER TO INTERROGATORY NO. 30:

No.

ANSWER TO INTERROGATORY NO. 31:

None.

ANSWER TO INTERROGATORY NO. 32:

No.

ANSWER TO INTERROGATORY NO. 33:

Community Health Center
4111 194th St SW #101
Lynnwood, WA 98306
Prenatal Care

Group Health
20200 54th Ave W
Lynnwood, WA 98036
Regular check-ups and physical exams
Examination of right knee

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John J. MESKE
1105 Tacoma Ave South
Tacoma, WA 98402
Phone: (253) 383-5346
Facsimile: (253) 572-6662

Hospital in Seattle – Unable to recall exact name of hospital
Surgery on right knee to correct a childhood injury

ANSWER TO INTERROGATORY NO. 34:

No.

ANSWER TO INTERROGATORY NO. 35:

No.

ANSWER TO INTERROGATORY NO. 36:

No.

ANSWER TO INTERROGATORY NO. 37:

Dr. James Sherwood, Community Health Center

Dr. Sherwood is expected to testify regarding his examination of Plaintiff Loan Nguyen, her injuries as a result of the May 14, 2014 accident and his treatment of such injuries.

Swedish Hospital

The doctors and practitioners are expected to testify regarding their examination of Plaintiff Loan Nguyen, her injuries as a result of the May 14, 2014 accident and his treatment of such injuries.

ANSWER TO INTERROGATORY NO. 38:

Yes.

ANSWER TO INTERROGATORY NO. 39:

None.

ANSWER TO INTERROGATORY NO. 40:

No, but after this accident, I do continue to have pain in my back and neck after sitting for long periods of time.

ANSWER TO INTERROGATORY NO. 41:

None.

LAW OFFICES OF
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Tacoma, WA 98402
Phone: (253) 383-5346
Facsimile: (253) 572-6662

ANSWER TO INTERROGATORY NO. 42:

None.

ANSWER TO INTERROGATORY NO. 43:

I spoke with my husband, identified above, and talked with him about motor vehicle accident. He has been able to see my injuries as a result of that accident and how that accident has affected my life.

REQUESTS FOR PRODUCTION

RESPONSE TO REQUEST FOR PRODUCTION NO. 1:

Attached

RESPONSE TO REQUEST FOR PRODUCTION NO. 2:

None available at this time.

RESPONSE TO REQUEST FOR PRODUCTION NO. 3:

Attached

RESPONSE TO REQUEST FOR PRODUCTION NO. 4:

None.

RESPONSE TO REQUEST FOR PRODUCTION NO. 5:

None available.

RESPONSE TO REQUEST FOR PRODUCTION NO. 6:

Attached

RESPONSE TO REQUEST FOR PRODUCTION NO. 7:

None available.

LAW OFFICES OF
John J. MESKE
1105 Tacoma Ave South
Tacoma, WA 98402
Phone: (253) 383-5346
Facsimile: (253) 572-6662

DATED this 3rd day of Oct., 2014.

JOHN J. MESKE, WSBA #17400
Attorney for Plaintiff

LAW OFFICES OF
John J. MESKE
1105 Tacoma Ave South
Tacoma, WA 98402
Phone: (253) 383-5346
Facsimile: (253) 572-6662

DECLARATION OF SERVICE

I declare under penalty of perjury of the laws of the State of Washington that I caused to be served by email (without attachements) And Legal Messenger a copy of this document to:

Susan R. Johnson
Attorney At Law
901 Fifth Avenue, Ste. 2250
Seattle, WA 98164
Email: sarah.johnson@allstate.com

Dated this 3rd day of Oct, 2016.

Ann E. Ruiz

LAW OFFICES OF
John J. MESKE
1105 Tacoma Ave South
Tacoma, WA 98402
Phone: (253) 383-5346
Facsimile: (253) 572-6662

REQUEST FOR PRODUCTION NO. 7: Please produce copies of any invoices and/or any damage estimates referred to in your response to Interrogatory No. 29.

RESPONSE:

N/A

ANSWERS AND OBJECTIONS DATED this 26th day of August, 2016, in conformance with CR 26(g).

JOHN J. MESKE, WSBA #«AtyID»
Attorney for Plaintiff Nguyen
1105 Tacoma Ave S
Tacoma, WA 98402-2005

DECLARATION OF RESPONDING PARTY

I declare under the penalty of perjury under the laws of the State of Washington that I am the Plaintiff in this action OR I am the _____ of _____ and am authorized to make the foregoing answers. I declare that I have read the foregoing answers, know the contents thereof, and believe them to be true and correct.

8/26/2016 in Lynnwood

DATE AND PLACE LOAN NGUYEN

Sarah R. Johnson
Attorney at Law
901 Fifth Ave, Ste 2250
Seattle, WA 98164
Phone:(206) 689-4273
Email: sarah.johnson@allstate.com

RESPONSE TO REQUEST FOR PRODUCTION NO. 1

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SNOHOMISH

LOAN NGUYEN Plaintiff, vs. MARY HOHENSINNER and "JANE/JOHN DOE" HOHENSINNER, individually and as a married couple, and the marital community composed thereof, AND "JOHN DOE" and "JANE DOE", individually and as a married couple, and the marital community composed thereof, Defendants.	NO. 16-2-03475-4 DECLARATION OF SERVICE

The undersigned states that I am a citizen of the United States and of the State of Washington, over the age of twenty-one (21) years, not a party to the above entitled action, and competent to be a witness herein. I duly served MARY HOHENSINNER and CHRISTOPHER HOHENSINNER herein as follows:

On September 11, 2016, 7:25 pm, I duly served MARY HOHENSINNER, at 19414 SE 141st St., Renton, WA 98059-7738, with a true copy of the following items: Summons on

LAW OFFICES OF
John J. MESKE
1105 Tacoma Ave South
Tacoma, WA 98402
Telephone: (253) 383-5346
Facsimile: (253) 572-6662

Complaint, Complaint for Damages, by then and there personally delivering a true and correct copies of the above-stated items thereof into the hands of and leaving the same with MARY HOHENSINNER.

On September 11, 2016, 7:25 pm, I duly served CHRISTOPHER HOHENSINNER, husband of MARY HOHENSINNER, at 19414 SE 141st St., Renton, WA 98059-7738, with a true copy of the following items: Summons on Complaint, Complaint for Damages, by then and there personally delivering a true and correct copies of the above-stated items thereof into the hands of and leaving the same with CHRISTOPHER HOHENSINNER.

Date and Time of Service: September 11, 2016, 7:25 pm

Person(s) served: MARY HOHENSINNER, CHRISTOPHER HOHENSINNER

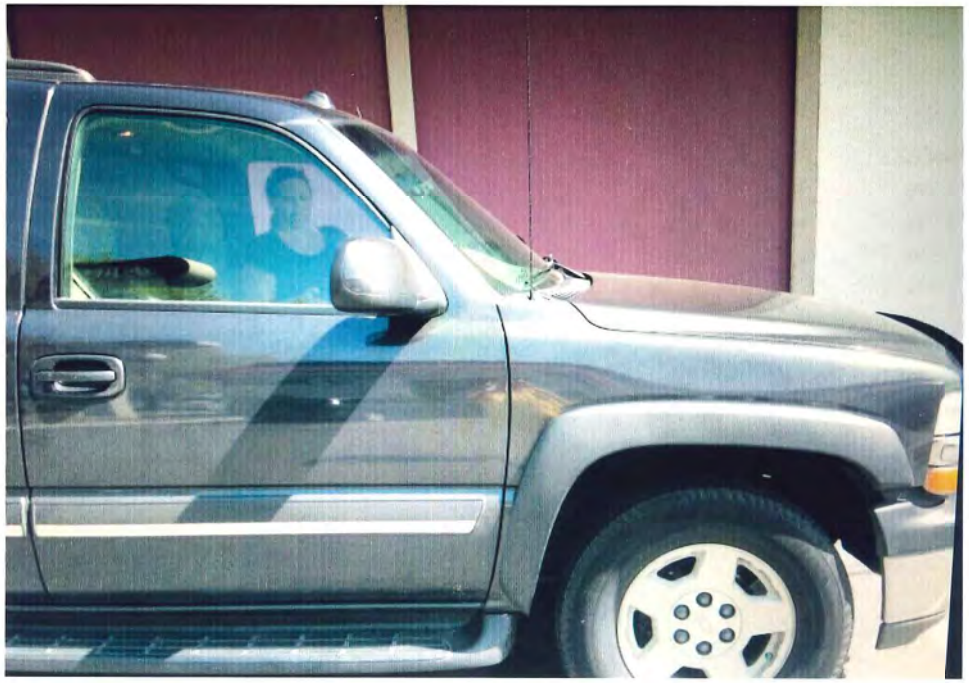
Address of Service: 19414 SE 141st St., Renton, WA 98059-7738.

Served by: _____

RICHARD AUSTRING

LAW OFFICES OF
John J. MESKE
1105 Tacoma Ave South
Tacoma, WA 98402
Telephone: (253) 383-5346
Facsimile: (253) 572-6662

RESPONSE TO REQUEST FOR PRODUCTION NO. 3



NOW OFFE
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TAHOE
CHEVROLET
AGD7188

iPhoto

AGD7188

RESPONSE TO REQUEST FOR PRODUCTION NO. 6

COMMUNITY HEALTH CENTER

CHC Community Health Center OF SNOHOMISH COUNTY

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	05/14/2014 1:45 PM
VISIT TYPE:	OB Prenatal

History of Present Illness:

1. OB 36W 6D MVA

was in car and rear-ended this am. minor damage to car. banged her belly on stearing wheel. came here but no appt this am and she declined ER visit. now has pain over top of abdomen. baby moving a lot. no sure contractions. no bleeding. no LOF. no other injuries. happened at 10:30 am.

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
Medications Reviewed

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
2:07 PM	5.0	1.25	0.00	05/14/2014	measured	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
2:07 PM	131.00			dressed without shoes		24.55	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
2:07 PM	110/72	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
2:07 PM	98.5		oral	92	regular	16

Measured By

Time

Physical Exam

Constitutional:

Well developed.

Neck / Thyroid:

Inspection reveals symmetry. Palpation reveals trachea midline and mobile. Range of motion is supple (normal).

Abdomen:

Symmetric - no distention. Bowel sounds present, no bruits. Umbilicus is normal.

There is no abdominal tenderness.

Comments: no frank ttp and uterus soft. FHT 171. no visible bruising.

Back / Spine:

Comments: non tender. normal ROM. no ttp.

Immunizations:

Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)

Abdominal pain (789.00)

will refer to OB triage for monitoring since patient w abd pain s/p MVA. no evidence now of abruption, uterine rupture or other major immediate complications. sounds like low speed accident so lower risk

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: trace.

Electronically signed by: Sherwood MD, James 05/14/2014

Today's Provider: Sherwood MD, James

PCP: A Bly LYN Med

Document generated by: James K. Sherwood 05/14/2014

Community Health Center
OF SNOHOMISH COUNTY

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 05/16/2014 1:15 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob ck 37w 1d

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
Medications Reviewed

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
1:22 PM	5.0	1.25	0.00	05/16/2014	measured	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
1:22 PM	133.20			dressed without shoes		24.96	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
1:22 PM	102/64	sitting	right	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
1:22 PM			oral	82	regular	14

Measured By

Time	
1:22 PM	Jennifer Carlson MA

Immunizations:

Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: trace.

Electronically signed by: Sherwood MD, James 05/17/2014

Today's Provider: Sherwood MD, James

PCP: A Mosbo LYN Med

Document generated by: James K. Sherwood 05/17/2014

CHC Community Health Center OF SNOHOMISH COUNTY

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	05/20/2014 12:15 PM
HISTORIAN:	self
VISIT TYPE:	OB Prenatal

History of Present Illness:

1. OB f/u:

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
12:18 PM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
12:18 PM	132.40		60.056	dressed without shoes		24.81	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
12:18 PM	102/50	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
12:18 PM	97.9	36.60	oral	84	regular	12

Measured By

Time	
12:18 PM	Risha Cervantes MA

Assessment Plan

Pregnancy (V22.1)
WET PREP to be performed today.

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed
05/20/2014	miconazole nitrate 2 % vaginal cream	insert 1 applicatorful by VAGINAL route every day for 7 days at bedtime

Lab Studies:

Status	Lab Study	Timeframe	Date	Comments	Interpretation	Value
ordered	WET PREP	today				

Electronically signed by: Burden PAC, Alice 05/20/2014

Today's Provider: Burden PAC, Alice

PCP: A Mosbo LYN Med

Document generated by: Alice F. Burden 05/20/2014

Community Health Center
OF SNOHOMISH COUNTY

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	05/27/2014 12:15 PM
HISTORIAN:	self
VISIT TYPE:	OB Prenatal

History of Present Illness:

1. OB f/u:
2. dizziness:
3. numbness in hands:

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
12:04 PM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
12:04 PM	132.40		60.056	dressed without shoes		24.81	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size

12:04 PM	110/62	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
12:04 PM	97.9	36.60	oral	92	regular	14

Measured By

Time	
12:04 PM	Risha Cervantes MA

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Electronically signed by: Burden PAC, Alice 05/27/2014

Today's Provider: Burden PAC, Alice

PCP: A Mosbo LYN Med

Document generated by: Alice F. Burden 05/27/2014

CHC Community Health Center OF SNOHOMISH COUNTY

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	06/03/2014 11:45 AM
HISTORIAN:	self
VISIT TYPE:	OB Prenatal

History of Present Illness:

1. OB f/u:

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
11:46 AM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
11:46 AM	132.40		60.056	dressed without shoes		24.81	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
11:46 AM	100/60	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
11:46 AM	98.1	36.70	oral	92	regular	16

Measured By

Time	
11:46 AM	Risha Cervantes MA

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Electronically signed by: Burden PAC, Alice 06/03/2014

Today's Provider: Burden PAC, Alice

PCP: A Mosbo LYN Med

Document generated by: Alice F. Burden 06/03/2014

CHC Community Health Center OF SNOHOMISH COUNTY

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: (06/07/2014 11:00 AM) 08/07/2014 10:03 AM

VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB 40 weekds 2 days

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
11:07 AM	5.0	1.25	155.58	05/16/2014	carried forward		Darcy Herriman MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
11:07 AM	132.00			dressed without shoes		24.74		Darcy Herriman MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
11:07 AM	100/62	sitting	left	arm	manual	adult	Darcy Herriman MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
11:07 AM	98.5		oral	60	regular	16	Darcy Herriman MA

Allergies

No known allergies.
Reviewed, no changes.

Office Services completed this visit

Order	Completed By	Interpretation	Result
Trimester appropriate education given	James K. Sherwood		

Office Labs completed this visit

Order	Completed By	Interpretation	Result
UA OB Dip	Darcy Herriman MA	See Detail	Glucose: negative. Protein: negative.
UA DIPSTICK	Darcy Herriman MA	See detail	Glucose: negative. Protein: negative.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Heather R. McConnell 08/07/2014
Lynnwood CHCSC Medical

CHC Community Health Center OF SNOHOMISH COUNTY

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	06/07/2014 11:00 AM
VISIT TYPE:	OB Prenatal

History of Present Illness:
1. OB 40 weekds 2 days

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
11:07 AM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
11:07 AM	132.00			dressed without shoes		24.74	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
11:07 AM	100/62	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
11:07 AM	98.5		oral	60	regular	16

Measured By

Nguyen, Loan 07/15/1988

Time
11:07 AM Darcy Herriman MA

Immunizations:
Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: negative.

Electronically signed by: Sherwood MD, James 06/12/2014

Today's Provider: Sherwood MD, James

PCP: A Mosbo LYN Med

Document generated by: James K. Sherwood 06/12/2014

CHC Community Health Center OF SNOHOMISH COUNTY

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 06/25/2014 6:00 PM
VISIT TYPE: Office Visit

History of Present Illness:

1. vaginal pain

Vaginal delivery 2 weeks ago. 2 days ago noticed "ball" in vagina, increased pain. Using 4-5 pads daily for vaginal bleeding, no increase in bleeding since delivery. No fevers.

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.

Parity: Term:1. Pre-Term: 0. Abortion: 0.

Family History:

Reviewed, no changes. Last detailed document: 11/01/2013.

Social History

Reviewed, no changes.
Medications Reviewed

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
6:16 PM	5.0	1.25	155.58	06/25/2014	measured	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
6:16 PM	117.40			dressed without shoes		21.00	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
6:16 PM	98/60	sitting	right	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
6:16 PM	98.3		oral	80	regular	14

Measured By

Time	
6:16 PM	Jennifer Carlson MA

Physical Exam

Constitutional:

Well developed.

Genitourinary

External Gyn:

External genitalia is unremarkable. Urethra is normal in appearance, without erythema. Urethra meatus is normal.

Internal Gyn:

Cervix normal to inspection and palpation.
Last PAP: 11/15/2013.
Comments: Blood in vaginal canal, no uterine prolapse, no foreign body, no lacerations.

Psychiatric:

The patient is oriented to time, place, person, and situation.

The patient demonstrates the appropriate mood and affect.

Immunizations:

Currently pregnant: yes.

Assessment Plan

Vaginal pain (625.9)

Normal exam- pain and healing tissue, normal 2 weeks post partum
Mild vaginal bleeding
Reassurance, no prolapse
F/u if bleeding continues longer than 2 weeks or increaes

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Electronically signed by: Ashley Brown PAC 06/25/2014

Today's Provider: Ashley Brown PAC

PCP: A Mosbo LYN Med

Document generated by: Ashley Brown 06/25/2014

CHC Community Health Center OF SNOHOMISH COUNTY

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	07/07/2014 4:30 PM
VISIT TYPE:	Office Visit

History of Present Illness:

1. vaginal itching
2. continued

feels ball stuck on outside area of vagina. can have burning and itching in area. worse after washing. still having some bleeding -- pad q 2-3 hours -- has stopped and started. still occ cramping lower abdomen. post partum -- date of delivery 6/10. no fevers. no sex since delivery. no strange discharge but blood is dark brown. bump is located on back of vagina.. had repaired laceration.

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

ALLERGIES:

No known allergies.
Reviewed, no changes.

Review of Systems

System	Negative	Positive	Comments
Neuro / Psychiatric	Depressed mood and marked diminished interest or pleasure.		

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
5:03 PM	5.0	1.25	155.58	06/25/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2

5:03 PM	115.00	dressed without shoes	21.55

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
5:03 PM	106/66	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
5:03 PM	98.8		oral	72	regular	16

Measured By

Time	
5:03 PM	Darcy Herriman MA

Physical Exam

Constitutional:

Well developed.

Genitourinary

External Gyn:

Glands do appear to be normal. Urethra is normal in appearance, without erythema. Urethra meatus is normal.

Internal Gyn:

Cervix normal to inspection and palpation.
Last PAP: 11/15/2013.
Comments: has well approximated perineal laceration w small palpable scar tissue in posterior vagina just inside hymen. scant brown blood in os.

Immunizations:

Currently pregnant: yes.

Assessment Plan

Perineal laceration (618.7)
healing well. normal exam. f/u prn or in a couple weeks for post partum check

Vaginal itching (698.1)
wet prep -- treat if needed.

Constipation (564.00)
WET PREP to be performed today.
docusate prn. continue water fiber, walking

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed
07/07/2014	docusate sodium 100 mg capsule	take 1 capsule by oral route 2 times every day as needed for constipation

Lab Studies:

Status	Lab Study	Timeframe	Date	Comments	Interpretation	Value
ordered	WET PREP	today				

Electronically signed by: James Sherwood MD MD 07/07/2014

Today's Provider: James Sherwood MD MD

PCP: A Mosbo LYN Med

Document generated by: James K. Sherwood 07/07/2014

CHC Community Health Center OF SNOHOMISH COUNTY

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	07/30/2014 3:00 PM
VISIT TYPE:	OB Postpartum

History of Present Illness:

1. post partum

here for post partum check. still has itching -- now on skin above vagina more than vagina itself. neg wet prep in past. itching present most of the time. ? slight extra redness there. would also like me to check bump she discussed with me before -- bump is same as before or maybe a bit smaller. no period yet just scant blood on TP today when peeing noticed once. no abd pain. breast feeding. has had copper IUD before and it caused acne but otherwise she liked it. delivery was 6/10. uncomplicated delivery and pregnancy except minor perineal laceration by report. mood good. no abd cramping. bleeding had stopped until yesterday's scant blood.

Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
3:13 PM	5.0	1.25	155.58	06/25/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
3:13 PM	110.20			dressed with shoes		20.65	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
3:13 PM	108/60	sitting	right	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
3:13 PM	98.4		oral	72	regular	16

Measured By

Time	
3:13 PM	Holly Sarrazin MA

Physical Exam

Constitutional:

Well developed.

Genitourinary

External Gyn:

Glands do appear to be normal. Perineum is unremarkable. Urethra meatus is normal.

Internal Gyn:

Vaginal mucosa appears normal. Cervix normal to inspection and palpation. Uterus normal in size and position. Adnexa normal to palpation, normal in size; no masses.
Comments: slight erythema of external surface of vulva. no irreg discharge.

Assessment Plan

General counseling and advice on contraceptive man (V25.09)
after counseling she would like to do paraguard IUD. will do this in 1-2 weeks when she will be 2 mo post partum for safety. condoms until then.

post partum is doing very well w no major complications noted. f/u prn.

Vaginal lesion (623.8)
agin is likely healing perineal laceration. progressing in healing as expected. f/u prn

Itching of vulva (698.1)
likely d/t topical irration by location and appearacne. not c/w yeast or other vaginitis given sx, exam and past testing.
--try to ID topical irritant and eliminate -- check esp underware material, laundry detergent, pads
--soothing emolients for now
-f/u prn if not improving

Postpartum exam (V24.2)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed
07/07/2014	docusate sodium 100 mg capsule	take 1 capsule by oral route 2 times every day as needed for constipation

Counseling / Education Details:
07/30/2014 James K. Sherwood Comments: spent majority of visit counseling on contraception options and nature of disease and treatment of her vulvar itching and healing perineal laceration.

COUNSELING / EDUCATIONAL FACTORS:
Counseling / educational factors have not been reviewed.
This is a visit of 30 minutes.
Electronically signed by: James Sherwood MD MD 07/30/2014

Today's Provider: James Sherwood MD MD

PCP: A Sherwood LYN Med

Document generated by: James K. Sherwood 07/30/2014

Community Health Center OF SNOHOMISH COUNTY

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	08/07/2014 2:45 PM
VISIT TYPE:	Office Visit

History of Present Illness:

1. IUD insert

here for paraguard IUD insertion. discussed options at last visit and during rpegnancy. see relavent revierw of hx at last visit and initial pregnancy visit. patient feels well today w no recent problems. hcg neg today.

CHRONIC PROBLEMS:

IUD (intrauterine device) in place

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
2:59 PM	5.0	1.25	155.58	06/25/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
2:59 PM	110.00			dressed with shoes		20.61	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
2:59 PM	100/60	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
2:59 PM	97.8		oral	72	regular	16

Measured By

Time	
2:59 PM	Holly Sarrazin MA

Physical Exam

Constitutional:

Well developed.

Genitourinary

External Gyn:

Glands do appear to be normal. Perineum is unremarkable. Urethra is normal in appearance, without erythema. Urethra meatus is normal.

Internal Gyn:

Cervix normal to inspection and palpation. Uterus normal in size and position. Adnexa normal to palpation, normal in size; no masses.

Last PAP: 11/15/2013.

Comments: slight dry and erythemetous exeternal genetalia. small residual lump in posterior vagina as before c/w scar tissue from perineal lac.

Assessment Plan

Encounter for IUD insertion (V25.11)

appropriate for paraguard IUD insertion. see procedure note. patietn declined GC/CT testing. has recent nromal PAP

IUD (intrauterine device) in place (V45.51)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed
07/07/2014	docusate sodium 100 mg capsule	take 1 capsule by oral route 2 times every day as needed for constipation

Electronically signed by: James Sherwood MD MD 08/10/2014

Today's Provider: James Sherwood MD MD

PCP: A Sherwood LYN Med

Document generated by: James K. Sherwood 08/10/2014

CHC Community Health Center OF SNOHOMISH COUNTY

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	11/24/2014 01:30 PM
HISTORIAN:	self
VISIT TYPE:	Preventive Medicine

This 26 year old female presents for CPE and other concerns.

History of Present Illness:

1. CPE and other concerns
   here for CPE and concerns today are
   --irreg periods -- has had for a while. had paragard placed 8/14 -- had been ok then had 2 periods jsut 2 or so weeks apart
   --vision getting worse -- blurry for far away. reading close OK
   --dizzyness -- more if looks up then down. like room spinning. can feel like pressure buildling in head and tired at times also -- not always together. when diuzzy will close eyes or stand still. no hearing problems. no similar dizzyness before. started a while ago and now getting worse. no other exacerbating. no sure alleviating. can also happen when standing up out of bed or w sudden turn of head.

   also notes that a insurance company asker her if she is still getting treatmetn for the accident she was in while pregnant. she feels fine now she thinks except maybe the dizzyness.

   ROS: comp ROS negative except as above and some mild back pain -- see MA documentation

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status
IUCD status	08/07/2014	Y	

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
		Knee surgery	2011	
Pregnancy	2009	1 hr labor	2009	Pt reports she had no contractions, only ROM
Pregnancy management	2009	no pain management		

DIAGNOSTICS HISTORY:

Test	Ordered	Interpretation	Result	completed
ultrasound ob >14 wk single	01/10/2014		normal anatomy scan.	01/16/2014

fetus

Test	Ordered	Ordering Comments	Modifier
ultrasound ob >14 wk single fetus	01/10/2014	anatomy scan	

GYNECOLOGIC HISTORY:
Menarche: 13 y.o. (onset)
Date of last PAP: 11/15/2013.
OBSTETRIC HISTORY:
Currently pregnant.
GRAVIDA: 2.
PARITY: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.

Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Maternal aunt				Coronary artery disease		N
Maternal aunt				Hyperlipidemia		N
Maternal aunt				Hypertension		N
Mother				Hypertension		N

SOCIAL HISTORY (Detailed)

Preferred language is Vietnamese. Language spoken at home is Vietnamese.
The patient does not need an interpreter. Born in Vietnam.

EDUCATION/EMPLOYMENT/OCCUPATION

The patient has a(n) some college education.

Employment	History	Status	Retired	Restrictions
Pharmacy Tech	student			

Smoking status: Never smoker.

No passive smoke exposure.
CAFFEINE
The patient does not use caffeine.
LIFESTYLE
Moderate activity level.
HOME ENVIRONMENT/SAFETY
The home has smoke detectors. No carbon monoxide detector at home.
Uses seat belts.
Patient agrees to transfusion.

Medication Reconciliation

Medications reconciled today.

Allergies

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

VITAL SIGNS

HEIGHT

Time	ft	in	cm	Last Measured	Height Position	%
1:48 PM	5.0	1.25	155.57	11/24/2014		

WEIGHT/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
1:48 PM	103.40		46.901	dressed without shoes		19.38	

BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
1:48 PM	104/62	sitting	left	arm	manual	adult

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
1:48 PM	97.9	36.61		84	regular	18

MEASURED BY

Time	Measured by
1:48 PM	Kaoseng Thao MA

Screening Summary:
Last PAP: 11/15/2013.

Physical Exam

Exam	Findings	Details
Constitutional	Normal	No acute distress. Well nourished. Well developed.
Eyes	*	Visual acuity - OD: Corrected: 20/100, OS: Corrected: 20/80, OU: Corrected: 20/100.
Eyes	Comments	visiual acuity subj better w pin hole
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Inspection - Right: Normal, Left: Normal. Hearing - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal. Thyroid gland - Normal.
Lymph Detail	Normal	No cervical or supraclavicular adenopathy.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. No abdominal tenderness. No hepatic enlargement. No splenic enlargement.
Skin	Normal	Inspection - Normal.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Neurological	Comments	Cn 2-12 intact. D-H maneuver + for sx to R but no nystagmus seen
Neurological	Normal	Level of consciousness - Normal. Orientation - Normal. Memory -

Psychiatric	Normal	Normal. Sensory - Normal. Motor - Normal. Balance & gait - Normal. Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment Provider Plan	ROUTINE MEDICAL EXAM (V70.0). CVS: exercise, eat well -- counseling -- no labs needed or other tests ID: declines STI screening. due for flu vaccine CA: UTD on PAP -- discussed sunscreen OTHER: seatbelts, fire safety, helmets discussed
2.	Assessment	screening for eye condition nec (V80.2).
3.	Assessment Provider Plan	Myopia (367.1). Cause likely myopia of blurriness at distance. --given optometry list
4.	Assessment Provider Plan	Presence of intrauterine contraceptive device (V45.51). irreg periods normal fpr patient and not sign of IUD problem
5.	Assessment Provider Plan	Benign paroxysmal positional vertigo (386.11). likley dx by hx and exam --given handout and taught epply maneuvers

Medications *(Added, Continued or Stopped this visit)*

Started	Medication	Directions	Instruction	Stopped
07/07/2014	docusate sodium 100 mg capsule	take 1 capsule by oral route 2 times every day as needed for constipation		
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening		
08/10/2014	ParaGard T 380A 380 square mm intrauterine device	placed 8/7/14 -- lot # 513002		
	Prenatal	take 1 tablet by oral route every day		
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion		
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed		

Counseling / Educational Factors:

Electronically signed by: James Sherwood MD MD 11/24/2014 02:31 PM

Today's Provider: James Sherwood MD MD

Document generated by: James K. Sherwood 11/24/2014 02:30 PM

MAKE CHECKS PAYABLE TO:

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8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3045747

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
05/27/14	Nguyen, Loan	Burden PAC, Alice	00011	V22.1	md ob visit	$0.00
05/27/14	Nguyen, Loan	Burden PAC, Alice	99070	V22.1	supply charge	$0.00
05/27/14	Nguyen, Loan	Burden PAC, Alice	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
05/31/14					Adj Coordinated Care	-$2.66
06/02/14					Z Medicaid Auto Adjustment	-$17.34

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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Everett, WA 98208-2619

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CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 3038737

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
05/20/14	Nguyen, Loan	Burden PAC, Alice	00011	V22.1	md ob visit	$0.00
05/20/14	Nguyen, Loan	Burden PAC, Alice	99070	V22.1	supply charge	$0.00
05/20/14	Nguyen, Loan	Burden PAC, Alice	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
05/22/14					Z Medicaid Auto Adjustment	-$17.34
05/22/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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Everett, WA 98208-2619

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CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3034994

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
05/16/14	Nguyen, Loan	Sherwood MD, James	00011	V22.1	md ob visit	$0.00
05/16/14	Nguyen, Loan	Sherwood MD, James	99070	V22.1	supply charge	$0.00
05/16/14	Nguyen, Loan	Sherwood MD, James	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
05/20/14					Z Medicaid Auto Adjustment	-$17.34
05/20/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

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Everett, WA 98208-2619

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CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3031637

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
05/14/14	Nguyen, Loan	Sherwood MD, James	99213	V22.1	office/outpatient visit, est, exp prob	$154.00
05/14/14	Nguyen, Loan	Sherwood MD, James	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
05/30/14					Pmt Coordinated Care	-$38.39
05/30/14					Pmt Coordinated Care	$0.00
05/16/14					Z Medicaid Auto Adjustment	-$115.61
05/16/14					Z Medicaid Auto Adjustment	-$17.34
05/30/14					Adj Coordinated Care	$0.00
05/30/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$174.00	-$38.39	-$135.61	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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Everett, WA 98208-2619

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CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3055067

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
06/03/14	Nguyen, Loan	Burden PAC, Alice	00011	V22.1	md ob visit	$0.00
06/03/14	Nguyen, Loan	Burden PAC, Alice	99070	V22.1	supply charge	$0.00
06/03/14	Nguyen, Loan	Burden PAC, Alice	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
06/09/14					Z Medicaid Auto Adjustment	-$17.34
06/09/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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Everett, WA 98208-2619

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CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3061212

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
06/07/14	Nguyen, Loan	Sherwood MD, James	00011	V22.1	md ob visit	$0.01
06/07/14	Nguyen, Loan	Sherwood MD, James	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
06/17/14					Z Medicaid Auto Adjustment	-$17.34
06/17/14					Z Medicaid Auto Adjustment	-$0.01
06/17/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.01	$0.00	-$20.01	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

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CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 3084974

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
06/25/14	Nguyen, Loan	Brown PAC, Ashley	99214	625.9	office/outpatient visit, est, detailed	$226.00
07/11/14					Pmt Coordinated Care	-$56.14
07/11/14					Adj Coordinated Care	-$169.86

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$226.00	-$56.14	-$169.86	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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CHECK CARD USING FOR PAYMENT

☐ DISCOVER ☐ MASTERCARD ☐ VISA

CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 3096965

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
07/07/14	Nguyen, Loan	Sherwood MD, James	99213-25	618.7	office/outpatient visit, est, exp prob	$154.00
07/07/14	Nguyen, Loan	Sherwood MD, James	36415	564.00	collect venous blood, venipuncture	$20.00
07/25/14					Pmt Coordinated Care	-$38.39
07/25/14					Pmt Coordinated Care	-$2.47
07/15/14					Z Medicaid Auto Adjustment	-$17.59
07/25/14					Adj Coordinated Care	-$115.61
07/25/14					Adj Coordinated Care	$0.06

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$174.00	-$40.86	-$133.14	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 3127625

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
07/30/14	Nguyen, Loan	Sherwood MD, James	99214	V25.09	office/outpatient visit, est, detailed	$234.00
08/08/14					Pmt Coordinated Care	-$56.14
08/01/14					Z Medicaid Auto Adjustment	-$176.89
08/08/14					Adj Coordinated Care	-$0.97

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$234.00	-$56.14	-$177.86	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 3165543

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
08/07/14	Nguyen, Loan	Sherwood MD, James	J7300	V25.11	intraut copper contraceptive	$550.00
08/07/14	Nguyen, Loan	Sherwood MD, James	58300	V25.11	insert intrauterine device (iud)	$154.00
08/07/14	Nguyen, Loan	Sherwood MD, James	81025	V25.9	urine pregnancy test	$25.00
08/22/14					Pmt Coordinated Care	$0.00
08/22/14					Pmt Coordinated Care	-$42.31
08/22/14					Pmt Coordinated Care	-$7.15
09/05/14					Pmt Coordinated Care	$0.00
08/13/14					Z Medicaid Auto Adjustment	-$20.89
08/13/14					Z Medicaid Auto Adjustment	-$10.00
08/13/14					Z Medicaid Auto Adjustment	-$111.72
08/22/14					Adj Coordinated Care	$0.00
08/22/14					Adj Coordinated Care	$0.03
08/22/14					Adj Coordinated Care	$3.04
09/05/14					Adj Coordinated Care	$0.00

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$729.00	-$49.46	-$139.54	$540.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

ENCOUNTER INVOICE 3184951

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

REMIT TO **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
08/18/14	Nguyen, Loan	Medical Asst, Lynnwood	85018-QW	V78.0	blood count, hemoglobin	$20.00
09/19/14					Pmt Coordinated Care	-$2.59
09/08/14					Z Medicaid Auto Adjustment	-$17.41

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	-$2.59	-$17.41	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 4/15/2015 2:41:02 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
04/15/15	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3347646

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
11/24/14	Nguyen, Loan	Sherwood MD, James	99213-25	367.1	office/outpatient visit, est, exp prob	$159.00
11/24/14	Nguyen, Loan	Sherwood MD, James	99395-25	V70.0	preventive checkup, est, 18-39 yrs	$258.00
11/24/14	Nguyen, Loan	Sherwood MD, James	90658	V04.81	flu vaccine, split, 3+ years, intramuscular	$20.00
11/24/14	Nguyen, Loan	Sherwood MD, James	90471	V04.81	immunization admin, 1 vaccine	$15.00
04/02/15					Pmt Patient - Check	-$25.00
12/08/14					Z Flat Fee A Auto Adjustment	-$134.00
12/08/14					Z Flat Fee A Auto Adjustment	-$258.00
12/08/14					Z Flat Fee A Auto Adjustment	-$15.00
12/08/14					Z Flat Fee A Auto Adjustment	-$20.00

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$452.00	-$25.00	-$427.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 4/15/2015 2:40:56 PM

SWEDISH HOSPITAL

SWEDISH

Patient Demographics

Name	Patient ID	SSN	Sex	Birth Date
Nguyen, Loan Thi Kim	1001885381	xxx-xx-4229	Female	07/15/88 (26 yrs)

Address	Phone	EMail	Employer
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (H)		

Reg Status	PCP	Date Last Verified	Next Review Date
Verified	Bly, Eleanor Grace, MD425-789-2000	05/13/14	01/15/15

Admission Date	Discharge Date	Admitting Provider
05/14/14	05/14/14	Rogers, Catherine A, MD

Marital Status	Religion
Single	None

Emergency Contact 1	Emergency Contact 2
Vu Phan (SO) 206-229-1797 (H)	Per Pt None (NONE) 000-000-0000 (H)

Insurance as of5/14/2014

Payor	Plan	Group	Member	Effective Dates
AUTO INS OTHER	AUTO INS OTHER [329001]		A101266328	-
Subscriber: NGUYEN,LOAN THI KIM [A101266328] Guarantor : NGUYEN,LOAN THI KIM				
COORDINATEDCARE-HO	COORDINATEDCARE-HO [341101]		00083112201	12/1/2013 -
Subscriber: NGUYEN,LOAN THI KIM [00083112201] Guarantor : NGUYEN,LOAN THI KIM				

Patient Ethnicity & Race

Ethnic Group	Patient Race
Non-Hispanic or Latino	Asian

Admission Information

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
Rogers, Catherine A, MD	Rogers, Catherine A, MD	Elective	05/14/14 1555
Discharge Date/Time	**Hospital Service**	**Auth/Cert Status**	**Service Area**
05/14/14 1938	OB/Gyn	Complete	SWEDISH MEDICAL CENTER

Unit	Room/Bed	Admission Status
E 7 WEST	701/701-1	Discharged (Confirmed)

Notes/Transcription

Progress Notes by Johnson, Taryn, RN at 05/14/14 1608

Author Johnson, Taryn, RN	Service: (none)	Author Type: Registered Nurse
Filed: 05/14/14 1804	Note Time: 05/14/14 1608	Note Type: Progress Notes
Status: Signed	Editor: Johnson, Taryn, RN (Registered Nurse)	

Notes/Transcription (continued)

Progress Notes by Johnson, Taryn, RN at 05/14/14 1608 (continued)

1600: Patient is a 25 y/o G2P1 at 36wk6d GA here following a MVC at 1030. Saw here OB at the CHC following the accident and was told to come to the birth Center for Monitoring. States she was rearended while stopped at a red light. She was wearing her seat belt but states she did hit her upper abdomen on the steering wheel. She had not started having cramps and back pain until the last hour rated 5/10 and 7/10 respectively. UA obtained and patient placed on monitors. Discussed plan of care with patient and boyfriend. 1620: Dr. Rogers given report on patient, continue to monitor, patient may eat and orally hydrate. Updated Dr. Rogers, patient contracting 2-5 min, breathing through contractions. V.O obtained for cervical exam. 1730 Dr Rogers updated on patient and cervical exam FT/40 /-3, VO for tylenol and monitor x1 hour more. Discussed plan of care with patient and she agrees.

END OF REPORT

Notes/Transcription

Progress Notes by Maestri, Laurel, RN at 05/14/14 1925

Author: Maestri, Laurel, RN | Service: (none) | Author Type: Registered Nurse
Filed: 05/14/14 1932 | Note Time: 05/14/14 1925 | Note Type: Progress Notes
Status: Signed | Editor: Maestri, Laurel, RN (Registered Nurse)

Discharge instructions given. Verbalized understanding

END OF REPORT

Notes/Transcription

Progress Notes by Maestri, Laurel, RN at 05/14/14 1931

Author: Maestri, Laurel, RN | Service: (none) | Author Type: Registered Nurse
Filed: 05/14/14 1932 | Note Time: 05/14/14 1931 | Note Type: Progress Notes
Status: Signed | Editor: Maestri, Laurel, RN (Registered Nurse)

Ambulating off the floor. No signs of distress

END OF REPORT

Notes/Transcription

Progress Notes by Rogers, Catherine A, MD at 05/14/14 2012

Author: Rogers, Catherine A, MD | Service: (none) | Author Type: Physician
Filed: 05/14/14 2131 | Note Time: 05/14/14 2012 | Note Type: Progress Notes
Status: Signed | Editor: Rogers, Catherine A, MD (Physician)

SWC Triage Note

Loan Thi Kim Nguyen

Age/Gender **25 y.o. female** | Attending **Rogers, Catherine A, MD**
MRN **1001885381** | Performin **Catherine A Rogers**

Notes/Transcription (continued)

Progress Notes by Rogers, Catherine A, MD at 05/14/14 2012 (continued)

g

Location **EDMONDS 7 WEST** PCP **Bly, Eleanor Grace**
Hosp Day # **1**

There are no active problems to display for this patient.

Date/Time 5/14/201420:12
Triage Visit: Rule Out pre-term labor
Vital Sign:
Filed Vitals:

	05/14/14 1603	05/14/14 1700	05/14/14 1930
BP:	104/61		110/62
Temp:	36.8 °C (98.2 °F)		
Resp:	18		18
Height:		157.5 cm (5' 2")	
Weight:		59.421 kg (131 lb)	
SpO2:	98%		

Estimated Date of Delivery: 6/5/14
Gestational Age: 36w6d

Subjective

25yo G2P1 at 36w6d s/p mva at 1030 this am, seen at CHC and sent for eval at BC, however did not arrive until 1630. Pt with cramps, and contractions, no bleeding, no fluid. Reported plenty of fetal movement. Pt observed over 3 hrs with diminished contractions and requesting discharge to home.

Obstetric History

G2	P1	T1	P0	A0	TAB0	SAB0	E0	M0	L1

Prenatal care at CHC Lynnwood

History reviewed. No pertinent past medical history.

Past Surgical History

Procedure	Laterality	Date
• Knee surgery	Right	2011

No Known Allergies

Objective

Cervical Exam: Dilatation ft cm, Effacement 40% and Station Floating
Contractions: q 3-5 minutes, Then tapered to occasional >10minutes
Intensity Mild
Membrane Status Intact

Fetal Assessment

FHR: Baseline rate 130bpm
Variability: Moderate
Accelerations: Present

Decels: none

Assessment:
preterm contractions without labor resolved
Reassuring fetal status reactive NST
There is no problem list on file for this patient.

Plan:
Reviewed labor precautions and following fetal movemnt criteria
Follow up with OB provider as scheduled

Catherine A Rogers, MD
20:12; 5/14/2014

END OF REPORT

Scan on 5/19/2014 1246 by Beich, Kathy : COA; 2014/05/14 (below)

Notes/Transcription (continued)

I, THE UNDERSIGNED, HEREBY CONSENT (AGREE) TO RECEIVE MEDICAL CARE FROM THE PRACTIONER(S) RESPONSIBLE FOR MY DIAGNOSIS AND TREATMENT. I understand that I, or my authorized representative, have the right to decide whether to accept or refuse medical care. I may ask questions about my medical care and make my wishes known to my practitioners and/or staff. I will participate in my care and foster a safe environment for myself, staff, and other patients within Swedish Medical Center (SMC). I understand that my care is under the direction of my attending physicians, who may be independent contractors and not employees or agents of SMC. SMC is not liable for the acts or omissions of such independent contractors. I acknowledge that SMC is a teaching hospital and that teachers, trainees, residents and students may observe or participate in my care. I understand that photographs and video recordings of my treatment may be taken if they may be useful as a component of my treatment.

IN CASE OF AN EMERGENCY I WILL RECEIVE CARDIOPULMONARY RESUSCITATION (CPR)
The policy of SMC is to provide emergent medical care to all individuals unless we have a Physician Order that directs us otherwise. SMC provides emergent care through a code team or by calling 911.

SMC IS NOT RESPONSIBLE FOR MY PERSONAL ITEMS. SMC offers temporary safekeeping for essential personal items (i.e., glasses, dentures, hearing aids, or other assistive devices). Luggage or purses brought into a SMC facility may be subject to search in an effort to keep staff and visitors safe. SMC shall not be liable for the loss or damage to any personal item including money or articles of value.

THE FOLLOWING ITEMS AND BEHAVIOR ARE NOT PERMITTED ON SMC PROPERTY.

Weapons: I agree to turn over all weapons to security and I understand that if I am suspected of possessing a weapon, SMC has the right to search me and/or my belongings and seize such items.

Illegal Drugs: Substance abuse is prohibited in all areas of SMC and I agree to turn over any and all illegal substances. I understand that if I am suspected of possessing an illegal substance or illegal contraband, SMC has the right to search me and/or my belongings and seize such items, and I consent to such search and seizure.

Tobacco: SMC is a smoke-free facility on all campuses and in all clinics. I understand that I will not be allowed to leave the building to smoke or chew tobacco during my treatment or service. I understand help and resources are available to me to avoid tobacco withdrawal.

SMC MAY GIVE INFORMATION TO MY HEALTH INSURANCE COMPANY FOR PAYMENT. To the extent required to assure payment, SMC will disclose any pertinent medical information to a designated representative, corporation, governmental agency or third party payor. Examples of such entities may include insurance companies, workers compensation carriers, the Social Security Administration, or a Department of Health and Human Services. Communication to these entities may include details to support appropriateness of treatment, medical necessity, and financial reimbursement. I understand that disclosures supporting treatment, payment, or operations may extend to, but are not limited to all aspects of my care, including data related to treatment for HIV/AIDS, sexually transmitted diseases, substance abuse, or mental health conditions, unless expressly limited by me in writing. I understand that limiting disclosure may prevent my insurer from paying for my medical care, making me responsible for the cost of my treatment.

IT IS MY RESPONSIBILITY TO PAY MY BILL OR TO MAKE ARRANGEMENTS TO HAVE MY BILL PAID:

Private Pay: As a patient (or a patient's agent), I agree to be financially responsible to SMC for charges not paid by insurance. I understand this amount is due upon billing.

Insurance Coverage: I certify that the information provided regarding my insurance policy and eligibility is correct to the best of my knowledge. I hereby authorize SMC to receive reimbursement directly from my insurance company. Any portion of charges not paid by the insurance company will be billed to me and enforceable within 30 days of invoice. I understand that SMC will verify my insurance coverage but that this does not guarantee payment by the insurance company and I will be responsible for all covered charges. I understand that it is my responsibility to determine the coverage limits of my insurance.

Financial Assistance: As a part of our strong commitment to ensuring access to medical care, SMC offers financial assistance for medically necessary services in our hospitals. I understand I may still qualify for financial assistance even if I have medical insurance. Eligibility is determined based on federal poverty guidelines, family size, and other criteria. I may apply for potential financial assistance prior to service, at the time of service, or at any point in the billing process up to the resolution of the account. This assistance does not cover services such as care from my doctor, dental care, eyeglasses, lab tests, or prescription drugs. I understand that financial assistance applications are available at any registration area or after I have received a bill from SMC.

I UNDERSTAND THAT IN ADDITION TO MY SMC BILL, I WILL RECEIVE A SEPARATE BILL(S) FROM PHYSICIANS AND/OR CARE PROVIDERS INVOLVED IN MY DIAGNOSIS AND TREATMENT. Because every health insurance plan is different I understand that SMC is unable to ensure that all physicians and/or care providers are preferred providers under my insurance plan, and that I may be responsible for out-of-network rates.

I HAVE BEEN OFFERED A COPY OF THE NOTICE OF HEALTH INFORMATION PRACTICES AND UNDERSTAND THAT IT IS ALSO AVAILABLE UPON REQUEST. The Notice of Health Information Practices describes how information about me may be used and disclosed and how I can get access to this information. I have a right to receive a paper copy of this notice, available in all patient registration areas. Swedish will not use or disclose health information except as indicated in this notice. This notice describes examples of disclosures for treatment, payment or health operations. It also includes other uses and disclosures and information about special authorizations and my rights.

I have read the above and understand the content. Changes to this form are not permitted, and questions about this form will be addressed by appropriate administrative or clinical staff. If I bring any prohibited items or engage in behavior that is not permitted on Swedish property, I may be asked to sign a behavioral agreement. Repeated violations may result in additional restrictions and/or transfer or discharge.

Date: 5/14/14 Time: 1600 Patient: [signature]

Witness: [signature] Patient's Agent or Representative _____

Relationship _____

☐ Unable to obtain signature Reason: _____

MRN: 1001885381 ADT
5/14/2014 SEX: F
NGUYEN, LOAN THI KIM
7/15/1988 (25 yrs) 244550713
ADMIT MD: ROGERS, CATHERINE A

LEG 310 SMC 07/1

COA

COA

SWEDISH
SEATTLE, WASHINGTON

CONDITIONS OF ADMISSION

Scan on 5/19/2014 1246 by Beich, Kathy : COA; 2014/05/14

Scan on 5/15/2014 1009 by Johnson, Novita Y (below)

Notes/Transcription (continued)

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I have read the above and understand the content. **Changes to this form are not permitted,** and questions about this form will be addressed by appropriate administrative or clinical staff. If I bring any prohibited items or engage in behavior that is not permitted on Swedish property, I may be asked to sign a behavioral agreement. Repeated violations may result in additional restrictions and/or transfer or discharge.

Date: 5/14/14 Time: 15:55

Patient: Unable to obtain Signature

Patient's Agent or Representative

Relationship

Witness:

☒ Unable to obtain signature Reason: pt already upon IW

MRN: 1001885381 AMB
5/14/2014 3:55 PM SEAT F
NGUYEN,LOAN THI KIM
7/15/1988 (25 yrs) 244550713
ATTEND: ROGERS, CATHERINE A*

SWEDISH
SEATTLE, WASHINGTON

Form 60037 Stock Rev. 7/13/11 FV

CONDITIONS OF ADMISSION

Scan on 5/15/2014 1009 by Johnson, Novita Y

URINALYSIS DIPSTICK POCT (Order 154152479)

Status: **Final result**

Results

5/14/2014 4:25 PM

Clinical Labs

Clinical Labs (continued)

Result Information

Status	Provider Status
Abnormal Final result (5/14/2014 4:25 PM)	Ordered

Component Results

Component	Value	Flag	Ref Range	Units	Status
COLOR-POCT	Yellow				Final
APPEARANCE-POCT	**Cloudy**	**(A)**			Final
GLUCOSE-POCT	Negative		Negative	mg/dL	Final
BILIRUBIN-POCT	Negative		Negative		Final
KETONES-POCT	**15**	**(A)**	Negative		Final
SPECIFIC GRAVITY-POCT	1.020		1.000 - 1.035		Final
BLOOD-POCT	Negative		Negative		Final
PH-POCT	7.0		5.0 - 9.0		Final
PROTEIN-POCT	Negative		Negative	mg/dL	Final
UROBILINOGEN-POCT	1.0		0.2 - 1.0	EU/dL	Final
NITRATE-POCT	Negative		Negative		Final
ESTERASE-POCT	**Small**	**(A)**	Negative		Final

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
05/14/14 04:34 PM	05/14/14 04:34 PM	05/14/14 04:34 PM	05/14/14 04:34 PM

Provider Information

Ordering User	Ordering Provider	Authorizing Provider
Intf, Pamllabin	Rogers, Catherine A, MD	Rogers, Catherine A, MD

Attending Provider(s)	PCP
Rogers, Catherine A, MD	Bly, Eleanor Grace

Continuity of Care Report

Loan Thi Kim Nguyen was recently seen at SWEDISH MEDICAL CENTER for care. You are receiving this document as you are listed as the PCP, follow up provider, or the patient has been referred to you for consultation. This is in compliance with CMS Transitions of Care requirement.

Loan Thi Kim Nguyen
6/3/2014 1:15 PM Hospital Encounter
MRN: 1001885381 **Department: Edmonds 7 West**

Department

Name	Address	Phone	Fax
Edmonds 7 West	21601 76th Ave W Edmonds WA 98026-7507	425-640-4070	425-640-4427

Patient Demographics

Address	Phone
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (Home)

Basic Information

Date Of Birth	Gender	Race	Ethnicity	Preferred Language
7/15/1988	Female	Asian	Non-Hispanic or Latino	English

Your Vitals Were - Last Recorded

Last Period	OB Status	Smoking Status
08/29/2013	Pregnant	Never Smoker

Allergies as of 6/3/2014

No Known Allergies

Problem List as of 06/03/2014

Problem	Noted	Resolved
Supervision of normal intrauterine pregnancy in multigravida	5/14/2014	
Pelvic pain in pregnancy, antepartum, third trimester	6/3/2014	

Your Current Medications Are

prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab

New Results last 48 hrs

Procedure	Component	Value	Ref Range	Date/Time
WET MOUNT [155746859]				Collected: 06/03/14 1432 Updated: 06/03/14 1604
Order Status: Completed				
Specimen Information: FLUID (ENTER SOURCE) / Vaginal				
	SOURCE	VAG		
	SITE	-		
	KOH AND WET PREP	-		
	Result:			
	CLUE CELLS NOT PRESENT			
	NO TRICHOMONAS SEEN			
	NO YEAST/HYPHAE			

MMosb PA-C

New Results last 48 hrs (continued)

Procedure	Component	Value	Ref Range	Date/Time
	4+ WBC			
FERN TEST [155746860] Order Status: Completed Specimen Information: Slide(s)				Collected: 06/03/14 1432 Updated: 06/03/14 1535
	FERN TEST	NEGATIVE	NEGATIVE	
SCAN EXTERNAL OB STORK PRENATAL LAB RESULTS [155742159] Order Status: Completed				Resulted: 05/08/14 Updated: 06/03/14 1359
	GB STREP DNA	Neg		
URINALYSIS DIPSTICK POCT [155741427] (Abnormal) Order Status: Completed				Collected: 06/03/14 1405 Updated: 06/03/14 1354
	COLOR-POCT	Yellow		
	APPEARANCE-POCT	Clear		
	GLUCOSE-POCT	Negative	Negative mg/dL	
	BILIRUBIN-POCT	Negative	Negative	
	KETONES-POCT	Negative	Negative	
	SPECIFIC GRAVITY-POCT	1.020	1.000 - 1.035	
	BLOOD-POCT	Trace-intact (A)	Negative	
	PH-POCT	7.0	5.0 - 9.0	
	PROTEIN-POCT	Negative	Negative mg/dL	
	UROBILINOGEN-POCT	0.2	0.2 - 1.0 EU/dL	
	NITRATE-POCT	Negative	Negative	
	ESTERASE-POCT	Small (A)	Negative	

Social History

Category	History
Smoking Tobacco Use	**Never Smoker**
Smokeless Tobacco Use	**Never Used**
Tobacco Comment	
Alcohol Use	**No**
Drug Use	**No**
Sexual Activity	**Yes; Male partners; Birth Ctrl/Protection: None**
ADL	**Not Asked**

Discharge Instructions

Home Care Instructions: Pregnancy -- Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: No restriction, no limitations.

Call your health care provider:

- If your bag of water breaks (leaking fluid from your vagina).
- Uterine activity: Full Term Pregnancy -- when contractions are regular and too painful to talk through.
- For vaginal bleeding: Full Term Pregnancy -- a small amount of bloody mucus-like show is normal in early labor if you are full term.
- Decreased movements of your baby (less than twenty movements in a twelve hour period, or less than ten movements in two hours at night).
- Persistent headache.
- Blurred or spotted vision.
- Sudden increase in your weight, or swelling of your hands and face.
- Any concerns.

Daily Fetal Movement Count

Changes in fetal movement may reflect changes in fetal well-being. By paying attention to the number of times your baby moves daily, you will get to know your baby's normal pattern of movements and recognize any significant changes. Each baby tends to have its own pattern of activity, and some are more active than others. Counting your baby's movement is easy to perform, non- invasive, and will provide significant information to your physician on the well-being of your baby. The idea is to be sure he or she is moving around enough.

Your physician may start to recommend you begin counting movements around the 7th month of your pregnancy (about 28 weeks of gestation)

Instructions on counting your baby's movements:

1. Choose a time when your feel your baby is most active. Sit down or lie on your side preferably in a quiet room so you won't get distracted.

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There are several different ways to monitor fetal movement. If you have already learned another method from your health care provider, continue that method and consider this information supplemental.

BABY'S MOVEMENT CHART

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 2							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 3							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 4							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 5							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 7							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Please come in for fetal monitoring and ultrasound for fluid volume on Friday 6/7 at 1200. You can come directly to the 7th floor to check in.

Patient Care Team

	Relationship	Specialty	Notifications	Start	End

Patient Care Team (continued)

	Relationship	Specialty	Notifications	Start	End
Bly, Eleanor Grace Phone: 425-835-5200 4111 194th ST SW EDMONDS WA 98026	**PCP - General** Fax: 425-835-5201	Family Medicine		1/15/14	

Continuity of Care Report

Loan Thi Kim Nguyen was recently seen at SWEDISH MEDICAL CENTER for care. You are receiving this document as you are listed as the PCP, follow up provider, or the patient has been referred to you for consultation. This is in compliance with CMS Transitions of Care requirement.

Loan Thi Kim Nguyen
5/16/2014 3:18 PM Hospital Encounter Department: **Edmonds 7 West**
MRN: 1001885381

Department

Name	Address	Phone	Fax
Edmonds 7 West	21601 76th Ave W Edmonds WA 98026-7507	425-640-4070	425-640-4427

Patient Demographics

Address	Phone
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (Home)

Basic Information

Date Of Birth	Gender	Race	Ethnicity	Preferred Language
7/15/1988	Female	Asian	Non-Hispanic or Latino	English

Your Vitals Were - Last Recorded

Last Period	OB Status	Smoking Status
08/29/2013	Pregnant	Never Smoker

Allergies as of 5/16/2014

No Known Allergies

Problem List as of 05/16/2014

Problem	Noted	Resolved
Supervision of normal intrauterine pregnancy in multigravida	5/14/2014	

Your Current Medications Are

prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab

New Results last 48 hrs

Procedure	Component	Value	Ref Range	Date/Time
FERN TEST [154349646] Order Status: Completed Specimen Information: Slide(s)				Collected: 05/16/14 1544 Updated: 05/16/14 1619
	FERN TEST	NEGATIVE	NEGATIVE	
URINALYSIS DIPSTICK POCT [154351030] (Abnormal) Order Status: Completed				Collected: 05/16/14 1609 Updated: 05/16/14 1600
	COLOR-POCT	Yellow		
	APPEARANCE-POCT	Slightly Cloudy (A)		
	GLUCOSE-POCT	Negative	Negative mg/dL	
	BILIRUBIN-POCT	Negative	Negative	

Nguyen, Loan Thi Kim (MR # 1001885381) DOB: 07/15/1988
Printed at 5/16/14 4:33 PM

MMasbo PA-C

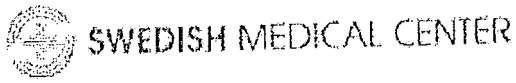
New Results last 48 hrs (continued)

Procedure	Component	Value	Ref Range	Date/Time
	KETONES-POCT	Negative	Negative	
	SPECIFIC GRAVITY-POCT	1.015	1.000 - 1.035	
	BLOOD-POCT	Negative	Negative	
	PH-POCT	7.5	5.0 - 9.0	
	PROTEIN-POCT	Negative	Negative mg/dL	
	UROBILINOGEN-POCT	0.2	0.2 - 1.0 EU/dL	
	NITRATE-POCT	Negative	Negative	
	ESTERASE-POCT	Moderate (A)	Negative	

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	
Alcohol Use	No
Drug Use	No
Sexual Activity	Yes; Male partners; Birth Ctrl/Protection: None
ADL	Not Asked

Discharge Instructions



Home Care Instructions: Pregnancy -- Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: No restriction, no limitations.

Call your health care provider:

- If your bag of water breaks (leaking fluid from your vagina).
- Uterine activity: Full Term Pregnancy -- when contractions are regular and too painful to talk through.
- For vaginal bleeding: Full Term Pregnancy -- a small amount of bloody mucus-like show is normal in early labor if you are full term.
- Decreased movements of your baby (less than twenty movements in a twelve hour period, or less than ten movements in two hours at night).
- Persistent headache.
- Blurred or spotted vision.
- Sudden increase in your weight, or swelling of your hands and face.
- Any concerns.

Daily Fetal Movement Count

Changes in fetal movement may reflect changes in fetal well-being. By paying attention to the number of times your baby moves daily, you will get to know your baby's normal pattern of movements and recognize any significant changes. Each baby tends to have its own pattern of activity, and some are more active than others. Counting your baby's movement is easy to perform, non- invasive, and will provide significant information to your physician on the well-being of your baby. The idea is to be sure he or she is moving around enough.

Your physician may start to recommend you begin counting movements around the 7th month of your pregnancy (about 28 weeks of gestation)

Instructions on counting your baby's movements:

1. Choose a time when your feel your baby is most active. Sit down or lie on your side preferably in a quiet room so you won't get distracted.
2. Write down the time you start counting. Keeping a record will help you keep track of your baby's normal pattern of movements.
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CALL your health care provider **IMMEDIATELY if**

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There are several different ways to monitor fetal movement. If you have already learned another method from your health care provider, continue that method and consider this information supplemental.

BABY'S MOVEMENT CHART

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
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START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

WEEK 3							
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STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 4							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 5							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 7							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Next week with chc.

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
Bly, Eleanor Grace Phone: 425-835-5200 4111 194th ST SW EDMONDS WA 98026	**PCP - General** Fax: 425-835-5201	Family Medicine		1/15/14	

SWEDISH MEDICAL CENTER

Ballard Campus 5300 Tallman Avenue NW, Seattle, WA 98107-3932, 206-782-2700
Edmonds Campus 21601 76th Avenue West, Edmonds, WA 98026-7507, 425-640-4000
First Hill Campus 747 Broadway, Seattle, WA 98122-4307, 206-386-6000
Cherry Hill Campus 500 17th Avenue S, Seattle, WA 98122-5711, 206-320-2000
Issaquah Campus 751 NE Blakely Drive, Issaquah, WA 98029, 425-313-4000
Mill Creek Campus 13020 Meridian Ave South , Everett, WA 98208, 425-357-3900
Redmond Campus 18100 NE Union Hill Road, Redmond, WA 98052, 425-498-2200
Swedish Home Care Services 5701 6th Avenue S, Seattle, WA 98108-9808, 206-386-6602
Swedish Physician Division 600 University, Suite 1200, Seattle, WA 98101-1169, 206-320-2700
Purchasing 747 Broadway, Seattle, WA 98122-4307, 206-386-6000, Fax: 206-320-3559

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To: Eleanor Grace Bly, MD
Company:
Fax: 425-835-5201
Phone: 425-835-5200

From: Moe, Martha, MD
Fax: 425-640-4884
External Fax:
Phone: 425-640-4810
Email:

NOTES:

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Date and time of transmission: Friday, May 16, 2014 4:33:42 PM
Number of pages including this cover sheet: 05

Continuity of Care Report

Loan Thi Kim Nguyen was recently seen at SWEDISH MEDICAL CENTER for care. You are receiving this document as you are listed as the PCP, follow up provider, or the patient has been referred to you for consultation. This is in compliance with CMS Transitions of Care requirement.

Loan Thi Kim Nguyen
5/14/2014 3:55 PM Hospital Encounter
MRN: 1001885381 **Department: Edmonds 7 West**

Department

Name	Address	Phone	Fax
Edmonds 7 West	21601 76th Ave W Edmonds WA 98026-7507	425-640-4070	425-640-4427

Patient Demographics

Address	Phone
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (Home)

Basic Information

Date Of Birth	Gender	Race	Ethnicity	Preferred Language
7/15/1988	Female	Asian	Non-Hispanic or Latino	English

Your Vitals Were - Last Recorded

BP	Temp(Src)	Resp	Height
110/62	36.8 °C (98.2 °F)	18	157.5 cm (5' 2")

Weight	BMI	SpO2	Last Period
59.421 kg (131 lb)	23.95 kg/m2	98%	08/29/2013

OB Status	Smoking Status
Pregnant	Never Smoker

Allergies as of 5/14/2014

No Known Allergies

Problem List as of 05/14/2014

Problem	Noted	Resolved
Supervision of normal intrauterine pregnancy in multigravida	5/14/2014	

Your Current Medications Are

prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab (Taking)

Facility-Administered Medications as of 5/14/2014

Medication
acetaminophen (aka TYLENOL) tablet 325-650 mg

New Results last 48 hrs

Procedure	Component	Value	Ref Range	Date/Time
SCAN EXTERNAL OB STORK PRENATAL LAB RESULTS [154153417] Order Status: Completed				Resulted: 11/15/13 Updated: 05/14/14 1632

MMosbo, PA-C

New Results last 48 hrs (continued)

Procedure	Component	Value	Ref Range	Date/Time
	ABO	O		
	RH	Pos		
	RUBELLA AB,IGG	immune		
	HEP B SURF AG	Neg		
	HIV 1/O/2 ABS	Neg		
URINALYSIS DIPSTICK POCT [154152479] (Abnormal) Order Status: Completed				Collected: 05/14/14 1634 Updated: 05/14/14 1625
	COLOR-POCT	Yellow		
	APPEARANCE-POCT	Cloudy (A)		
	GLUCOSE-POCT	Negative	Negative mg/dL	
	BILIRUBIN-POCT	Negative	Negative	
	KETONES-POCT	15 (A)	Negative	
	SPECIFIC GRAVITY-POCT	1.020	1.000 - 1.035	
	BLOOD-POCT	Negative	Negative	
	PH-POCT	7.0	5.0 - 9.0	
	PROTEIN-POCT	Negative	Negative mg/dL	
	UROBILINOGEN-POCT	1.0	0.2 - 1.0 EU/dL	
	NITRATE-POCT	Negative	Negative	
	ESTERASE-POCT	Small (A)	Negative	

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	
Alcohol Use	No
Drug Use	No
Sexual Activity	Yes; Male partners; Birth Ctrl/Protection: None
ADL	Not Asked

Discharge Instructions

Home Care Instructions: Pregnancy -- Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: Light activity at home.

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STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 7							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Keep scheduled apts

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
Bly, Eleanor Grace Phone: 425-835-5200 4111 194th ST SW EDMONDS WA 98026	**PCP - General** Fax: 425-835-5201	Family Medicine		1/15/14	

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To: Eleanor Grace Bly, MD
Company:
Fax: 425-835-5201
Phone: 425-835-5200

From: Rogers, Catherine A, MD
Fax: 425-640-4884
External Fax:
Phone: 425-640-4810
Email:

NOTES:

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Date and time of transmission: Wednesday, May 14, 2014 8:27:56 PM
Number of pages including this cover sheet: 06

SWEDISH
CORPORATE BUSINESS OFFICE
747 BROADWAY
SEATTLE, WA 98122-4379
(206) 320-5300 or TOLL FREE (877) 406-0438

Printed 04/10/2015

Patient Name	Location	Account No	Service Type	Adm Date	Dis Date
Loan Nguyen	EDMONDS	65000801	Ambulatory	05/14/14	05/14/14

Guarantor Information

LOAN THI KIM NGUYEN
20801 49TH AVE W

LYNNWOOD, WA 98036

Insurance Information

Plan AUTO INS OTHER
Group Number
Policy Number A101266328

Date	Procedure	Charge Description	CPT/HCPCS	Rev Code	Qty	Price
05/14/14	40360158	LAB URINALYSIS	81003	0300	1	47.00
		TOTAL LABORATORY - GENERAL				47.00
05/14/14	H18904	NON-STRESS TEST	59025	0761	1	562.00
05/14/14	H23106	VAGINAL EXAM (SEP SVC)	99211	0761	1	125.00
		TOTAL TREATMENT ROOM				687.00
		TOTAL CHARGES				734.00

Payments

Date		Amount
06/24/14	AUTO INS OTHER	734.00

Please refer to the account number for all inquiries and correspondence.
This detail bill reflects all charges to date and point of service payments posted on this account during the patient's stay. Charges may exist that have not been posted to this account.

SWEDISH
CORPORATE BUSINESS OFFICE
747 BROADWAY
SEATTLE, WA 98122-4379
(206) 320-5300 or TOLL FREE (877) 406-0438

Printed 07/06/2015

Patient Name	Location	Account No	Service Type	Adm Date	Dis Date
Loan Nguyen	EDMONDS	65006169	Ambulatory	05/16/14	05/16/14

Guarantor Information

LOAN THI KIM NGUYEN
20801 49TH AVE W

LYNNWOOD, WA 98036

Insurance Information

Plan COORDINATEDCARE-HO
Group Number
Policy Number 200223935WA

Date	Procedure	Charge Description	CPT/HCPCS	Rev Code	Qty	Price
05/16/14	40360158	LAB URINALYSIS	81003	0300	1	47.00
		TOTAL LABORATORY - GENERAL				47.00
05/16/14	40157752	SMEAR PRIM SRC W/INT WET M	87210	0306	1	60.00
		TOTAL LABORATORY - BACTERIOLOGY AND MICR				60.00
05/16/14	H18904	NON-STRESS TEST	59025	0761	1	562.00
05/16/14	H23107	SPECULUM EXAM (SEP SVC)	99212	0761	1	162.00
		TOTAL TREATMENT ROOM				724.00
		TOTAL CHARGES				831.00

Payments

Date		Amount
06/04/14	COORDINATEDCARE-HO	184.88

Please refer to the account number for all inquiries and correspondence.
This detail bill reflects all charges to date and point of service payments posted on this account during the patient's stay. Charges may exist that have not been posted to this account.

SWEDISH
CORPORATE BUSINESS OFFICE
747 BROADWAY
SEATTLE, WA 98122-4379
(206) 320-5300 or TOLL FREE (877) 406-0438

Printed 07/06/2015

Patient Name	Location	Account No	Service Type	Adm Date	Dis Date
Loan Nguyen	EDMONDS	65044314	Ambulatory	06/03/14	06/03/14

Guarantor Information

LOAN THI KIM NGUYEN
20801 49TH AVE W

LYNNWOOD, WA 98036

Insurance Information

Plan COORDINATEDCARE-HO
Group Number
Policy Number 200223935WA

Date	Procedure	Charge Description	CPT/HCPCS	Rev Code	Qty	Price
06/03/14	40360158	LAB URINALYSIS	81003	0300	1	47.00
		TOTAL LABORATORY - GENERAL				47.00
06/03/14	40600215	KOH	87220	0306	1	88.00
06/03/14	40157752	SMEAR PRIM SRC W/INT WET M	87210	0306	1	60.00
		TOTAL LABORATORY - BACTERIOLOGY AND MICR				148.00
06/03/14	H18904	NON-STRESS TEST	59025	0761	1	562.00
		TOTAL TREATMENT ROOM				562.00
		TOTAL CHARGES				757.00

Payments

Date		Amount
07/07/14	COORDINATEDCARE-HO	106.83

Please refer to the account number for all inquiries and correspondence.
This detail bill reflects all charges to date and point of service payments posted on this account during the patient's stay. Charges may exist that have not been posted to this account.

WASHINGTON
MONTH TAB
YEAR TAB
AGD7188
I ♥ Swimming

AE07188

TAHOE
CHEVROLET
WASHINGTON
AGD7188

TAHOE
CHEVROLET
SINCE 1949
WASHINGTON
AGD7188

GM

MFD BY GENERAL MOTORS CORP. 06/04

GVWR	GAWR FRT	GAWR RR
3130KG(6900LB)	1633KG(3600LB)	1814KG(4000LB)

THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S. FEDERAL MOTOR VEHICLE SAFETY STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.

1GNEK13Z74J305874 TYPE: M.P.V.

MODEL: K15706

KPRV	TIRE SIZE	SPEED RTG	RIM	COLD TIRE PRESSURE
FRT	P265/70R17	S	17X7.5J	220KPA(32PSI)
RR	P265/70R17	S	17X7.5J	220KPA(32PSI)
SPA	P265/70R16	S	16X6.5J	240KPA(35PSI)

SEE OWNER'S MANUAL FOR MORE INFORMATION.

F 539
T 170

WASHINGTON
AGD7188
I ♥ swimming

MPH
km/h
PRND321
ODOMETER: 170518 MI

ASHINGTON
MONTH TAB
YEAR TAB
GD7188
I ♥ Swimming

PD

WASHINGTON
AGD7188
I ♥ Swimming

WASHINGTON
AGD7188

TAHOE
CHEVROLET

MONTH
TAB
YEAR
TAB
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188

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ACURA
WASHINGTON
A0Z0777
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JAMES, SANDERSON & LOWERS
♦ A Professional Record Retrieval Company ♦

307 29th STREET NE, STE 101
PUYALLUP, WA 98372-6718
PHONE: 253-445-3400
FAX: 253-445-4425
EMAIL: RECORDS@JSANDL.COM
UPLOAD: JSANDL.COM/UPLOAD-RECORDS

RECORDS OF: **Nguyen, Loan**

RECORDS FROM: **Community Health Center of Snohomish County**
Centralized Processing

CASE NAME: **Nguyen v. Hohensinner**

CASE NUMBER: **16-2-03475-4**

FILE/CLAIM NUMBER: **0326606381.1 JTH**

ATTORNEY: **Sarah Johnson**
Allstate Staff Counsel
901 Fifth Ave Ste 2250
Seattle, WA 98164

ADJUSTER: **Tyler Hannum**
Allstate Insurance Co.

#EC 1CDC deb.oh@allstate.com 1CDAdj OCR

JS&L
JAMES, SANDERSON & LOWERS
• A Professional Record Retrieval Company •

307 29th STREET NE, STE 101
PUYALLUP, WA 98372-6718
PHONE: 253-445-3400
FAX: 253-445-4425
EMAIL: RECORDS@JSANDL.COM
UPLOAD: JSANDL.COM/UPLOAD-RECORDS

CERTIFICATION RE: Loan Nguyen

1. Have you produced ***ALL*** medical records and itemized billings requested? yes

2. If any records were withheld, please describe what records were withheld by date and author and state the reason for withholding said records.

(Use a separate sheet, if necessary)

3. If no records exist, please indicate the reason.

4. How many pages of records and itemized billings have you produced? ~~249~~ 220 erm per Hillary per phone SM/JS+L 10/10/16

I am authorized to release requested records. Copies have been made of the original records and were made under my direction and control and are correct copies of such records. The records were made, kept and maintained by the person/entity named below in the regular course of business at or near the time of the act, condition or event recorded herein.

Pursuant to RCW 70.02.070 and 9A.72.085, I hereby certify and declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this 20 day of September, 20 16.

Print Name: Hillary Crapser

Signature: Hillary Crapser

Facility: Community Health Center of Snohomish County
Centralized Processing
8609 Evergreen Wy
Everett, WA 98208
425-789-2000 x 2015

http://apps.leg.wa.gov/RCW/default.aspx?cite=70.02.070
http://apps.leg.wa.gov/RCW/default.aspx?cite=9A.72.085

mzd

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 3822497

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
12/15/15	Nguyen, Loan	Sherwood MD, James	99213-25	R05	office/outpatient visit, est, exp prob	$163.00
12/15/15	Nguyen, Loan	Sherwood MD, James	99395-25	Z00.01	preventive checkup, est, 18-39 yrs	$268.00
12/15/15	Nguyen, Loan	Sherwood MD, James	90471	Z23	immunization admin, 1 vaccine	$15.00
12/15/15	Nguyen, Loan	Sherwood MD, James	90688	Z23	FLU VACC 4 VAL 3 YRS PLUS IM	$30.00
01/12/16					Pmt CHPW HO	$0.00
01/12/16					Pmt CHPW HO	$0.00
01/12/16					Pmt CHPW HO	$0.00
01/12/16					Pmt CHPW HO	$0.00
12/31/15					Z HO Auto Adjustment	-$163.00
12/31/15					Z HO Auto Adjustment	-$268.00
12/31/15					Z HO Auto Adjustment	-$15.00
01/12/16					Adj CHPW HO	-$30.00

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$476.00	$0.00	-$476.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:07:08 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3347646

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
11/24/14	Nguyen, Loan	Sherwood MD, James	99213-25	367.1	office/outpatient visit, est, exp prob	$159.00
11/24/14	Nguyen, Loan	Sherwood MD, James	99395-25	V70.0	preventive checkup, est, 18-39 yrs	$258.00
11/24/14	Nguyen, Loan	Sherwood MD, James	90658	V04.81	flu vaccine, split, 3+ years, intramuscular	$20.00
11/24/14	Nguyen, Loan	Sherwood MD, James	90471	V04.81	immunization admin, 1 vaccine	$15.00
04/02/15					Pmt Patient - Check	-$25.00
12/08/14					Z Flat Fee A Auto Adjustment	-$134.00
12/08/14					Z Flat Fee A Auto Adjustment	-$258.00
12/08/14					Z Flat Fee A Auto Adjustment	-$15.00
12/08/14					Z Flat Fee A Auto Adjustment	-$20.00

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$452.00	-$25.00	-$427.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3184951

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
08/18/14	Nguyen, Loan	Medical Asst, Lynnwood	85018-QW	V78.0	blood count, hemoglobin	$20.00
09/19/14					Pmt Coordinated Care	-$2.59
09/08/14					Z Medicaid Auto Adjustment	-$17.41

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	-$2.59	-$17.41	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3165543

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
08/07/14	Nguyen, Loan	Sherwood MD, James	J7300	V25.11	intraut copper contraceptive	$550.00
08/07/14	Nguyen, Loan	Sherwood MD, James	58300	V25.11	insert intrauterine device (iud)	$154.00
08/07/14	Nguyen, Loan	Sherwood MD, James	81025	V25.9	urine pregnancy test	$25.00
08/22/14					Pmt Coordinated Care	$0.00
08/22/14					Pmt Coordinated Care	-$42.31
08/22/14					Pmt Coordinated Care	-$7.15
09/05/14					Pmt Coordinated Care	$0.00
04/29/16					Pmt Coordinated Care	$0.00
04/29/16					Pmt Coordinated Care	$0.00
04/29/16					Pmt Coordinated Care	$0.00
08/13/14					Z Medicaid Auto Adjustment	-$20.89
08/13/14					Z Medicaid Auto Adjustment	-$10.00
08/13/14					Z Medicaid Auto Adjustment	-$111.72
08/22/14					Adj Coordinated Care	$0.00
08/22/14					Adj Coordinated Care	$0.03
08/22/14					Adj Coordinated Care	$3.04
09/05/14					Adj Coordinated Care	$0.00
03/28/16					Adj Collection Agency	-$540.00
04/29/16					Adj Coordinated Care	$0.00
04/29/16					Adj Coordinated Care	$0.00
04/29/16					Adj Coordinated Care	$0.00

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$729.00	-$49.46	-$679.54	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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Everett, WA 98208-2619

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CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3127625

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
07/30/14	Nguyen, Loan	Sherwood MD, James	99214	V25.09	office/outpatient visit, est, detailed	$234.00
08/08/14					Pmt Coordinated Care	-$56.14
08/01/14					Z Medicaid Auto Adjustment	-$176.89
08/08/14					Adj Coordinated Care	-$0.97

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$234.00	-$56.14	-$177.86	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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8609 Evergreen Way

Everett, WA 98208-2619

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CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3096965

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
07/07/14	Nguyen, Loan	Sherwood MD, James	99213-25	618.7	office/outpatient visit, est, exp prob	$154.00
07/07/14	Nguyen, Loan	Sherwood MD, James	36415	564.00	collect venous blood, venipuncture	$20.00
07/25/14					Pmt Coordinated Care	-$38.39
07/25/14					Pmt Coordinated Care	-$2.47
07/15/14					Z Medicaid Auto Adjustment	-$17.59
07/25/14					Adj Coordinated Care	-$115.61
07/25/14					Adj Coordinated Care	$0.06

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$174.00	-$40.86	-$133.14	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 3084974

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
06/25/14	Nguyen, Loan	Brown PAC, Ashley	99214	625.9	office/outpatient visit, est, detailed	$226.00
07/11/14					Pmt Coordinated Care	-$56.14
07/11/14					Adj Coordinated Care	-$169.86

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$226.00	-$56.14	-$169.86	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 3061212

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
06/07/14	Nguyen, Loan	Sherwood MD, James	00011	V22.1	md ob visit	$0.01
06/07/14	Nguyen, Loan	Sherwood MD, James	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
06/17/14					Z Medicaid Auto Adjustment	-$17.34
06/17/14					Z Medicaid Auto Adjustment	-$0.01
06/17/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.01	$0.00	-$20.01	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»»	$0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3055067

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
06/03/14	Nguyen, Loan	Burden PAC, Alice	00011	V22.1	md ob visit	$0.00
06/03/14	Nguyen, Loan	Burden PAC, Alice	99070	V22.1	supply charge	$0.00
06/03/14	Nguyen, Loan	Burden PAC, Alice	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
06/09/14					Z Medicaid Auto Adjustment	-$17.34
06/09/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 3045747

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
05/27/14	Nguyen, Loan	Burden PAC, Alice	00011	V22.1	md ob visit	$0.00
05/27/14	Nguyen, Loan	Burden PAC, Alice	99070	V22.1	supply charge	$0.00
05/27/14	Nguyen, Loan	Burden PAC, Alice	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
05/31/14					Adj Coordinated Care	-$2.66
06/02/14					Z Medicaid Auto Adjustment	-$17.34

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 3038737

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
05/20/14	Nguyen, Loan	Burden PAC, Alice	00011	V22.1	md ob visit	$0.00
05/20/14	Nguyen, Loan	Burden PAC, Alice	99070	V22.1	supply charge	$0.00
05/20/14	Nguyen, Loan	Burden PAC, Alice	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
05/22/14					Z Medicaid Auto Adjustment	-$17.34
05/22/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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PAGE: 1

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3034994

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
05/16/14	Nguyen, Loan	Sherwood MD, James	00011	V22.1	md ob visit	$0.00
05/16/14	Nguyen, Loan	Sherwood MD, James	99070	V22.1	supply charge	$0.00
05/16/14	Nguyen, Loan	Sherwood MD, James	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
05/20/14					Z Medicaid Auto Adjustment	-$17.34
05/20/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3031637

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
05/14/14	Nguyen, Loan	Sherwood MD, James	99213	V22.1	office/outpatient visit, est, exp prob	$154.00
05/14/14	Nguyen, Loan	Sherwood MD, James	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
05/30/14					Pmt Coordinated Care	-$38.39
05/30/14					Pmt Coordinated Care	$0.00
05/16/14					Z Medicaid Auto Adjustment	-$115.61
05/16/14					Z Medicaid Auto Adjustment	-$17.34
05/30/14					Adj Coordinated Care	$0.00
05/30/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$174.00	-$38.39	-$135.61	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:08:41 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3023924

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
05/08/14	Nguyen, Loan	Sherwood MD, James	00011	V22.1	md ob visit	$0.00
05/08/14	Nguyen, Loan	Sherwood MD, James	99070	V22.1	supply charge	$0.00
05/08/14	Nguyen, Loan	Sherwood MD, James	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
05/12/14					Z Medicaid Auto Adjustment	-$17.34
05/12/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:08:47 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 3005881

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
04/24/14	Nguyen, Loan	Sherwood MD, James	00011	V22.1	md ob visit	$0.00

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$0.00	$0.00	$0.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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PAGE: 1

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 2988604

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
04/10/14	Nguyen, Loan	Sherwood MD, James	00011	V22.1	md ob visit	$0.01
04/10/14	Nguyen, Loan	Sherwood MD, James	90471	V06.1	immunization admin, 1 vaccine	$15.00
04/10/14	Nguyen, Loan	Sherwood MD, James	90715	V06.1	tetanus, diphtheria toxoids and acellular pertusi...	$60.00
04/10/14	Nguyen, Loan	Sherwood MD, James	99070	V22.1	supply charge	$0.00
04/10/14	Nguyen, Loan	Sherwood MD, James	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
04/25/14					Pmt Coordinated Care	-$15.00
04/25/14					Pmt Coordinated Care	-$31.84
04/25/14					Pmt Coordinated Care	$0.00
04/14/14					Z Medicaid Auto Adjustment	-$0.01
04/14/14					Z Medicaid Auto Adjustment	-$17.34
04/14/14					Z Medicaid Auto Adjustment	-$28.16
04/25/14					Adj Coordinated Care	$0.00
04/25/14					Adj Coordinated Care	$0.00
04/25/14					Adj Coordinated Care	-$2.66

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$95.01	-$46.84	-$48.17	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 2980394

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
04/03/14	Nguyen, Loan	Nurse, Lynnwood	RNTRI	V22.1	registered nurse triage visit	$0.00

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$0.00	$0.00	$0.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY
THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 2975464

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
03/31/14	Nguyen, Loan	Sherwood MD, James	00011	V22.1	md ob visit	$0.01
03/31/14	Nguyen, Loan	Sherwood MD, James	99070	V22.1	supply charge	$0.00
03/31/14	Nguyen, Loan	Sherwood MD, James	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
04/18/14					Pmt Coordinated Care	$0.00
04/25/14					Pmt Coordinated Care	$0.00
04/03/14					Z Medicaid Auto Adjustment	-$0.01
04/03/14					Z Medicaid Auto Adjustment	-$17.34
04/18/14					Adj Coordinated Care	-$2.66
04/25/14					Adj Coordinated Care	$0.00

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.01	$0.00	-$20.01	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 2943908

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
03/05/14	Nguyen, Loan	Bly MD, Eleanor	00011	V22.1	md ob visit	$0.00
03/05/14	Nguyen, Loan	Bly MD, Eleanor	99070	V22.1	supply charge	$0.00
03/05/14	Nguyen, Loan	Bly MD, Eleanor	81002	V22.1	urinalysis, non-automated, w/o scope	$20.00
03/12/14					Z Medicaid Auto Adjustment	-$17.21
03/12/14					Adj Coordinated Care	-$2.79

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

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MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 2929572

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
02/21/14	Nguyen, Loan	Brown PAC, Ashley	99213	462	office/outpatient visit, est, exp prob	$154.00
02/21/14	Nguyen, Loan	Brown PAC, Ashley	87880-QW	784.1	infect antigen, immuno, strep, group a	$20.00
03/14/14					Pmt Coordinated Care	-$38.39
03/14/14					Pmt Coordinated Care	-$13.55
03/14/14					Adj Coordinated Care	-$115.61
03/14/14					Adj Coordinated Care	-$6.45

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$174.00	-$51.94	-$122.06	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»»	$0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:09:55 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 2913145

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
02/07/14	Nguyen, Loan	Bly MD, Eleanor	00011	V22.1	md ob visit	$0.01
02/07/14	Nguyen, Loan	Bly MD, Eleanor	99070	V22.1	supply charge	$0.00
02/07/14	Nguyen, Loan	Bly MD, Eleanor	81002	V22.1	urinalysis, non-automated, w/o scope	$0.00
02/20/14					Z Medicaid Auto Adjustment	-$0.01

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$0.01	$0.00	-$0.01	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:10:02 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 2877698

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
01/10/14	Nguyen, Loan	Bly MD, Eleanor	00011	V22.1	md ob visit	$0.00

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$0.00	$0.00	$0.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»»	$0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:10:09 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER	SHOW AMOUNT PAID HERE	$

ENCOUNTER INVOICE 2873947

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
01/08/14	Nguyen, Loan	Nurse, Lynnwood	RNTRI		registered nurse triage visit	$0.00

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$0.00	$0.00	$0.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:10:38 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 2847723

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
12/11/13	Nguyen, Loan	Bly MD, Eleanor	81002	V22.2	urinalysis, non-automated, w/o scope	$20.00
12/11/13	Nguyen, Loan	Bly MD, Eleanor	00011	V22.1	md ob visit	$0.00
01/16/14					Pmt Coordinated Care	$0.00
12/27/13					Z Medicaid Auto Adjustment	-$17.21
01/16/14					Adj Coordinated Care	-$2.79

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$20.00	$0.00	-$20.00	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:10:45 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER	SHOW AMOUNT PAID HERE	$

ENCOUNTER INVOICE 2825467

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
11/21/13	Nguyen, Loan	Nurse, Lynnwood	99211	V22.1	OFFICE/OUTPATIENT VISIT EST	$41.00
12/20/13					Pmt Medicaid	-$14.81
02/14/14					Pmt Medicaid	$14.81
02/14/14					Pmt Medicaid	-$10.94
12/11/13					Z Medicaid Auto Adjustment	-$29.94
12/20/13					Adj Medicaid	$3.75
02/14/14					Adj Medicaid	-$3.87

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$41.00	-$10.94	-$30.06	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY
THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:10:52 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941

TAX ID NUMBER	SHOW AMOUNT PAID HERE
911255170	$

ENCOUNTER INVOICE 2818004

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
11/15/13	Nguyen, Loan	Bly MD, Eleanor	90656	V04.81	influenza virus vaccine, split, preservative free,	$20.00
11/15/13	Nguyen, Loan	Bly MD, Eleanor	90471	V04.81	immunization admin, 1 vaccine	$15.00
11/15/13	Nguyen, Loan	Bly MD, Eleanor	00011	V22.1	md ob visit	$0.01
11/22/13					Pmt Medicaid	-$12.40
11/22/13					Pmt Medicaid	-$15.00
01/31/14					Adj Medicaid	-$7.60
01/31/14					Adj Medicaid	-$0.01

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$35.01	-$27.40	-$7.61	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:11:01 PM

MAKE CHECKS PAYABLE TO:

CHC Snohomish County
8609 Evergreen Way

Everett, WA 98208-2619

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT ☐ DISCOVER ☐ MASTERCARD ☐ VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/03/16	$0.00	236941
TAX ID NUMBER 911255170	SHOW AMOUNT PAID HERE $	

ENCOUNTER INVOICE 2801083

ADDRESSEE:

Nguyen, Loan T
20801 49th AVe W
Lynnwood, WA 98036
USA

REMIT TO: **CHC Snohomish County**
8609 Evergreen Way
Everett, WA 98208-2619

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
11/01/13	Nguyen, Loan	Burden PAC, Alice	99202	626.0	office/outpatient visit, new, expanded prob	$158.00
11/01/13	Nguyen, Loan	Burden PAC, Alice	81025	626.0	urine pregnancy test	$24.00
11/01/13	Nguyen, Loan	Burden PAC, Alice	81002	V22.2	urinalysis, non-automated, w/o scope	$20.00
11/01/13	Nguyen, Loan	Burden PAC, Alice	T1015	626.0	clinic service	$145.68
11/22/13					Pmt Medicaid	-$39.28
11/22/13					Pmt Medicaid	-$2.66
11/22/13					Pmt Medicaid	-$143.42
11/22/13					Pmt Medicaid	-$7.15
11/18/13					Z Medicaid Auto Adjustment	-$118.06
11/18/13					Z Medicaid Auto Adjustment	-$19.90
11/18/13					Z Medicaid Auto Adjustment	-$17.21
11/22/13					Adj Medicaid	-$0.66
11/22/13					Adj Medicaid	$3.05
11/22/13					Adj Medicaid	-$0.13
11/22/13					Adj Medicaid	-$2.26

ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
236941	$347.68	-$192.51	-$155.17	$0.00	$0.00

MESSAGE:
Thank you for your prompt payment

PLEASE PAY
THIS AMOUNT »»»» $0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

ENCOUNTER INVOICE

Printed by hkcrapser (3320) on 10/3/2016 3:11:08 PM

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	08/07/2014 2:45 PM
VISIT TYPE:	Office Visit

History of Present Illness:

1. IUD insert

here for paraguard IUD insertion, discussed options at last visit and during rpegnancy. see relavent revierw of hx at last visit and initial pregnancy visit. patient feels well today w no recent problems. hcg neg today.

CHRONIC PROBLEMS:

IUD (intrauterine device) in place

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.

Parity: Term:1. Pre-Term: 0. Abortion: 0.

Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
2:59 PM	5.0	1.25	155.58	06/25/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
2:59 PM	110.00			dressed with shoes		20.61	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
2:59 PM	100/60	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
2:59 PM	97.8		oral	72	regular	16

Measured By

Time	
2:59 PM	Holly Sarrazin MA

Physical Exam

Constitutional:

Well developed.

Genitourinary

External Gyn:

Glands do appear to be normal. Perineum is unremarkable. Urethra is normal in appearance, without erythema. Urethra meatus is normal.

Internal Gyn:

Cervix normal to inspection and palpation. Uterus normal in size and position. Adnexa normal to palpation, normal in size; no masses.

Last PAP: 11/15/2013.

Comments: slight dry and erythemetous exeternal genetalia. small residual lump in posterior vagina as before c/w scar tissue from perineal lac.

Assessment Plan

Encounter for IUD insertion (V25.11)

appropriate for paraguard IUD insertion. see procedure note. patietn declined GC/CT testing. has recent nromal PAP

IUD (intrauterine device) in place (V45.51)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed
07/07/2014	docusate sodium 100 mg capsule	take 1 capsule by oral route 2 times every day as needed for constipation

Electronically signed by: James Sherwood MD MD 08/10/2014

Today's Provider: James Sherwood MD MD

PCP: A Sherwood LYN Med

Document generated by: James K. Sherwood 08/10/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 07/30/2014 3:00 PM
VISIT TYPE: OB Postpartum

History of Present Illness:

1. post partum

here for post partum check. still has itching -- now on skin above vagina more than vagina itself. neg wet prep in past. itching present most of the time. ? slight extra redness there. would also like me to check bump she discussed with me before -- bump is same as before or maybe a bit smaller. no period yet just scant blood on TP today when peeing noticed once. no abd pain. breast feeding. has had copper IUD before and it caused acne but otherwise she liked it. delivery was 6/10. uncomplicated delivery and pregnancy except minor perineal laceration by report. mood good. no abd cramping. bleeding had stopped until yesterday's scant blood.

Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
3:13 PM	5.0	1.25	155.58	06/25/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
3:13 PM	110.20			dressed with shoes		20.65	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
3:13 PM	108/60	sitting	right	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
3:13 PM	98.4		oral	72	regular	16

Measured By

Time	
3:13 PM	Holly Sarrazin MA

Physical Exam

Constitutional:

Well developed.

Genitourinary

External Gyn:

Glands do appear to be normal. Perineum is unremarkable. Urethra meatus is normal.

Internal Gyn:

Vaginal mucosa appears normal. Cervix normal to inspection and palpation. Uterus normal in size and position. Adnexa normal to palpation, normal in size; no masses.
Comments: slight erythema of external surface of vulva. no irreg discharge.

Assessment Plan

General counseling and advice on contraceptive man (V25.09)
after counseling she would like to do paraguard IUD. will do this in 1-2 weeks when she will be 2 mo post partum for safety. condoms until then.

post partum is doing very well w no major complications noted. f/u prn.

Vaginal lesion (623.8)
agin is likely healing perineal laceration. progressing in healing as expected. f/u prn

Itching of vulva (698.1)
likely d/t topical irration by location and appearacne. not c/w yeast or other vaginitis given sx, exam and past testing.
--try to ID topical irritant and eliminate -- check esp underware material, laundry detergent, pads
--soothing emolients for now
-f/u prn if not improving

Postpartum exam (V24.2)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed
07/07/2014	docusate sodium 100 mg capsule	take 1 capsule by oral route 2 times every day as needed for constipation

Counseling / Education Details:
07/30/2014 James K. Sherwood Comments: spent majority of visit counseling on contraception options and nature of disease and treatment of her vulvar itching and healing perineal laceration.

COUNSELING / EDUCATIONAL FACTORS:
Counseling / educational factors have not been reviewed.
This is a visit of 30 minutes.
Electronically signed by: James Sherwood MD MD 07/30/2014

Today's Provider: James Sherwood MD MD

PCP: A Sherwood LYN Med

Document generated by: James K. Sherwood 07/30/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 07/07/2014 4:30 PM
VISIT TYPE: Office Visit

History of Present Illness:

1. vaginal itching
2. continued

feels ball stuck on outside area of vagina. can have burning and itching in area. worse after washing. still having some bleeding -- pad q 2-3 hours -- has stopped and started. still occ cramping lower abdomen. post partum -- date of delivery 6/10. no fevers. no sex since delivery. no strange discharge but blood is dark brown. bump is located on back of vagina.. had repaired laceration.

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.

Parity: Term:1. Pre-Term: 0. Abortion: 0.

ALLERGIES:

No known allergies.
Reviewed, no changes.

Review of Systems

System	Negative	Positive	Comments
Neuro / Psychiatric	Depressed mood and marked diminished interest or pleasure.		

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
5:03 PM	5.0	1.25	155.58	06/25/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2

5:03 PM	115.00	dressed without shoes	21.55

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
5:03 PM	106/66	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
5:03 PM	98.8		oral	72	regular	16

Measured By

Time	
5:03 PM	Darcy Herriman MA

Physical Exam

Constitutional:

Well developed.

Genitourinary

External Gyn:

Glands do appear to be normal. Urethra is normal in appearance, without erythema. Urethra meatus is normal.

Internal Gyn:

Cervix normal to inspection and palpation.
Last PAP: 11/15/2013.
Comments: has well approximated perineal laceration w small palpable scar tissue in posterior vagina just inside hymen. scant brown blood in os.

Immunizations:

Currently pregnant: yes.

Assessment Plan

Perineal laceration (618.7)
healing well. normal exam. f/u prn or in a couple weeks for post partum check

Vaginal itching (698.1)
wet prep -- treat if needed.

Constipation (564.00)
WET PREP to be performed today.
docusate prn. continue water fiber, walking

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed
07/07/2014	docusate sodium 100 mg capsule	take 1 capsule by oral route 2 times every day as needed for constipation

Lab Studies:

Status	Lab Study	Timeframe	Date	Comments	Interpretation	Value
ordered	WET PREP	today				

Electronically signed by: James Sherwood MD MD 07/07/2014

Today's Provider: James Sherwood MD MD

PCP: A Mosbo LYN Med

Document generated by: James K. Sherwood 07/07/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 06/25/2014 6:00 PM
VISIT TYPE: Office Visit

History of Present Illness:

1. vaginal pain

Vaginal delivery 2 weeks ago. 2 days ago noticed "ball" in vagina, increased pain. Using 4-5 pads daily for vaginal bleeding, no increase in bleeding since delivery. No fevers.

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.

Parity: Term:1. Pre-Term: 0. Abortion: 0.

Family History:

Reviewed, no changes. Last detailed document: 11/01/2013.

Social History

Reviewed, no changes.
Medications Reviewed

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
6:16 PM	5.0	1.25	155.58	06/25/2014	measured	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
6:16 PM	117.40			dressed without shoes		21.00	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
6:16 PM	98/60	sitting	right	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
6:16 PM	98.3		oral	80	regular	14

Measured By

Time	
6:16 PM	Jennifer Carlson MA

Physical Exam

Constitutional:

Well developed.

Genitourinary

External Gyn:

External genitalia is unremarkable. Urethra is normal in appearance, without erythema. Urethra meatus is normal.

Internal Gyn:

Cervix normal to inspection and palpation.
Last PAP: 11/15/2013.
Comments: Blood in vaginal canal, no uterine prolapse, no foreign body, no lacerations.

Psychiatric:

The patient is oriented to time, place, person, and situation.

The patient demonstrates the appropriate mood and affect.

Immunizations:

Currently pregnant: yes.

Assessment Plan

Vaginal pain (625.9)
Normal exam- pain and healing tissue, normal 2 weeks post partum
Mild vaginal bleeding
Reassurance, no prolapse
F/u if bleeding continues longer than 2 weeks or increaes

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Electronically signed by: Ashley Brown PAC 06/25/2014

Today's Provider: Ashley Brown PAC

PCP: A Mosbo LYN Med

Document generated by: Ashley Brown 06/25/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 06/07/2014 11:00 AM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB 40 weekds 2 days

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
11:07 AM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
11:07 AM	132.00			dressed without shoes		24.74	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
11:07 AM	100/62	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
11:07 AM	98.5		oral	60	regular	16

Measured By

Time
11:07 AM Darcy Herriman MA

Immunizations:
Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: negative.

Electronically signed by: Sherwood MD, James 06/12/2014

Today's Provider: Sherwood MD, James

PCP: A Mosbo LYN Med

Document generated by: James K. Sherwood 06/12/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 06/03/2014 11:45 AM
HISTORIAN: self
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB f/u:

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
11:46 AM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
11:46 AM	132.40		60.056	dressed without shoes		24.81	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
11:46 AM	100/60	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
11:46 AM	98.1	36.70	oral	92	regular	16

Measured By

Time	
11:46 AM	Risha Cervantes MA

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Electronically signed by: Burden PAC, Alice 06/03/2014

Today's Provider: Burden PAC, Alice

PCP: A Mosbo LYN Med

Document generated by: Alice F. Burden 06/03/2014

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	05/27/2014 12:15 PM
HISTORIAN:	self
VISIT TYPE:	OB Prenatal

History of Present Illness:
1. OB f/u:
2. dizziness:
3. numbness in hands:

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/16/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
12:04 PM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
12:04 PM	132.40		60.056	dressed without shoes		24.81	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size

12:04 PM	110/62	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
12:04 PM	97.9	36.60	oral	92	regular	14

Measured By

Time	
12:04 PM	Risha Cervantes MA

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Electronically signed by: Burden PAC, Alice 05/27/2014

Today's Provider: Burden PAC, Alice

PCP: A Mosbo LYN Med

Document generated by: Alice F. Burden 05/27/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 05/20/2014 12:15 PM
HISTORIAN: self
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB f/u:

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
12:18 PM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
12:18 PM	132.40		60.056	dressed without shoes		24.81	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
12:18 PM	102/50	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
12:18 PM	97.9	36.60	oral	84	regular	12

Measured By

Time	
12:18 PM	Risha Cervantes MA

Assessment Plan

Pregnancy (V22.1)
WET PREP to be performed today.

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed
05/20/2014	miconazole nitrate 2 % vaginal cream	insert 1 applicatorful by VAGINAL route every day for 7 days at bedtime

Lab Studies:

Status	Lab Study	Timeframe	Date	Comments	Interpretation	Value
ordered	WET PREP	today				

Electronically signed by: Burden PAC, Alice 05/20/2014

Today's Provider: Burden PAC, Alice

PCP: A Mosbo LYN Med

Document generated by: Alice F. Burden 05/20/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 05/16/2014 1:15 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob ck 37w 1d

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
Medications Reviewed

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
1:22 PM	5.0	1.25	0.00	05/16/2014	measured	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
1:22 PM	133.20			dressed without shoes		24.96	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
1:22 PM	102/64	sitting	right	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
1:22 PM			oral	82	regular	14

Measured By

Time	
1:22 PM	Jennifer Carlson MA

Immunizations:

Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: trace.

Electronically signed by: Sherwood MD, James 05/17/2014

Today's Provider: Sherwood MD, James

PCP: A Mosbo LYN Med

Document generated by: James K. Sherwood 05/17/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 05/14/2014 1:45 PM
VISIT TYPE: OB Prenatal

History of Present Illness:

1. OB 36W 6D MVA

was in car and rear-ended this am. minor damage to car. banged her belly on stearing wheel. came here but no appt this am and she declined ER visit. now has pain over top of abdomen. baby moving a lot. no sure contractions. no bleeding. no LOF. no other injuries. happened at 10:30 am.

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
Medications Reviewed

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
2:07 PM	5.0	1.25	0.00	05/14/2014	measured	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
2:07 PM	131.00			dressed without shoes		24.55	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
2:07 PM	110/72	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
2:07 PM	98.5		oral	92	regular	16

Measured By

Time

2:07 PM Jennifer Carlson MA

Physical Exam

Constitutional:

Well developed.

Neck / Thyroid:

Inspection reveals symmetry. Palpation reveals trachea midline and mobile. Range of motion is supple (normal).

Abdomen:

Symmetric - no distention. Bowel sounds present, no bruits. Umbilicus is normal.

There is no abdominal tenderness.

Comments: no frank ttp and uterus soft. FHT 171. no visible bruising.

Back / Spine:

Comments: non tender. normal ROM. no ttp.

Immunizations:

Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)

Abdominal pain (789.00)

will refer to OB triage for monitoring since patient w abd pain s/p MVA. no evidence now of abruption, uterine rupture or other major immediate complications. sounds like low speed accident so lower risk

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: trace.

Electronically signed by: Sherwood MD, James 05/14/2014

Today's Provider: Sherwood MD, James

PCP: A Bly LYN Med

Document generated by: James K. Sherwood 05/14/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 05/08/2014 10:45 AM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB 36 W

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
Medications Reviewed

Vital Signs

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
10:55 AM	129.20			dressed with shoes			

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
10:55 AM	108/64	sitting	right	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
10:55 AM	98.0		oral	84	regular	18

Measured By

Time	
10:55 AM	Holly Sarrazin MA

Assessment Plan

Pregnancy (V22.1)
GRP B STREP (VAGINAL) to be performed today.

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Lab Studies:

Status	Lab Study	Timeframe	Date	Comments	Interpretation	Value
ordered	GRP B STREP (VAGINAL)	today				

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: trace.

Electronically signed by: Sherwood MD, James 05/08/2014

Today's Provider: Sherwood MD, James

PCP: A Bly LYN Med

Document generated by: James K. Sherwood 05/08/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 04/24/2014 10:45 AM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob ck 34w

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.
Medications Reviewed

Vital Signs

Height

Time	ft	m	cm	Last Measured	Method	%
11:01 AM	5.0	1.25	0.00	04/24/2014	measured	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
11:01 AM	128.40			dressed without shoes		24.06	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
11:01 AM	96/54	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
11:01 AM	98.4		oral	88	regular	18

Measured By

Time	
11:01 AM	Jennifer Carlson MA

Immunizations:
Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Electronically signed by: Sherwood MD, James 04/24/2014

Today's Provider: Sherwood MD, James

PCP: A Bly LYN Med

Document generated by: James K. Sherwood 04/24/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 04/10/2014 11:00 AM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob follow up

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob > 14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
10:58 AM	5.0	1.25	0.00	03/31/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
10:58 AM	124.00					23.24	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
10:58 AM	104/64	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp f	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
10:58 AM	98.3		oral	60	regular	16

Measured By

Time
10:58 AM Darcy Herriman MA

Immunizations:
Currently pregnant: yes.

Status	Ordered	Immunization	Completed	Comments	Reaction
ordered	04/10/2014	Tdap 0.5 mL IM			

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: negative.

Electronically signed by: Sherwood MD, James 04/10/2014

Today's Provider: Sherwood MD, James

PCP: A Bly LYN Med

Document generated by: James K. Sherwood 04/10/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 04/03/2014 1:00 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. 3rd trimester education

Assessment Plan

Pregnancy (V22.1)
3rd trimester education and materials given. Additional topics discussed: birth plan, labor positions, labor coping strategies, optimizing breastfeeding success. Swedish Edmonds L&D triage phone number given to pt. Pt denies having already pre-registered at hospital, confirms will complete soon. Pt verbalized understanding and reported no further questions or concerns.

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Electronically signed by: Nurse RN, Lynnwood 04/03/2014

Today's Provider: Nurse RN, Lynnwood

PCP: A Bly LYN Med

Document generated by: Lavonne M. Searle RN 04/03/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 03/31/2014 12:45 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob ck 30w 4d

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.
Medications Reviewed

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
1:14 PM	5.0	1.25	0.00	03/31/2014	measured	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
1:14 PM	122.20			dressed with shoes		22.90	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
1:14 PM	100/62	sitting	right	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
1:14 PM	98.3		oral	82	regular	14

Measured By

Time	
1:14 PM	Jennifer Carlson MA

Immunizations:

Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Electronically signed by: Sherwood MD, James 03/31/2014

Today's Provider: Sherwood MD, James

PCP: A Bly LYN Med

Document generated by: James K. Sherwood 03/31/2014

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	03/05/2014 1:30 PM
VISIT TYPE:	OB Prenatal

History of Present Illness:
1. ob follow up
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
1:40 PM	5.0	1.25	0.00	11/01/2013	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
1:40 PM	119.00			dressed without shoes		22.30	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
1:40 PM	98/64	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
1:40 PM	98.2		oral	72	regular	16

Measured By

Time	
1:40 PM	Darcy Herriman MA

Assessment Plan

Pregnancy (V22.1)
GTT 1 HR and HCT to be performed today.

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Lab Studies:

Status	Lab Study	Timeframe	Date	Comments	Interpretation	Value
ordered	GTT 1 HR	today				
ordered	HCT	today				

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: negative.

Electronically signed by: Bly MD, Eleanor 03/05/2014

Today's Provider: Bly MD, Eleanor

PCP: A Bly LYN Med

Document generated by: Eleanor Bly 03/05/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 02/21/2014 3:30 PM
VISIT TYPE: Office Visit

History of Present Illness:

1. cold symptoms

Onset: gradual. The patient describes the cough as productive (of green sputum). The problem has become gradually worse. Symptoms are aggravated by lying down. There are no relieving factors. Associated symptoms include cough, fatigue, post-nasal drainage, sinus pressure and sore throat. Pertinent negatives include fever. Additional information: Sx x 3 days. Has hard time sleeping at night due to congestion. Hase taken emergency but no other OTC medications..

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:

Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Review of Systems

System	Negative	Positive	Comments
Constitutional	Fever.	**Fatigue.**	
HEENT		**Post-nasal drainage, Sinus pressure, Sore throat.**	
Respiratory		**Cough.**	

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
3:22 PM	5.0	1.25	0.00	11/01/2013	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
3:22 PM	116.20			dressed without shoes		21.77	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
3:22 PM	106/52	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
3:22 PM	98.2		oral	100	regular	16

Measured By

Time	
3:22 PM	Angelina Hurtado MA

Physical Exam

Constitutional:

Well developed.

Eyes:

Right

No injection.

PERRLA.

Left

No injection.

PERRLA.

Ears:

Right:

Normal tympanic membrane.

Left:

Normal tympanic membrane.

Neck / Thyroid:

No submandibular adenopathy. No cervical adenopathy.

Respiratory:

Lungs clear to auscultation. Respiratory effort is normal.

Cardiovascular: Regular rate and rhythm. No murmurs, gallops, or rubs.

Assessment Plan

Sore throat (462)

Culture Throat to be performed today.

Tylenol for any fever or body aches. Nasal saline for congestion. Rest, push fluids. Rapid strep negative. Culture sent.

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Lab Studies:

Status	Lab Study	Timeframe	Date	Comments	Interpretation	Value
ordered	Culture Throat	today				

Electronically signed by: Brown PAC, Ashley 02/21/2014

Today's Provider: Brown PAC, Ashley

PCP: A Bly LYN Med

Document generated by: Ashley Brown 02/21/2014

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	02/07/2014 2:30 PM
VISIT TYPE:	OB Prenatal

History of Present Illness:
1. ob follow up

Past Medical History:
Reviewed, no change. Last documented: 12/11/2013.

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
2:44 PM	5.0	1.25	0.00	11/01/2013	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
2:44 PM	113.00			dressed without shoes		21.17	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
2:44 PM	100/64	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
2:44 PM	98.3			68	regular	18

Measured By

Time	
2:44 PM	Darcy Herriman MA

Immunizations:
Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions

	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: negative.

Electronically signed by: Eleanor Bly MD 02/07/2014

Today's Provider: Eleanor Bly MD

PCP: Eleanor Bly MD

Document generated by: Eleanor Bly 02/07/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 01/10/2014 1:00 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB 19 weeks

Past Medical History:
Reviewed, no change. Last documented: 12/11/2013.

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
12:55 PM	5.0	1.25	0.00	11/01/2013	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
12:55 PM	109.00			dressed without shoes		20.43	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
12:55 PM	92/64	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
12:55 PM	97.7		oral	66	regular	16

Measured By

Time	
12:55 PM	Darcy Herriman MA

Immunizations:
Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)
Further diagnostic evaluations ordered today include ultrasound ob >14 wk single fetus to be performed.

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening

To Be Scheduled / Ordered:

Status	Order	Reason	Assessment	Timeframe	Appointment
ordered	ultrasound ob >14 wk single fetus		V22.1		

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: negative.

Electronically signed by: Eleanor Bly MD 01/10/2014

Today's Provider: Eleanor Bly MD

PCP: Eleanor Bly MD

Document generated by: Eleanor Bly 01/10/2014

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 12/11/2013 2:45 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB 14 weeks

Past Medical/Surgical History: (reviewed, updated)

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.
Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
2:42 PM	5.0	1.25	0.00	11/01/2013	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
2:42 PM	104.00			dressed without shoes		19.49	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
2:42 PM	102/60	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
2:42 PM	98.1		oral	72	regular	16

Measured By

Time	
2:42 PM	Darcy Herriman MA

Immunizations:
Currently pregnant: yes.

Assessment Plan

Pregnancy (V22.1)

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening

URINE DIPSTICK:

Status	Interpretation	Result
completed	See detail	Glucose: negative. Protein: negative.

Electronically signed by: Eleanor Bly MD 12/11/2013

Today's Provider: Eleanor Bly MD

PCP: Eleanor Bly MD

Document generated by: Eleanor Bly 12/11/2013

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	11/21/2013 11:00 AM
VISIT TYPE:	OB Prenatal

History of Present Illness:

1. RN OB Intake

LMP uncertain 8/29/13, but only for one day. G2P1001 Pt c/o N/V which has gotten better lately, heartburn, fatigue. Denies bleeding, cramping, HA.

Social History

Primary language is Vietnamese. Born in Vietnam.

EDUCATION / EMPLOYMENT / OCCUPATION:

The patient has a(n) some college education.

Employment	Emp. History	Emp Status	Retire Date	Restrictions
Pharmacy Tech	student			

TOBACCO:

Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

ALCOHOL:

There is no history of alcohol use.

CAFFEINE:

The patient does not use caffeine.

LIFESTYLE:

Moderate activity level.

HOME ENVIRONMENT / SAFETY:

Smoke detector(s) at home. No carbon monoxide detector at home. Home not tested for radon.
No firearms at home.
Uses seat belts.
Patient agrees to transfusion.

Assessment Plan

Pregnancy (V22.1)
EDD 6/5/14. G2P1Ab0C/50 RN Intake completed, 1st trimester education discussed and materials given. Dental referral discussed, pt has been to the dentist in the last year and prefers to cont seeing prior dentist. Pt prefers to deliver at Providence. Verbalized anxiety over labor and not having had contractions at her first birth, suggested childbirth education classes to help ease anxiety and gain knowledge. FOB not involved in pregnancy, pt's family all live in Vietnam. Confirmed pt's next OB appt and scheduled 2nd trimester education appt with RN on 1/8/14. Pt verbalized understanding and had no further questions or concerns.

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening

Electronically signed by: Lynnwood Nurse RN 11/21/2013

Today's Provider: Lynnwood Nurse RN

PCP: A Burden 112th Med

Document generated by: Lavonne M. Searle RN 11/21/2013

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 11/15/2013 8:30 AM
VISIT TYPE: Office Visit

History of Present Illness:
1. cpe/ pregnancy
G2P1001 at 11wk1d by certain LMP, but LMP was not normal.

Feeling tired and nauseated.

Bothered by worsening acne.

Past Medical/Surgical History: (reviewed, updated)

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Gynecologic History:
Last menses was 08/29/2013.
Patient has 0.
Date of last PAP: 11/15/2013.

Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Review of Systems

System	Negative	Positive	Comments
Neuro / Psychiatric			

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
8:28 AM	5.0	1.25	0.00	11/01/2013	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
8:28 AM	108.00			dressed without shoes		20.24	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
8:28 AM	102/64	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
8:28 AM	98.0		oral	60	regular	16

Measured By

Time	
8:28 AM	Darcy Herriman MA

Physical Exam

Abdomen:

Comments: Limited transabdominal u/s performed. Single intrauterine gestation seen with positive cardiac activity. CRL 4.45 cm, consistent with 11w2d.

Immunizations:

Egg allergy: no.
Gelatin allergy: no.
Neomycin allergy: no.

Status	Ordered	Immunization	Completed	Comments	Reaction
completed	11/15/2013	Flu Adult Pres. Free (preg/immunocompromised) .500 mL IM	11/15/2013		

Assessment Plan

Supervision of other normal pregnancy (V22.1)

HIV Ab, CULTURE URINE, WET PREP, CT/GC Amplificatrion, PAP SMEAR, PRENATAL PROFILE I and UDS to be performed today. She will be scheduled for ultrasound ob and limited. Referral: Obstetrics/Gynecology - Providence MFM.

G2P1001 here at 11w1d by LMP consistent with office ultrasound today.
Pelvic today including wet mount. Labs today.
Discussed genetic screening options -- would like sequential screen. Referral sent.
Flu shot today.
Discussed site of delivery will be at Providence in Everett.
RTC for nurse visit asap, and for provider visit in 4 weeks.

Acne (706.1)

Gave rx for topical erythromycin, pregnancy catagory B.

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening

Office Services:

Status	Order	Reason	Interpretation	Value
completed	Flu Adult Pres. Free (preg/immunocompromised) .500 mL IM			
ordered	ultrasound ob, limited			

Lab Studies:

Status	Lab Study	Timeframe	Date	Comments	Interpretation	Value
obtained	CT/GC Amplification	today				
obtained	CULTURE URINE	today				
obtained	HIV Ab	today				
obtained	PAP SMEAR	today				
obtained	PRENATAL PROFILE I	today				
obtained	UDS	today				
obtained	WET PREP	today				

CHC8_signoff{Unexpected Value}

Today's Provider: Eleanor Bly MD

PCP: A Burden 112th Med

Document generated by: Blia Lee 11/15/2013

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 11/01/2013 9:15 AM
HISTORIAN: self
VISIT TYPE: Office Visit

History of Present Illness:

1. pregnant:

G2P1.

Not a planned pregnancy. Partner not really involved. Lives in a different state. She has not told him about the pregnancy. First pregnancy w/out complications. Delivered at 38 weeks gestation. NVD.

Pt does not take any medications except for prenatals. No alcohol, drug use.

LMP: 8/2913. Bled only 1 day. Pt roughly 9W2D pregnant today. EDD 6/6/14.

+ nausea. No vomiting. Has had some vagnal itching and thick, white discharge. No pain w/ urination, increased urination. No cramping or vaginal bleeding.

Past Medical/Surgical History:

The patient did not report any relevant medical, surgical or psychiatric history.

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Gynecologic History:

Last menses was 08/29/2013.
Patient has 0.

Family History:

Yes / No	Disease Detail	Family Member	Name	Age
Yes	CAD	Maternal aunt		
Yes	Hyperlipidemia	Maternal aunt		
Yes	Hypertension	Maternal aunt		
Yes	Hypertension	Mother		

Medications Reviewed

ALLERGIES:

No known allergies.
Reviewed, no changes.

Review of Systems

System	Negative	Positive	Comments
Constitutional	Chills, fatigue, fever, malaise, night sweats, weight gain and weight loss.		

Respiratory	Dyspnea.	
Cardiovascular	Chest pain.	
Gastrointestinal	Abdominal pain, change in stool pattern and vomiting.	**Nausea.**
Genitourinary	Dysuria and urinary frequency.	**Amenorrhea, Menses (Last menses was 08/29/2013).**

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
9:07 AM	5.0	1.25		11/01/2013	measured	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
9:07 AM	102.70			dressed with shoes		19.24	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
9:07 AM	110/68	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
9:07 AM	97.9		ear	77	regular	17

Measured By

Time	
9:07 AM	Jessica L. Cruz MA

Physical Exam

Constitutional:

Well developed.

Respiratory:

Lungs clear to auscultation. Respiratory effort is normal.

Cardiovascular: Regular rate and rhythm. No murmurs, gallops, or rubs.

Assessment Plan

Amenorrhea (626.0)

Further diagnostic evaluations ordered today include ultrasound 1st trimester to be performed. Today's instructions / counseling includes new medications prescribed.

- 25yo female. G2P1. EDD 6/6/14 based on LMP.
- Pregnancy confirmation letter provided. Pt directed to office to apply for medical coupon/
- Referral for OB u/s written.
- Education provided re 1st trimester.
- RN intake and initial provider intake scheduled at Lynnwood CHC since this is much closer to pt's home.
- F/u here prn w/ additional questions/concerns.

Vaginitis and vulvovaginitis (616.10)

- Likely yeast based on hx.
- Trial of topical miconazole provided.
- Pt scheduled for inital provider intake and exam. Culture and wet prep can be taken at that time.

MEDICATIONS (ADDED, CONTINUED OR STOPPED THIS VISIT):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/01/2013	Miconazole 7 2 % Vaginal Cream	insert 1 applicatorful by VAGINAL route every day for 7 days at bedtime

To Be Scheduled / Ordered:

Status	Order	Reason	Assessment	Timeframe	Appointment
ordered	ultrasound 1st trimester		626.0		

Electronically signed by: Alice Burden PAC 11/01/2013

Today's Provider: Alice Burden PAC

PCP: A Burden 112th Med

Document generated by: Alice F. Burden 11/01/2013

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 08/07/2014 2:45 PM
VISIT TYPE: Office Visit

History of Present Illness:
1. IUD insert

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Patient has 0.
Date of last PAP: 11/15/2013.
Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1, Pre-Term: 0, Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
2:59 PM	5.0	1.25	155.58	06/25/2014	carried		Holly Sarrazin MA

								forward

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
2:59 PM	110.00			dressed with shoes		20.61		Holly Sarrazin MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
2:59 PM	100/60	sitting	left	arm	manual	adult	Holly Sarrazin MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
2:59 PM	97.8		oral	72	regular	16	Holly Sarrazin MA

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Holly Sarrazin MA 08/07/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: (06/07/2014 11:00 AM) 08/07/2014 10:03 AM

VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB 40 weekds 2 days

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day Used	Years	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
11:07 AM	5.0	1.25	155.58	05/16/2014	carried forward		Darcy Herriman MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
11:07 AM	132.00			dressed without shoes		24.74		Darcy Herriman MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
11:07 AM	100/62	sitting	left	arm	manual	adult	Darcy Herriman MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
11:07 AM	98.5		oral	60	regular	16	Darcy Herriman MA

Allergies

No known allergies.
Reviewed, no changes.

Office Services completed this visit

Order	Completed By	Interpretation	Result
Trimester appropriate education given	James K. Sherwood		

Office Labs completed this visit

Order	Completed By	Interpretation	Result
UA OB Dip	Darcy Herriman MA	See Detail	Glucose: negative. Protein: negative.
UA DIPSTICK	Darcy Herriman MA	See detail	Glucose: negative. Protein: negative.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Heather R. McConnell 08/07/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: (03/31/2014 1:00 PM) 08/07/2014 8:33 AM
VISIT TYPE: OB Prenatal

TOBACCO:

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Office Services completed this visit

Order	Completed By	Interpretation	Result
signs and symptoms of preterm labor	Lavonne M. Searle RN		
selecting a newborn care provider	Lavonne M. Searle RN		
bottle/breast feeding	Lavonne M. Searle RN		
prenatal classes	Lavonne M. Searle RN		
sexuality	Lavonne M. Searle RN		
exercise/body mechanics	Lavonne M. Searle RN		
Trimester appropriate education given	James K. Sherwood		

Office Labs completed this visit

Order	Completed By	Interpretation	Result
UA OB Dip	Jennifer Carlson MA	See Detail	Glucose: negative. Protein: trace.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Heather R. McConnell 08/07/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: (03/05/2014 1:30 PM) 08/07/2014 8:33 AM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob follow up

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

Vital Signs

Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
1:40 PM	5.0	1.25	0.00	11/01/2013	carried forward		Darcy Herriman MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
1:40 PM	119.00			dressed without shoes		22.30		Darcy Herriman MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:40 PM	98/64	sitting	left	arm	manual	adult	Darcy Herriman MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:40 PM	98.2		oral	72	regular	16	Darcy Herriman MA

Medications Reviewed

Allergies
No known allergies.
Reviewed, no changes.

Office Labs completed this visit

Order	Completed By	Interpretation	Result
UA OB Dip	Darcy Herriman MA	See Detail	Glucose: negative. Protein: negative.
UA DIPSTICK	Darcy Herriman MA	See detail	Glucose: negative. Protein: negative.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan

Completed & Document generated by: Heather R. McConnell 08/07/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: (02/07/2014 2:30 PM) 08/06/2014 3:13 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob follow up

Past Medical History:
Reviewed, no change. Last documented: 12/11/2013.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

Vital Signs

Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
2:44 PM	5.0	1.25	0.00	11/01/2013	carried forward		Darcy Herriman MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
2:44 PM	113.00			dressed without shoes		21.17		Darcy Herriman MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
2:44 PM	100/64	sitting	left	arm	manual	adult	Darcy Herriman MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
2:44 PM	98.3			68	regular	18	Darcy Herriman MA

Allergies
No known allergies.
Reviewed, no changes.

Office Labs completed this visit

Order	Completed By	Interpretation	Result

UA OB Dip	Darcy Herriman MA	See Detail	Glucose: negative. Protein: negative.
UA DIPSTICK	Darcy Herriman MA	See detail	Glucose: negative. Protein: negative.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Heather R. McConnell 08/06/2014
Lynnwood CHCSC Medical

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	(11/01/2013 9:15 AM) 08/06/2014 2:06 PM
HISTORIAN:	self
VISIT TYPE:	Office Visit

History of Present Illness:

1. pregnant:

G2P1.

Not a planned pregnancy. Partner not really involved. Lives in a different state. She has not told him about the pregnancy.
First pregnancy w/out complications. Delivered at 38 weeks gestation. NVD.

Pt does not take any medications except for prenatals. No alcohol, drug use.

LMP: 8/2913. Bled only 1 day. Pt roughly 9W2D pregnant today. EDD 6/6/14.

+ nausea. No vomiting. Has had some vagnal itching and thick, white discharge. No pain w/ urination, increased urination.
No cramping or vaginal bleeding.

Past Medical/Surgical History:

The patient did not report any relevant medical, surgical or psychiatric history.

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Gynecologic History:

Last menses was 08/29/2013.
Patient has 0.

Family History:

Yes / No	Disease Detail	Family Member	Name	Age
Yes	CAD	Maternal aunt		
Yes	Hyperlipidemia	Maternal aunt		
Yes	Hypertension	Maternal aunt		
Yes	Hypertension	Mother		

TOBACCO:

Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

Review of Systems

System	Negative	Positive	Comments
Constitutional	Chills, fatigue, fever, malaise, night sweats, weight gain and weight loss.		
Respiratory	Dyspnea.		
Cardiovascular	Chest pain.		
Gastrointestinal	Abdominal pain, change in stool pattern and vomiting.	**Nausea.**	
Genitourinary	Dysuria and urinary frequency.	**Amenorrhea, Menses (Last menses was 08/29/2013).**	

Vital Signs

Last menses was 08/29/2013.

Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
9:07 AM	5.0	1.25		11/01/2013	measured		Jessica L. Cruz MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
9:07 AM	102.70			dressed with shoes		19.24		Jessica L. Cruz MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
9:07 AM	110/68	sitting	left	arm	manual	adult	Jessica L. Cruz MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
9:07 AM	97.9		ear	77	regular	17	Jessica L. Cruz MA

Last menses was 08/29/2013.

Medications Reviewed

Allergies

No known allergies.
Reviewed, no changes.

Office Labs completed this visit

Order	Completed By	Interpretation	Result
Preg, Urine	Jessica L. Cruz MA	see detail	positive
UA OB Dip	Jessica L. Cruz MA	See Detail	Glucose: negative. Protein: negative.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Completed & Document generated by: Heather R. McConnell 08/06/2014
112th CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 07/30/2014 3:00 PM
VISIT TYPE: OB Postpartum

TOBACCO:

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs

Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
3:13 PM	5.0	1.25	155.58	06/25/2014	carried forward		Holly Sarrazin MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
3:13 PM	110.20			dressed with shoes		20.65		Holly Sarrazin MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
3:13 PM	108/60	sitting	right	arm	manual	adult	Holly Sarrazin MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
3:13 PM	98.4		oral	72	regular	16	Holly Sarrazin MA

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Holly Sarrazin MA 07/30/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 07/07/2014 4:30 PM
VISIT TYPE: Office Visit

History of Present Illness:
1. vaginal itching

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Patient has 0.
Date of last PAP: 11/15/2013.
Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Job Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
5:03 PM	5.0	1.25	155.58	06/25/2014	carried		Darcy Herriman MA

							forward	

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
5:03 PM	115.00			dressed without shoes		21.55		Darcy Herriman MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
5:03 PM	106/66	sitting	left	arm	manual	adult	Darcy Herriman MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
5:03 PM	98.8		oral	72	regular	16	Darcy Herriman MA

Allergies

No known allergies.
Reviewed, no changes.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Darcy Herriman MA 07/07/2014
Lynnwood CHCSC Medical

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	06/25/2014 6:00 PM
VISIT TYPE:	Office Visit

History of Present Illness:
1. vaginal pain

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
6:16 PM	5.0	1.25	155.58	06/25/2014	measured		Jennifer Carlson MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
6:16 PM	117.40			dressed without shoes		21.00		Jennifer Carlson MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
6:16 PM	98/60	sitting	right	arm	manual	adult	Jennifer Carlson MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
6:16 PM	98.3		oral	80	regular	14	Jennifer Carlson MA

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Jennifer Carlson MA 06/25/2014
Lynnwood CHCSC Medical

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	06/03/2014 11:45 AM
HISTORIAN:	self
VISIT TYPE:	OB Prenatal

History of Present Illness:
1. OB f/u:

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.
Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
11:46 AM	5.0	1.25	155.58	05/16/2014	carried forward		Risha Cervantes MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
11:46 AM	132.40		60.056	dressed without shoes		24.81		Risha Cervantes MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
11:46 AM	100/60	sitting	left	arm	manual	adult	Risha Cervantes MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
11:46 AM	98.1	36.70	oral	92	regular	16	Risha Cervantes MA

Allergies

No known allergies.
Reviewed, no changes.

Office Labs completed this visit

Order	Completed By	Interpretation	Result
UA OB Dip	Risha Cervantes MA	See Detail	Glucose: negative. Protein: trace.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Risha Cervantes MA 06/03/2014
112th CHCSC Medical

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	05/27/2014 12:15 PM
HISTORIAN:	self
VISIT TYPE:	OB Prenatal

History of Present Illness:
1. OB f/u:
2. dizziness:
3. numbness in hands:

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs

Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
12:04 PM	5.0	1.25	155.58	05/16/2014	carried forward		Risha Cervantes MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
12:04 PM	132.40		60.056	dressed without shoes		24.81		Risha Cervantes MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
12:04 PM	110/62	sitting	left	arm	manual	adult	Risha Cervantes MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
12:04 PM	97.9	36.60	oral	92	regular	14	Risha Cervantes MA

Allergies

No known allergies.
Reviewed, no changes.

Office Labs completed this visit

Order	Completed By	Interpretation	Result
UA OB Dip	Risha Cervantes MA	See Detail	Glucose: negative. Protein: negative.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Risha Cervantes MA 05/27/2014
112th CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 05/20/2014 12:15 PM
HISTORIAN: self
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB f/u:

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/201 3	ordered	
ultrasound ob >14 wk single fetus	01/10/201 4	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.
Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day Used	Years Pack Years	Year Quit
never					
never					

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
12:18 PM	5.0	1.25	155.58	05/16/2014	carried forward		Risha Cervantes MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
12:18 PM	132.40		60.056	dressed without shoes		24.81		Risha Cervantes MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
12:18 PM	102/50	sitting	left	arm	manual	adult	Risha Cervantes MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
12:18 PM	97.9	36.60	oral	84	regular	12	Risha Cervantes MA

Allergies

No known allergies.
Reviewed, no changes.

Office Labs completed this visit

Order	Completed By	Interpretation	Result
UA OB Dip	Risha Cervantes MA	See Detail	Glucose: negative. Protein: trace.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Risha Cervantes MA 05/20/2014
112th CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 05/16/2014 1:15 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob ck 37w 1d

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
1:22 PM	5.0	1.25	0.00	05/16/2014	measured		Jennifer Carlson MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
1:22 PM	133.20			dressed without shoes		24.96		Jennifer Carlson MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:22 PM	102/64	sitting	right	arm	manual	adult	Jennifer Carlson MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:22 PM			oral	82	regular	14	Jennifer Carlson MA

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Jennifer Carlson MA 05/16/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 05/14/2014 1:45 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB 36W 6D MVA

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Patient has 0.
Date of last PAP: 11/15/2013.
Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
2:07 PM	5.0	1.25	0.00	05/14/2014	measured		Jennifer Carlson MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
2:07 PM	131.00			dressed without shoes		24.55		Jennifer Carlson MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
2:07 PM	110/72	sitting	left	arm	manual	adult	Jennifer Carlson MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
2:07 PM	98.5		oral	92	regular	16	Jennifer Carlson MA

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Jennifer Carlson MA 05/14/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 05/08/2014 10:45 AM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB 36 W

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
10:55 AM	129.20			dressed with				Holly Sarrazin MA

shoes

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
10:55 AM	108/64	sitting	right	arm	manual	adult	Holly Sarrazin MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
10:55 AM	98.0		oral	84	regular	18	Holly Sarrazin MA

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Holly Sarrazin MA 05/08/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 04/24/2014 10:45 AM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob ck 34w

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.
Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By

11:01 AM	5.0	1.25	0.00	04/24/2014	measured	Jennifer Carlson MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
11:01 AM	128.40			dressed without shoes		24.06		Jennifer Carlson MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
11:01 AM	96/54	sitting	left	arm	manual	adult	Jennifer Carlson MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
11:01 AM	98.4		oral	88	regular	18	Jennifer Carlson MA

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Jennifer Carlson MA 04/24/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 04/10/2014 11:00 AM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob follow up

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By

10:58 AM	5.0	1.25	0.00	03/31/2014	carried forward	Darcy Herriman MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
10:58 AM	124.00					23.24		Darcy Herriman MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
10:58 AM	104/64	sitting	left	arm	manual	adult	Darcy Herriman MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
10:58 AM	98.3		oral	60	regular	16	Darcy Herriman MA

Allergies

No known allergies.
Reviewed, no changes.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Darcy Herriman MA 04/10/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 04/03/2014 1:00 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. 3rd trimester education

TOBACCO:

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Office Services completed this visit

Order	Completed By	Interpretation	Result
anesthesia	Lavonne M. Searle RN		
fetal movement monitoring	Lavonne M. Searle RN		
labor and warning signs	Lavonne M. Searle RN		
warning signs of PIH	Lavonne M. Searle RN		
postterm counseling	Lavonne M. Searle RN		
circumcision	Lavonne M. Searle RN		
postpartum depression	Lavonne M. Searle RN		
L&D complications	Lavonne M. Searle RN		
car seat	Lavonne M. Searle RN		
Travel	Lavonne M. Searle RN		

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Lavonne M. Searle RN 04/03/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 03/31/2014 12:45 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. ob ck 30w 4d

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Patient has 0.
Date of last PAP: 11/15/2013.
Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
1:14 PM	5.0	1.25	0.00	03/31/2014	measured		Jennifer Carlson MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
1:14 PM	122.20			dressed with shoes		22.90		Jennifer Carlson MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:14 PM	100/62	sitting	right	arm	manual	adult	Jennifer Carlson MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:14 PM	98.3		oral	82	regular	14	Jennifer Carlson MA

Office Services completed this visit

Order	Completed By	Interpretation	Result
signs and symptoms of preterm labor	Lavonne M. Searle RN		
selecting a newborn care provider	Lavonne M. Searle RN		
bottle/breast feeding	Lavonne M. Searle RN		
prenatal classes	Lavonne M. Searle RN		
sexuality	Lavonne M. Searle RN		
exercise/body mechanics	Lavonne M. Searle RN		

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Jennifer Carlson MA 03/31/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 02/21/2014 3:30 PM
VISIT TYPE: Office Visit

History of Present Illness:
1. nasal discharge
2. fever

Past Medical/Surgical History:

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Gynecologic History:
Patient has 0.
Date of last PAP: 11/15/2013.
Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
3:22 PM	5.0	1.25	0.00	11/01/2013	carried forward		Angelina Hurtado MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
3:22 PM	116.20			dressed without shoes		21.77		Angelina Hurtado MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
3:22 PM	106/52	sitting	left	arm	manual	adult	Angelina Hurtado MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
3:22 PM	98.2		oral	100	regular	16	Angelina Hurtado MA

Allergies

No known allergies.
Reviewed, no changes.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	
ultrasound ob >14 wk single fetus	01/10/2014	completed	normal anatomy scan.

Completed & Document generated by: Angelina Hurtado MA 02/21/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 01/10/2014 1:00 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB 19 weeks

Past Medical History:
Reviewed, no change. Last documented: 12/11/2013.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

Vital Signs

Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
12:55 PM	5.0	1.25	0.00	11/01/2013	carried forward		Darcy Herriman MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
12:55 PM	109.00			dressed without shoes		20.43		Darcy Herriman MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
12:55 PM	92/64	sitting	left	arm	manual	adult	Darcy Herriman MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
12:55 PM	97.7		oral	66	regular	16	Darcy Herriman MA

Allergies

No known allergies.
Reviewed, no changes.

Office Labs completed this visit

Order	Completed By	Interpretation	Result
UA DIPSTICK	Darcy Herriman MA	See detail	Glucose: negative. Protein: negative.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Completed & Document generated by: Darcy Herriman MA 01/10/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 01/08/2014 10:15 AM
VISIT TYPE: OB Prenatal

History of Present Illness:

1. 2nd trimester education

2nd trimester EHR listed education and materials given. Additional topics discussed: birth plan, childbirth education classes, breastfeeding. Swedish Edmonds OB Pre-registration form given to pt to complete and send in. Pt verbalized understanding and reported no further questions or concerns.

Social History

Primary language is Vietnamese. Born in Vietnam.

EDUCATION / EMPLOYMENT / OCCUPATION:

The patient has a(n) some college education.

Employment	Emp. History	Emp Status	Retire Date	Restrictions
Pharmacy Tech	student			

TOBACCO:

Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

ALCOHOL:

There is no history of alcohol use.

CAFFEINE:

The patient does not use caffeine.

LIFESTYLE:

Moderate activity level.

HOME ENVIRONMENT / SAFETY:

Smoke detector(s) at home. No carbon monoxide detector at home. Home not tested for radon.
No firearms at home.
Uses seat belts.
Patient agrees to transfusion.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Completed & Document generated by: Lavonne M. Searle RN 01/08/2014
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 12/11/2013 2:45 PM
VISIT TYPE: OB Prenatal

History of Present Illness:
1. OB 14 weeks

Past Medical/Surgical History: (reviewed, updated)

Condition	Year	Procedure/Surgery	Year
		knee surgery	2011
Pregnancy	2009	1 hr labor	2009
Pregnancy management	2009	no pain management	

Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Gynecologic History:
Patient has 0.
Date of last PAP: 11/15/2013.
Obstetric History:
Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
2:42 PM	5.0	1.25	0.00	11/01/2013	carried		Darcy Herriman MA

forward

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
2:42 PM	104.00			dressed without shoes		19.49		Darcy Herriman MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
2:42 PM	102/60	sitting	left	arm	manual	adult	Darcy Herriman MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
2:42 PM	98.1		oral	72	regular	16	Darcy Herriman MA

Allergies

No known allergies.
Reviewed, no changes.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Completed & Document generated by: Darcy Herriman MA 12/11/2013
Lynnwood CHCSC Medical

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	11/21/2013 11:00 AM
VISIT TYPE:	OB Prenatal

History of Present Illness:

1. RN OB Intake

LMP uncertain 8/29/13, but only for one day. G2P1001 Pt c/o N/V which has gotten better lately, heartburn, fatigue. Denies bleeding, cramping, HA.

Social History

Primary language is Vietnamese. Born in Vietnam.

EDUCATION / EMPLOYMENT / OCCUPATION:

The patient has a(n) some college education.

Employment	Emp. History	Emp Status	Retire Date	Restrictions
Pharmacy Tech	student			

TOBACCO:

Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

ALCOHOL:

There is no history of alcohol use.

CAFFEINE:

The patient does not use caffeine.

LIFESTYLE:

Moderate activity level.

HOME ENVIRONMENT / SAFETY:

Smoke detector(s) at home. No carbon monoxide detector at home. Home not tested for radon.
No firearms at home.
Uses seat belts.
Patient agrees to transfusion.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

Last menses was 08/29/2013.

Office Services completed this visit

Order	Completed By	Interpretation	Result
HIV and other routine prenatal tests	Lavonne M. Searle RN		
risk factors identified by prenatal history	Lavonne M. Searle RN		
anticipated course of prenatal care	Lavonne M. Searle RN		
nutrition and weight gain counseling, special diet	Lavonne M. Searle RN		
Foods to avoid	Lavonne M. Searle RN		
toxoplasmosis precautions (cats / raw meat)	Lavonne M. Searle RN		
Exercise	Lavonne M. Searle RN		
influenza vaccine	Lavonne M. Searle RN		
environmental / work hazards	Lavonne M. Searle RN		
tobacco education	Lavonne M. Searle RN		
alcohol	Lavonne M. Searle RN		
illicit / recreational drugs	Lavonne M. Searle RN		
Medication use (including supplements)	Lavonne M. Searle RN		
seat belt	Lavonne M. Searle RN		
domestic violence	Lavonne M. Searle RN		
Dental	Lavonne M. Searle RN		
Overheating (hot tubs, saunas)	Lavonne M. Searle RN		
Warning signs	Lavonne M. Searle RN		
Brochures/handouts/books	Lavonne M. Searle RN		

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Completed & Document generated by: Lavonne M. Searle RN 11/21/2013
Lynnwood CHCSC Medical

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 11/15/2013 8:30 AM
VISIT TYPE: Office Visit

History of Present Illness:
1. cpe/ pregnancy

Past Medical/Surgical History: (reviewed, updated)
Diagnostics History:

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Gynecologic History:
Patient has 0.
Date of last PAP: 11/15/2013.

TOBACCO:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure
			no

Vital Signs
Height:

Time	ft	in	cm	Last Measured	Method	%	Measured By
8:28 AM	5.0	1.25	0.00	11/01/2013	carried forward		Darcy Herriman MA

Weight / BSA / BMI:

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
8:28 AM	108.00			dressed without shoes		20.24		Darcy Herriman MA

Blood Pressure:

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By

8:28 AM	102/64	sitting	left	arm	manual	adult	Darcy Herriman MA

Temperature / Pulse / Respiration:

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
8:28 AM	98.0		oral	60	regular	16	Darcy Herriman MA

Allergies

No known allergies.
Reviewed, no changes.

Diagnostic Services

Test	Ordered	Status	Results
ultrasound 1st trimester	11/01/2013	ordered	

Completed & Document generated by: Darcy Herriman MA 11/15/2013
Lynnwood CHCSC Medical

PATIENT PLAN

Loan Nguyen

06/03/2014 11:45 AM

Visit Type: OB Prenatal

Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today's visit and other instructions and information we hope you find helpful.

Reason for Visit: OB Prenatal, 39 Weeks 5 Days **Due Date:** 06/05/2014

Reason(s) for Visit:
1. OB f/u:

Medications (Current, Added or Renewed This Visit):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

BP/Temp/Pulse/Respiration

BP (mm/Hg)	Temp F	Temp C	Pulse/min	Resp/min
100/60	98.1	36.70	92	16

Height/Weight/BMI

Height Ft	In	cm	Weight lb	oz	kg	BMI (kg/m2)
5.0	1.25	155.58	132.40		60.056	24.81

Assessment Plan

Pregnancy

Electronically signed by: Burden PAC, Alice 06/03/2014
Appointment Location: **112th CHCSC Medical**
Document generated by: **Alice F. Burden 06/03/2014**

Contact Community Health Center of Snohomish County at:

Arlington Clinic	Edmonds Clinic	Everett-North Clinic	Everett-South Clinic	Lynnwood Clinic
326 S. Stillaguamish Ave Arlington, WA 98223	21701 76th Ave W #300 Edmonds, WA 98026	1424 Broadway Everett, WA 98201	1019 112th Street SW Everett, WA 98204	4111 194th Street SW Lynnwood, WA 98036
Medical: (360) 572-5400 Dental: (360) 572-5430 Pharmacy: (360) 572-5454	Medical: (425) 640-5500 Pharmacy: (425) 563-6381	Medical: (425) 789-2000 Dental: (425) 551-1000 Pharmacy: (425) 789-2050	Medical: (425) 551-6200 Dental: (425) 551-6001 Pharmacy: (425) 551-6521	Medical: (425) 835-5200 Dental: (425) 835-5204 Pharmacy: (425) 835-5202

PATIENT PLAN

Loan Nguyen

06/25/2014 6:00 PM

Visit Type: Office Visit

Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today's visit and other instructions and information we hope you find helpful.

Reason(s) for Visit:

1. vaginal pain

BP/Temp/Pulse/Respiration

BP (mm/Hg)	Temp F	Temp C	Pulse/min	Resp/min
98/60	98.3		80	14

Height/Weight/BMI

Height Ft	In	cm	Weight lb oz	kg	BMI (kg/m2)
5.0	1.25	155.58	117.40		21.00

Medications (Current, Added or Renewed This Visit):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Assessment Plan

Vaginal pain (625.9)

Normal exam- pain and healing tissue, normal 2 weeks post partum
Mild vaginal bleeding
Reassurance, no prolapse
F/u if bleeding continues longer than 2 weeks or increaes

Electronically signed by: Ashley Brown PAC 06/25/2014
Appointment Location: **Lynnwood CHCSC Medical**
Document generated by: **Ashley Brown 06/25/2014**

Thank you for choosing Community Health Center of Snohomish County for your health care needs. Here are some tips to help you use our services better:

- **To reach CHC during regular office hours:**
  - If you are having a medical emergency, please call 911.
  - For routine medical questions, please call the clinic number below.
- **To reach CHC after hours:**
  - If you are having a medical emergency, please call 911.
  - For routine medical questions, please call the clinic number below and you will be given the option of talking to a nurse.
- **To schedule an appointment, please call your clinic at one of the numbers below.**
- **To refill a prescription, please call your pharmacy first before calling the clinic.**
- **If you had lab or diagnostic tests done, we will either send you a letter in the mail or call you by phone. Please wait at least 7 days before calling the clinic for results.**
- **If you would like more information about your health or for patient education materials, please check out these helpful websites:**
  - Centers for Disease Control and Prevention at *http://www.cdc.gov/*
  - Mayo Clinic at *http//www.mayoclinic.com/health-information/*

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PATIENT PLAN

Loan Nguyen

02/21/2014 3:30 PM

Visit Type: Office Visit

Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today's visit and other instructions and information we hope you find helpful.

Reason(s) for Visit:

1. cold symptoms

BP/Temp/Pulse/Respiration

BP (mm/Hg)	Temp F	Temp C	Pulse/min	Resp/min
106/52	98.2		100	16

Height/Weight/BMI

Height ft	in	cm	Weight lb	oz	kg	BMI (kg/m2)
5.0	1.25	0.00	116.20			21.77

Lab Studies:

Status	Lab Study	Timeframe	Date	Comments	Interpretation	Value
ordered	Culture Throat	today				

Medications (Current, Added or Renewed This Visit):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

Assessment Plan

Sore throat (462)
Culture Throat to be performed today.
Tylenol for any fever or body aches. Nasal saline for congestion. Rest, push fluids. Rapid strep negative. Culture sent.

Electronically signed by: Brown PAC, Ashley 02/21/2014
Appointment Location: **Lynnwood CHCSC Medical**
Document generated by: **Ashley Brown 02/21/2014**

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PATIENT PLAN

Loan Nguyen

11/01/2013 9:15 AM

Visit Type: Office Visit

Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today's visit and other instructions and information we hope you find helpful.

Reason(s) for Visit:

1. pregnant:

BP/Temp/Pulse/Respiration

BP (mm/Hg)	Temp F	Temp C	Pulse/min	Resp/min
110/68	97.9		77	17

Height/Weight/BMI

Height ft	in	cm	Weight lb oz	kg	BMI (kg/m2)
5.0	1.25		102.70		19.24

To Be Scheduled / Ordered:

Order	Timeframe
ultrasound 1st trimester	

Medications (Current, Added or Renewed This Visit):

Start Date	Medication	Directions
	Prenatal	take 1 tablet by oral route every day
11/01/2013	Miconazole 7 2 % Vaginal Cream	insert 1 applicatorful by VAGINAL route every day for 7 days at bedtime

Assessment Plan

Amenorrhea (626.0)

Further diagnostic evaluations ordered today include ultrasound 1st trimester to be performed. Today's instructions / counseling includes new medications prescribed.

- 25yo female. G2P1. EDD 6/6/14 based on LMP.
- Pregnancy confirmation letter provided. Pt directed to office to apply for medical coupon/
- Referral for OB u/s written.
- Education provided re 1st trimester.
- RN intake and initial provider intake scheduled at Lynnwood CHC since this is much closer to pt's home.
- F/u here prn w/ additional questions/concerns.

Vaginitis and vulvovaginitis (616.10)

- Likely yeast based on hx.
- Trial of topical miconazole provided.
- Pt scheduled for inital provider intake and exam. Culture and wet prep can be taken at that time.

Electronically signed by: Alice Burden PAC 11/01/2013
Appointment Location: **112th CHCSC Medical**
Document generated by: **Alice F. Burden 11/01/2013**

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  - For routine medical questions, please call the clinic number below and you will be given the option of talking to a nurse.
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Contact Community Health Center of Snohomish County at:

112th Street Clinic 1019 112th Street SW Everett, WA 98204 Medical: (425) 551-6200 Dental: (425) 551-6001 Pharmacy: (425) 551-6521	Arlington Clinic 326 S. Stillaguamish Ave Arlington, WA 98223 Medical: (360) 572-5400 Dental: (360) 572-5430 Pharmacy: (360) 572-5454	Broadway Clinic 1424 Broadway Everett, WA 98201 Medical: (425) 789-2000 Dental: (425) 551-1000 Pharmacy: (425) 789-2050	Edmonds Clinic 21701 76th Ave W #300 Edmonds, WA 98026 Medical: (425) 640-5500 Pharmacy: (425) 563-6381	Lynnwood Clinic 4111 194th Street SW Lynnwood, WA 98036 Medical: (425) 835-5200 Dental: (425) 835-5204 Pharmacy: (425) 835-5202

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 08/30/2016 2:00 PM
VISIT TYPE: Office Visit

History of Present Illness:

1. Dental Exam

Problem List:

Problem Description	Onset Date	Chronic
IUCD status	08/07/2014	Y

PAST MEDICAL/SURGICAL HISTORY

Disease/disorder	Onset Date	Management	Date	Comments
		Knee surgery	2011	
Pregnancy	2009	1 hr labor	2009	Pt reports she had no contractions, only ROM
Pregnancy management	2009	no pain management		

DIAGNOSTICS HISTORY:

Test	Ordered	Interpretation	Result	completed
ultrasound 1st trimester	11/01/2013			01/10/2015
ultrasound ob >14 wk single fetus	01/10/2014		normal anatomy scan.	01/16/2014

Test	Ordered	Ordering Comments	Modifier
ultrasound 1st trimester	11/01/2013	25yo female. G2P1. EDD 6/6/14 based on LMP. Pls u/s for dating. Pls schedule at Swedish Edmonds-closer to pt's home.	
ultrasound ob >14 wk single fetus	01/10/2014	anatomy scan	

Family History

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Maternal aunt				Coronary artery disease	N	
Maternal aunt				Hyperlipidemia	N	
Maternal aunt				Hypertension	N	
Mother				Hypertension	N	

VITAL SIGNS

BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
2:33 PM	114/67	sitting	right	wrist	automatic	adult	Lynn Sorci

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
2:33 PM				71			Lynn Sorci

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Electronically signed by: Wenlang Zhang DDS 08/30/2016 02:34 PM

Document completed & generated by: Lynn Sorci 08/30/2016

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 12/15/2015 1:30 PM
HISTORIAN: son
VISIT TYPE: Preventive Medicine

This 27 year old female presents for cpe.

History of Present Illness:

1. cpe
   here for CPE

   reports concern of SOB and cough w no assoc heartburn or congestion or runny nose or dyspepsia. tried an otc allergy med w/o help. not productive excpt occ mucus. no runny nose or sneezing. feels pressure on chest and hard to breath sometimes more often when gonig to bed. started maybe 6 mo ago and a little better 2mo. no other exacerbating or alleviating she has noticed including exercise, air exposures, eating etc. husband smokes outside. she does not. no fever or weight loss.

   histories reviewed and updated

   otw feels normal on 10 point comprehensive ROS

Intake Comments: CPE.

Problem List:

Problem Description	Onset Date	Chronic
IUCD status	08/07/2014	Y

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
		Knee surgery	2011	
Pregnancy	2009	1 hr labor	2009	Pt reports she had no contractions, only ROM
Pregnancy management	2009	no pain management		

DIAGNOSTICS HISTORY:

Test	Ordered	Interpretation Result	completed
ultrasound 1st trimester	11/01/2013		01/10/2015
ultrasound ob >14 wk single fetus	01/10/2014	normal anatomy scan.	01/16/2014

Test	Ordered	Ordering Comments	Modifier

ultrasound 1st trimester	11/01/2013	25yo female. G2P1. EDD 6/6/14 based on LMP. Pls u/s for dating. Pls schedule at Swedish Edmonds-closer to pt's home.
ultrasound ob >14 wk single fetus	01/10/2014	anatomy scan

GYNECOLOGIC HISTORY:
Date of last PAP: 11/15/2013.

Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Maternal aunt				Coronary artery disease		N
Maternal aunt				Hyperlipidemia		N
Maternal aunt				Hypertension		N
Mother				Hypertension		N

SOCIAL HISTORY (Detailed)

Preferred language is Vietnamese. Language spoken at home is Vietnamese.
The patient does not need an interpreter. Born in Vietnam.

EDUCATION/EMPLOYMENT/OCCUPATION

The patient has a(n) some college education.

Employment	History	Status	Retired	Restrictions
Pharmacy Tech	student			

Smoking status: Never smoker.

No passive smoke exposure.
CAFFEINE
The patient does not use caffeine.
LIFESTYLE
Moderate activity level.
HOME ENVIRONMENT/SAFETY
The home has smoke detectors. No carbon monoxide detector at home.
Uses seat belts.
Patient agrees to transfusion.

Screening Summary:
Last PAP: 11/15/2013.

Date of last PAP: 11/15/2013.

VITAL SIGNS

HEIGHT

Time	ft	in	cm	Last Measured	Height Position	%	Measured By
2:52 PM	5.0	1.25	155.57	11/24/2014	Standing		Kaoseng Thao MA

WEIGHT

Time	lb	oz	kg	Context	Weight %	BMI kg/m2	BMI %	BSA m2	Measured By
2:52 PM	97.00		43.998	dressed without shoes		18.18	0		Kaoseng Thao MA

BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
2:52 PM	108/62	sitting	right	arm	manual	adult	Kaoseng Thao MA

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
2:52 PM				93	regular	16	Kaoseng Thao MA

PULSE OXIMETRY/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 LPM	Timing	FIO2 %	L/min	Delivery Method	Measured By
2:52 PM	98		RA						Kaoseng Thao MA

Medication Reconciliation

Medications reconciled today.

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

Immunizations administered this visit

Immunization	Administered By
ADULT FLU	Thao MA, Kaoseng

Medication Reconciliation

Medications reconciled today.

Electronically signed by: James Sherwood MD MD 12/15/2015 03:43 PM

Document completed & generated by: Kaoseng Thao MA 12/15/2015

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 09/21/2015 12:30 PM
VISIT TYPE: Dental Visit

History of Present Illness:

1. Dental Exam

Problem List:

Problem Description	Onset Date	Chronic
IUCD status	08/07/2014	Y

PAST MEDICAL/SURGICAL HISTORY

Disease/disorder	Onset Date	Management	Date	Comments
		Knee surgery	2011	
Pregnancy	2009	1 hr labor	2009	Pt reports she had no contractions, only ROM
Pregnancy management	2009	no pain management		

DIAGNOSTICS HISTORY:

Test	Ordered	Interpretation	Result	completed
ultrasound 1st trimester	11/01/2013			01/10/2015
ultrasound ob >14 wk single fetus	01/10/2014		normal anatomy scan.	01/16/2014

Test	Ordered	Ordering Comments	Modifier
ultrasound 1st trimester	11/01/2013	25yo female. G2P1. EDD 6/6/14 based on LMP. Pls u/s for dating. Pls schedule at Swedish Edmonds-closer to pt's home.	
ultrasound ob >14 wk single fetus	01/10/2014	anatomy scan	

Family History

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Maternal aunt				Coronary artery disease		N
Maternal aunt				Hyperlipidemia		N
Maternal aunt				Hypertension		N

Mother		Hypertension	N

VITAL SIGNS

Height

Time	ft	in	cm	Last Measured	Height Position	Measured By
9:07 AM	5.0	1.25		11/01/2013		Jessica L. Cruz MA
8:28 AM	5.0	1.25	0.00	11/01/2013		Darcy Herriman MA
2:42 PM	5.0	1.25	0.00	11/01/2013		Darcy Herriman MA
12:55 PM	5.0	1.25	0.00	11/01/2013		Darcy Herriman MA
2:44 PM	5.0	1.25	0.00	11/01/2013		Darcy Herriman MA
3:22 PM	5.0	1.25	0.00	11/01/2013		Angelina Hurtado MA
1:40 PM	5.0	1.25	0.00	11/01/2013		Darcy Herriman MA
1:14 PM	5.0	1.25	0.00	03/31/2014		Jennifer Carlson MA
10:58 AM	5.0	1.25	0.00	03/31/2014		Darcy Herriman MA
11:01 AM	5.0	1.25	0.00	04/24/2014		Jennifer Carlson MA
2:07 PM	5.0	1.25	0.00	05/14/2014		Jennifer Carlson MA
1:22 PM	5.0	1.25	0.00	05/16/2014		Jennifer Carlson MA
12:18 PM	5.0	1.25	155.58	05/16/2014		Risha Cervantes MA
12:04 PM	5.0	1.25	155.58	05/16/2014		Risha Cervantes MA
11:46 AM	5.0	1.25	155.58	05/16/2014		Risha Cervantes MA
11:07 AM	5.0	1.25	155.58	05/16/2014		Darcy Herriman MA
6:16 PM	5.0	1.25	155.58	06/25/2014		Jennifer Carlson MA
5:03 PM	5.0	1.25	155.58	06/25/2014		Darcy Herriman MA
3:13 PM	5.0	1.25	155.58	06/25/2014		Holly Sarrazin MA
2:59 PM	5.0	1.25	155.58	06/25/2014		Holly Sarrazin MA
1:48 PM	5.0	1.25	155.57	11/24/2014		Kaoseng Thao MA

Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2	Measured By
9:07 AM	102.70			dressed with shoes	19.24		Jessica L. Cruz MA
8:28 AM	108.00			dressed without shoes	20.24		Darcy Herriman MA
2:42 PM	104.00			dressed without shoes	19.49		Darcy Herriman MA
12:55 PM	109.00			dressed without shoes	20.43		Darcy Herriman MA
2:44 PM	113.00			dressed without shoes	21.17		Darcy Herriman MA
3:22 PM	116.20			dressed without shoes	21.77		Angelina Hurtado MA
1:40 PM	119.00			dressed without shoes	22.30		Darcy Herriman MA
1:14 PM	122.20			dressed with shoes	22.90		Jennifer Carlson MA

10:58 AM	124.00				23.24	Darcy Herriman MA
11:01 AM	128.40			dressed without shoes	24.06	Jennifer Carlson MA
10:55 AM	129.20			dressed with shoes		Holly Sarrazin MA
2:07 PM	131.00			dressed without shoes	24.55	Jennifer Carlson MA
1:22 PM	133.20			dressed without shoes	24.96	Jennifer Carlson MA
12:18 PM	132.40		60.056	dressed without shoes	24.81	Risha Cervantes MA
12:04 PM	132.40		60.056	dressed without shoes	24.81	Risha Cervantes MA
11:46 AM	132.40		60.056	dressed without shoes	24.81	Risha Cervantes MA
11:07 AM	132.00			dressed without shoes	24.74	Darcy Herriman MA
6:16 PM	117.40			dressed without shoes	21.00	Jennifer Carlson MA
5:03 PM	115.00			dressed without shoes	21.55	Darcy Herriman MA
3:13 PM	110.20			dressed with shoes	20.65	Holly Sarrazin MA
2:59 PM	110.00			dressed with shoes	20.61	Holly Sarrazin MA
1:48 PM	103.40		46.901	dressed without shoes	19.38	Kaoseng Thao MA

BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
12:38 PM	103/59	sitting	right	wrist	automatic		Kebreab Gebreselasea

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
12:38 PM				71			Kebreab Gebreselasea

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Electronically signed by: Azmera Solomon DDS DDS 09/21/2015 12:41 PM

Document completed & generated by: Kebreab Gebreselasea 09/21/2015

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 11/24/2014 1:30 PM
HISTORIAN: self
VISIT TYPE: Preventive Medicine

Intake Comments: CPE/No PAP.

Problem List:

Problem Description	Onset Date	Chronic	Clinical Status
IUCD status	08/07/2014	Y	

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
		Knee surgery	2011	
Pregnancy	2009	1 hr labor	2009	Pt reports she had no contractions, only ROM
Pregnancy management	2009	no pain management		

DIAGNOSTICS HISTORY:

Test	Ordered	Interpretation	Result	completed
ultrasound ob >14 wk single fetus	01/10/2014		normal anatomy scan.	01/16/2014

Test	Ordered	Ordering Comments	Modifier
ultrasound ob >14 wk single fetus	01/10/2014	anatomy scan	

GYNECOLOGIC HISTORY:
Menarche: 13 y.o. (onset)
Date of last PAP: 11/15/2013.
OBSTETRIC HISTORY:
Currently pregnant.
GRAVIDA: 2.
PARITY: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.

Family History

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Maternal aunt				Coronary artery disease		N
Maternal				Hyperlipidemia		N

aunt		
Maternal aunt	Hypertension	N
Mother	Hypertension	N

Screening Summary:
Last PAP: 11/15/2013.

Vision Screening

Visual Acuity:
OD: 20/100 corrected
OS: 20/80 corrected
OU: 20/100 corrected

Date of last PAP: 11/15/2013.

VITAL SIGNS

HEIGHT

Time	ft	in	cm	Last Measured	Height Position	%	Measured By
1:48 PM	5.0	1.25	155.57	11/24/2014			Kaoseng Thao MA

WEIGHT/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
1:48 PM	103.40		46.901	dressed without shoes		19.38		Kaoseng Thao MA

BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:48 PM	104/62	sitting	left	arm	manual	adult	Kaoseng Thao MA

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:48 PM	97.9	36.61		84	regular	18	Kaoseng Thao MA

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

Electronically signed by: James Sherwood MD MD 11/24/2014 01:54 PM

Document completed & generated by: Kaoseng Thao MA 11/24/2014

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
AGE:	25 years
DATE:	06/03/2014 11:45 AM
VISIT TYPE:	OB Prenatal

First Visit Detail: 11/15/2013. First Trimester. Initial visit at this location.

Gestational Age

EDD Confirmation

Initial EDD:	**Date**	**EGA**	**EDD**
LMP	08/29/2013		06/05/2014
Ultrasound		11 Weeks 2 Days	06/04/2014

Working EDD: 06/05/2014 last modified on 01/10/2014 by Eleanor Bly.

Menstrual History:

Menses monthly: yes Menarche: 13 y.o. (onset)

On BCP at concept: no

Diagnostic Studies/Procedures:

01/16/20 14	V22.1	ultrasound ob >14 wk single fetus	normal anatomy scan.	anatomy sc
	626.0	ultrasound 1st trimester		25yo femal based on L dating. Pls s Edmonds-c

History of Present Illness:

1. OB f/u:

Medications Reviewed

Allergies

Reviewed, no changes.

No known allergies.

Gynecologic History:

Menarche: 13 y.o. (onset)

Patient has 0.

Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.

Gravida: 2.

Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.

Full term: 1. SVDs: 1.

#	Date	GA(wks)	Labor(hrs)	Weight	Sex	Procedure
1	December 2009	39 1/2	1	3000 gms	female	NSVD

Procedures/Management:

knee surgery

Diagnostics History:

ActStatus	Study	Ordered	Completed	Interpretation
ordered	ultrasound 1st trimester	11/01/2013		
completed	ultrasound ob >14 wk single fetus	01/10/2014	01/16/2014	

Prenatal Flowsheet

Problem Detail

delivery site	Swedish it's a boy

Flowsheet:

Date	EGA	BP	Wt	Fd	FM	FHR	Pres	Ed	Dtr	Dil	Eff	St	Pain	Initials	EU
06/03/2014	39 Weeks 5 Days	100/60	132.4	37	3	135	Vtx							AB	

Date	Albumin	Sugar	Ketones	Nitrite
06/03/2014	trace	negative		

Date	Initials	Comments
06/03/2014	AB	S: Patient is well. No Dysuria. Positive for Vaginal Discharge. Positive for Fluid Leakage. No Contractions. Diminished Fetal Movement. Reports more vaginal discharge. Underwear wet all the time. Less fetal movement in the last 5 days. Worried that she might need a c-section because baby is too big. O: FHT reassuring. FH decreased. P: (1) Pt will go to triage for rupture work-up, NST/AFI. Will likely have OB consult and possible transfer of care today given that she is almost at her EDD (2) F/u as scheduled w/ Dr Sherwood in 4 days if discharged from OB. ADDENDUM: call from OB. Pt has not ruptured. Reactive NST. I was told by Dr Dickey that I should not sent patients to triage w/out calling OB on-call to discuss.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
11:46 AM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
11:46 AM	132.40		60.056	dressed without shoes		24.81	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
11:46 AM	100/60	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
11:46 AM	98.1	36.70	oral	92	regular	16

Measured By

Time	
11:46 AM	Risha Cervantes MA

Assessment Plan

Pregnancy (V22.1)

Orders/Procedures/Instructions/Education

Office labs:

UA OB Dip	See Detail	Glucose: negative. Protein: trace.

Instructions/Education:

Education Materials Provided -
Prenatal
Trimester appropriate
education given

Electronically signed by: Burden PAC, Alice 06/03/2014

Document generated by: Alice F. Burden 06/03/2014

Contact Community Health Center of Snohomish County at:

Arlington Clinic	Edmonds Clinic	Everett-North Clinic	Everett-South Clinic	Lynnwood Clinic
326 S. Stillaguamish Ave Arlington, WA 98223	21701 76th Ave W #300 Edmonds, WA 98026	1424 Broadway Everett, WA 98201	1019 112th Street SW Everett, WA 98204	4111 194th Street SW Lynnwood, WA 98036
Medical: (360) 572-5400 Dental: (360) 572-5430 Pharmacy: (360) 572-5454	Medical: (425) 640-5500 Pharmacy: (425) 563-6381	Medical: (425) 789-2000 Dental: (425) 551-1000 Pharmacy: (425) 789-2050	Medical: (425) 551-6200 Dental: (425) 551-6001 Pharmacy: (425) 551-6521	Medical: (425) 835-5200 Dental: (425) 835-5204 Pharmacy: (425) 835-5202

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
AGE:	25 years
DATE:	05/27/2014 12:15 PM
VISIT TYPE:	OB Prenatal

First Visit Detail: 11/15/2013. First Trimester. Initial visit at this location.

Gestational Age

EDD Confirmation

Initial EDD:	**Date**	**EGA**	**EDD**
LMP	08/29/2013		06/05/2014
Ultrasound		11 Weeks 2 Days	06/04/2014

Working EDD: 06/05/2014 last modified on 01/10/2014 by Eleanor Bly.

Menstrual History:

Menses monthly: yes Menarche: 13 y.o. (onset)

On BCP at concept: no

Diagnostic Studies/Procedures:

01/16/20 14	V22.1	ultrasound ob >14 wk single fetus	normal anatomy scan.	anatomy sc
	626.0	ultrasound 1st trimester		25yo female based on LM dating. Pls s Edmonds-cl

History of Present Illness:

1. OB f/u:
2. dizziness:
3. numbness in hands:

Medications Reviewed

Allergies

Reviewed, no changes.

No known allergies.

Gynecologic History:

Menarche: 13 y.o. (onset)
Patient has 0.
Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.
Gravida: 2.
Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.

Full term: 1. SVDs: 1.

#	Date	GA(wks)	Labor(hrs)	Weight	Sex	Procedure
1	December 2009	39 1/2	1	3000 gms	female	NSVD

Procedures/Management:

knee surgery

Diagnostics History:

ActStatus	Study	Ordered	Completed	Interpretation
ordered	ultrasound 1st trimester	11/01/2013		
completed	ultrasound ob >14 wk single fetus	01/10/2014	01/16/2014	

Prenatal Flowsheet

Problem Detail

delivery site	Swedish it's a boy

Flowsheet:

Date	LGA	BP	Wt	Fd	M	FHR	Pres	Ed	Dtr	Dil	Eff	St	Pain	Initials	FU
05/27/2014	38 Weeks 5 Days	110/62	132.4	37	+	145								AB	

Date	Albumin	Sugar	Ketones	Nitrite
05/27/2014	negative	negative		

Date	Initials	Comments
05/27/2014	AB	S: Patient is well. No Dysuria. Positive for Vaginal Discharge-no change from previous-has had negative work-up for rupture. No Fluid Leakage. Positive for Contractions-about 5 times per day. Appropriate Fetal Movement. O: Exam wnl. P: (1) Education re L&D (2) Recheck in 1 wk.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
12:04 PM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
12:04 PM	132.40		60.056	dressed without shoes		24.81	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size

12:04 PM	110/62	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
12:04 PM	97.9	36.60	oral	92	regular	14

Measured By

Time	
12:04 PM	Risha Cervantes MA

Assessment Plan

Pregnancy (V22.1)

Orders/Procedures/Instructions/Education

Office labs:

UA OB Dip	See Detail	Glucose: negative. Protein: negative.

Instructions/Education:

Education Materials Provided -
Prenatal
Trimester appropriate
education given

Electronically signed by: Burden PAC, Alice 05/27/2014

Document generated by: Alice F. Burden 05/27/2014

Contact Community Health Center of Snohomish County at:

Arlington Clinic 326 S. Stillaguamish Ave Arlington, WA 98223 Medical: (360) 572-5400 Dental: (360) 572-5430 Pharmacy: (360) 572-5454	Edmonds Clinic 21701 76th Ave W #300 Edmonds, WA 98026 Medical: (425) 640-5500 Pharmacy: (425) 563-6381	Everett-North Clinic 1424 Broadway Everett, WA 98201 Medical: (425) 789-2000 Dental: (425) 551-1000 Pharmacy: (425) 789-2050	Everett-South Clinic 1019 112th Street SW Everett, WA 98204 Medical: (425) 551-6200 Dental: (425) 551-6001 Pharmacy: (425) 551-6521	Lynnwood Clinic 4111 194th Street SW Lynnwood, WA 98036 Medical: (425) 835-5200 Dental: (425) 835-5204 Pharmacy: (425) 835-5202

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
AGE:	25 years
DATE:	05/20/2014 12:15 PM
VISIT TYPE:	OB Prenatal

First Visit Detail: 11/15/2013. First Trimester. Initial visit at this location.

Gestational Age

EDD Confirmation

Initial EDD:	**Date**	**EGA**	**EDD**
LMP	08/29/2013		06/05/2014
Ultrasound		11 Weeks 2 Days	06/04/2014

Working EDD: 06/05/2014 last modified on 01/10/2014 by Eleanor Bly.

Menstrual History:

Menses monthly: yes Menarche: 13 y.o. (onset)

On BCP at concept: no

Diagnostic Studies/Procedures:

01/16/2014	V22.1	ultrasound ob >14 wk single fetus	normal anatomy scan.	anatomy sc
	626.0	ultrasound 1st trimester		25yo female based on LM dating. Pls s Edmonds-cl

History of Present Illness:

1. OB f/u:

Medications Reviewed

Allergies

Reviewed, no changes.

No known allergies.

Gynecologic History:

Menarche: 13 y.o. (onset)

Patient has 0.

Date of last PAP: 11/15/2013.

Obstetric History:

Currently pregnant.

Gravida: 2.

Parity: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.

Full term: 1. SVDs: 1.

#	Date	GA(wks)	Labor(hrs)	Weight	Sex	Procedure
1	December 2009	39 1/2	1	3000 gms	female	NSVD

Procedures/Management:

knee surgery

Diagnostics History:

ActStatus	Study	Ordered	Completed	Interpretation
ordered	ultrasound 1st trimester	11/01/2013		
completed	ultrasound ob >14 wk single fetus	01/10/2014	01/16/2014	

Prenatal Flowsheet

Problem Detail

delivery site	Swedish it's a boy

Flowsheet:

Date	EGA	BP	Wt	Fd	FM	FHR	Pres	Fd	Dt	Dil	Eff	S	Pain	Initials	FU
05/20/2014	37 Weeks 5 Days	102/50	132.4	35	+	140	Vtx							AB	

Date	Albumin	Sugar	Ketones	Nitrite
05/20/2014	trace	negative		

Date	Initials	Comments
05/20/2014	AB	S: Patient is well. No Dysuria. No Vaginal Discharge. No Fluid Leakage. Positive for Vaginal Discharge. No Contractions. Appropriate Fetal Movement. Seen at triage on 5/16/14-sent by Dr Sherwood last week. Pt reports normal u/s and testing in triage. No evidence of rupture. No further contractions. Does have ongoing vaginal discharge, itchy. O: Exam wnl. FH dropped, suggests baby has dropped. Requesting u/s from Swedish, where AFI was checked. P: (1) Rx for miconazole for itchiness. Urine sent for wet prep. (2) Recheck in 1 wk.

Vital Signs

Height

Time	ft	in	cm	Last Measured	Method	%
12:18 PM	5.0	1.25	155.58	05/16/2014	carried forward	

Weight/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
12:18 PM	132.40		60.056	dressed without shoes		24.81	

Blood Pressure

Time	BP	Position	Side	Site	Method	Cuff Size
12:18 PM	102/50	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
12:18 PM	97.9	36.60	oral	84	regular	12

Measured By

Time	
12:18 PM	Risha Cervantes MA

Assessment Plan

Pregnancy (V22.1)
WET PREP to be performed today.

Medications (added, continued, or stopped this visit)

Started	Medication	Directions	Comment	Stopped
05/20/2014	miconazole nitrate 2 % vaginal cream	insert 1 applicatorful by VAGINAL route every day for 7 days at bedtime		05/26/2014

Orders/Procedures/Instructions/Education

Labs:
WET PREP

Office labs:

UA OB Dip	See Detail	Glucose: negative. Protein: trace.

Instructions/Education:
Education Materials Provided -
Prenatal
Trimester appropriate
education given

Electronically signed by: Burden PAC, Alice 05/20/2014

Document generated by: Alice F. Burden 05/20/2014

Contact Community Health Center of Snohomish County at:

Arlington Clinic	Edmonds Clinic	Everett-North Clinic	Everett-South Clinic	Lynnwood Clinic
326 S. Stillaguamish Ave Arlington, WA 98223 Medical: (360) 572-5400 Dental: (360) 572-5430 Pharmacy: (360) 572-5454	21701 76th Ave W #300 Edmonds, WA 98026 Medical: (425) 640-9500 Pharmacy: (425) 563-6381	1424 Broadway Everett, WA 98201 Medical: (425) 789-2000 Dental: (425) 551-1000 Pharmacy: (425) 789-2050	1019 112th Street SW Everett, WA 98204 Medical: (425) 551-6200 Dental: (425) 551-6000 Pharmacy: (425) 551-6531	4111 194th Street SW Lynnwood, WA 98036 Medical: (425) 835-5200 Dental: (425) 835-5204 Pharmacy: (425) 835-5202

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 12/15/2015 01:30 PM
HISTORIAN: son
VISIT TYPE: Preventive Medicine

This 27 year old female presents for cpe.

History of Present Illness:

1. cpe
   here for CPE

   reports concern of SOB and cough w no assoc heartburn or congestion or runny nose or dyspepsia. tried an otc allergy med w/o help. not productive excpt occ mucus. no runny nose or sneezing. feels pressure on chest and hard to breath sometimes more often when gonig to bed. started maybe 6 mo ago and a little better 2mo. no other exacerbating or alleviating she has noticed including exercise, air exposures, eating etc. husband smokes outside. she does not. no fever or weight loss.

   histories reviewed and updated

   otw feels normal on 10 point comprehensive ROS

PROBLEM LIST:

Problem Description	Onset Date	Chronic
IUCD status	08/07/2014	Y

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
		Knee surgery	2011	
Pregnancy	2009	1 hr labor	2009	Pt reports she had no contractions, only ROM
Pregnancy management	2009	no pain management		

DIAGNOSTICS HISTORY:

Test	Ordered	Interpretation	Result	completed
ultrasound 1st trimester	11/01/2013			01/10/2015
ultrasound ob >14 wk single fetus	01/10/2014		normal anatomy scan.	01/16/2014

Test	Ordered	Ordering Comments	Modifier
ultrasound 1st trimester	11/01/2013	25yo female. G2P1. EDD 6/6/14 based on LMP. Pls u/s for dating. Pls schedule at Swedish Edmonds-closer to pt's home.	
ultrasound ob >14 wk single fetus	01/10/2014	anatomy scan	

GYNECOLOGIC HISTORY:
Date of last PAP: 11/15/2013.

Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Maternal aunt				Coronary artery disease		N
Maternal aunt				Hyperlipidemia		N
Maternal aunt				Hypertension		N
Mother				Hypertension		N

SOCIAL HISTORY (Detailed)

Preferred language is Vietnamese. Language spoken at home is Vietnamese.
The patient does not need an interpreter. Born in Vietnam.

EDUCATION/EMPLOYMENT/OCCUPATION

The patient has a(n) some college education.

Employment	History	Status	Retired	Restrictions
Pharmacy Tech	student			

Smoking status: Never smoker.

No passive smoke exposure.
CAFFEINE
The patient does not use caffeine.
LIFESTYLE
Moderate activity level.
HOME ENVIRONMENT/SAFETY
The home has smoke detectors. No carbon monoxide detector at home.
Uses seat belts.
Patient agrees to transfusion.

Medication Reconciliation

Medications reconciled today.

Allergies

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

Screening Summary:
Last PAP: 11/15/2013.

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Inspection - Right: Normal, Left: Normal. Hearing - Right: Normal, Left: Normal.
Nose/Mouth/Throat	*	Nares - Right: discharge - crusty, Left: discharge - crusty.
Nose/Mouth/Throat	Normal	External nose - Normal. Lips/teeth/gums - Normal. Buccal mucosa - Normal. Palate & uvula - Normal. Tonsils - Normal. Oropharynx - Normal.
Nasopharynx	Normal	External nose - Normal. Lips/teeth/gums - Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal. Thyroid gland - Normal.
Lymph Detail	Normal	No cervical or supraclavicular adenopathy.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. No abdominal tenderness. No hepatic enlargement. No splenic enlargement.
Skin	Normal	Inspection - Normal.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Neurological	Normal	Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact. Sensory - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Immunizations

Status	Immunization	Completed By
Ordered	ADULT FLU	
Completed	Flu ADULT	Thao MA, Kaoseng
Completed	Tdap	Herriman MA, Darcy
Completed	Flu Adult Pres Free (preg/immunocompromised)	Herriman MA, Darcy

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for general adult medical exam w abnormal findings (Z00.01).
	Provider Plan	CVS: reviewed diet and exercise ID: flu vaccine. declelnd sti testing CA: sun screen discussed. PAP UTD seatbelts, etc reviewed
2.	Assessment	Cough (R05).
	Patient Plan	#First try a medication called LORATADINE for 2 weeks to see if it helps your cough #if that doesn't work try a medication called ranitadine (twice daily) for 2 weeks to see if it helps your cough #keep a diary of your symptoms and anything that might affect it like food, smokes exposure, exercise, body position #ask your husband to quit smoking and to at least wear different clothes inside the house

		than he smokes in
	Provider Plan	unclear cause. need to keep cardiac cause given perhaps nocturnal sx but more likley irritant exposure of lungs like tobacco smoke 2nd hand.
3.	Assessment	SOB (shortness of breath) (R06.02)
	Provider Plan	as above

Medications *(Added, Continued or Stopped this visit)*

Started	Medication	Directions	PRN Status	PRN Reason	Instruction	Stopped
07/07/2014	docusate sodium 100 mg capsule	take 1 capsule by oral route 2 times every day as needed for constipation	N			12/15/2015
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening	N			12/15/2015
08/10/2014	ParaGard T 380A 380 square mm intrauterine device	placed 8/7/14 -- lot # 513002	N			
	Prenatal	take 1 tablet by oral route every day	N			12/15/2015
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion	N			12/15/2015
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed	N			12/15/2015

Diagnostic Services

Status	Diagnostic Order
completed	ultrasound 1st trimester
completed	ultrasound ob > 14 wk single fetus

Counseling / Educational Factors:

Electronically signed by: James Sherwood MD MD 12/15/2015 02:23 PM

Today's Provider: James Sherwood MD MD

PCP: James Sherwood MD MD

Document generated by: James K. Sherwood 12/15/2015 02:22 PM

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 11/24/2014 01:30 PM
HISTORIAN: self
VISIT TYPE: Preventive Medicine

This 26 year old female presents for CPE and other concerns.

History of Present Illness:

1. CPE and other concerns
   here for CPE and concerns today are
   --irreg periods -- has had for a while. had paragard placed 8/14 -- had been ok then had 2 periods jsut 2 or so weeks apart
   --vision getting worse -- blurry for far away. reading close OK
   --dizzyness -- more if looks up then down. like room spinning. can feel like pressure buildling in head and tired at times also -- not always together. when diuzzy will close eyes or stand still. no hearing problems. no similar dizzyness before. started a while ago and now getting worse. no other exacerbating. no sure alleviating. can also happen when standing up out of bed or w sudden turn of head.

   also notes that a insurance company asker her if she is still getting treatmetn for the accident she was in while pregnant. she feels fine now she thinks except maybe the dizzyness.

   ROS: comp ROS negative except as above and some mild back pain -- see MA documentation

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status
IUCD status	08/07/2014	Y	

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
		Knee surgery	2011	
Pregnancy	2009	1 hr labor	2009	Pt reports she had no contractions, only ROM
Pregnancy management	2009	no pain management		

DIAGNOSTICS HISTORY:

Test	Ordered	Interpretation	Result	completed
ultrasound ob >14 wk single	01/10/2014		normal anatomy scan.	01/16/2014

fetus

Test	Ordered	Ordering Comments	Modifier
ultrasound ob >14 wk single fetus	01/10/2014	anatomy scan	

GYNECOLOGIC HISTORY:
Menarche: 13 y.o. (onset)
Date of last PAP: 11/15/2013.
OBSTETRIC HISTORY:
Currently pregnant.
GRAVIDA: 2.
PARITY: Term:1. Pre-Term: 0. Abortion: 0. Living: 0.
SVDs: 1.

Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Maternal aunt				Coronary artery disease		N
Maternal aunt				Hyperlipidemia		N
Maternal aunt				Hypertension		N
Mother				Hypertension		N

SOCIAL HISTORY (Detailed)

Preferred language is Vietnamese. Language spoken at home is Vietnamese.
The patient does not need an interpreter. Born in Vietnam.

EDUCATION/EMPLOYMENT/OCCUPATION

The patient has a(n) some college education.

Employment	History	Status	Retired	Restrictions
Pharmacy Tech	student			

Smoking status: Never smoker.

No passive smoke exposure.
CAFFEINE
The patient does not use caffeine.
LIFESTYLE
Moderate activity level.
HOME ENVIRONMENT/SAFETY
The home has smoke detectors. No carbon monoxide detector at home.
Uses seat belts.
Patient agrees to transfusion.

Medication Reconciliation

Medications reconciled today.

Allergies

Nguyen, Loan 07/15/1988 2/5

Ingredient	Reaction	Medication Name	Comment

NO KNOWN
ALLERGIES
Reviewed, no changes.

VITAL SIGNS

HEIGHT

Time	ft	in	cm	Last Measured	Height Position	%
1:48 PM	5.0	1.25	155.57	11/24/2014		

WEIGHT/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
1:48 PM	103.40		46.901	dressed without shoes		19.38	

BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
1:48 PM	104/62	sitting	left	arm	manual	adult

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
1:48 PM	97.9	36.61		84	regular	18

MEASURED BY

Time	Measured by
1:48 PM	Kaoseng Thao MA

Screening Summary:
Last PAP: 11/15/2013.

Physical Exam

Exam	Findings	Details
Constitutional	Normal	No acute distress. Well nourished. Well developed.
Eyes	*	Visual acuity - OD: Corrected: 20/100, OS: Corrected: 20/80, OU: Corrected: 20/100.
Eyes	Comments	visiual acuity subj better w pin hole
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Inspection - Right: Normal, Left: Normal. Hearing - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal. Thyroid gland - Normal.
Lymph Detail	Normal	No cervical or supraclavicular adenopathy.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. No abdominal tenderness. No hepatic enlargement. No splenic enlargement.
Skin	Normal	Inspection - Normal.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Neurological	Comments	Cn 2-12 intact. D-H maneuver + for sx to R but no nystagmus seen
Neurological	Normal	Level of consciousness - Normal. Orientation - Normal. Memory -

Psychiatric	Normal	Normal. Sensory - Normal. Motor - Normal. Balance & gait - Normal. Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	ROUTINE MEDICAL EXAM (V70.0).
	Provider Plan	CVS: exercise, eat well -- counseling -- no labs needed or other tests ID: declines STI screening, due for flu vaccine CA: UTD on PAP -- discussed sunscreen OTHER: seatbelts, fire safety, helmets discussed
2.	Assessment	screening for eye condition nec (V80.2).
3.	Assessment	Myopia (367.1).
	Provider Plan	Cause likely myopia of blurriness at distance. --given optometry list
4.	Assessment	Presence of intrauterine contraceptive device (V45.51).
	Provider Plan	irreg periods normal fpr patient and not sign of IUD problem
5.	Assessment	Benign paroxysmal positional vertigo (386.11).
	Provider Plan	likley dx by hx and exam --given handout and taught epply maneuvers

Medications *(Added, Continued or Stopped this visit)*

Started	Medication	Directions	Instruction	Stopped
07/07/2014	docusate sodium 100 mg capsule	take 1 capsule by oral route 2 times every day as needed for constipation		
11/15/2013	erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening		
08/10/2014	ParaGard T 380A 380 square mm intrauterine device	placed 8/7/14 -- lot # 513002		
	Prenatal	take 1 tablet by oral route every day		
02/21/2014	Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion		
02/21/2014	Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed		

Counseling / Educational Factors:

Electronically signed by: James Sherwood MD MD 11/24/2014 02:31 PM

Today's Provider: James Sherwood MD MD

PCP: A Sherwood EDM Med

Document generated by: James K. Sherwood 11/24/2014 02:30 PM

PATIENT PLAN FOR 12/15/2015

Name: Loan Nguyen
Date of Birth: 07/15/1988
Date of Visit: 12/15/2015 01:30 PM
Visit Type: Preventive Medicine (99395) (99213)
Location: Edmonds CHCSC Medical

Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today's visit and other instructions and information we hope you find helpful.

Primary Care Provider: James Sherwood MD MD
TODAY'S VISIT

REASON(S) FOR VISIT
cpe.

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI
108/62	93	16			97.00		18.18

PROBLEM LIST:

Problem Description	Onset Date	Chronic
IUCD status	08/07/2014	Y

MEDICATIONS

These are the medication(s) that were started new or renewed today:

These are the medication(s) you should continue:

Medication	Directions
ParaGard T 380A 380 square mm intrauterine device	placed 8/7/14 -- lot # 513002

These are the medication(s) that were stopped or renewed today:

Medication	Directions
docusate sodium 100 mg capsule	take 1 capsule by oral route 2 times every day as needed for constipation

erythromycin 2 % Topical Ointment	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening
Prenatal	take 1 tablet by oral route every day
Saline Nasal 0.65 % spray aerosol	Spray in each nostril as needed daily for congestion
Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed

IMMUNIZATIONS ADMINISTERED THIS VISIT

Immunization	Administered By
ADULT FLU	Thao MA, Kaoseng

OTHER HEALTH INFORMATION

Smoking status: Never smoker.

ALLERGIES

Medication Name	Ingredient	Reaction	Comment
	NO KNOWN ALLERGIES		

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for general adult medical exam w abnormal findings (Z00.01).
2.	Assessment	Cough (R05).
	Patient Plan	#First try a medication called LORATADINE for 2 weeks to see if it helps your cough #if that doesn't work try a medication called ranitadine (twice daily) for 2 weeks to see if it helps your cough #keep a diary of your symptoms and anything that might affect it like food, smokes exposure, exercise, body position #ask your husband to quit smoking and to at least wear different clothes inside the house than he smokes in.
3.	Assessment	SOB (shortness of breath) (R06.02).

COUNSELING / EDUCATIONAL FACTORS

Sincerely,

Electronically signed by: James Sherwood MD MD 12/15/2015 03:43 PM
Document generated by: Kaoseng Thao MA 12/15/2015

Thank you for choosing Community Health Center of Snohomish County for your health care needs. Here are some tips to help you use our services better:

- **To reach CHC during regular office hours:**
  - If you are having a medical emergency, please call 911.
  - For routine medical questions, please call the clinic number below.
- **To reach CHC after hours:**
  - If you are having a medical emergency, please call 911.
  - For routine medical questions, please call the clinic number below and you will be given the option of talking to a nurse.
- **To schedule an appointment, please call your clinic at one of the numbers below.**
- **To refill a prescription, please call your pharmacy first before calling the clinic.**
- **If you had lab or diagnostic tests done, we will either send you a letter in the mail or call you by phone. Please wait at least 7 days before calling the clinic for results.**
- **If you would like more information about your health or for patient education materials, please check out these helpful websites:**
  - Centers for Disease Control and Prevention at *http://www.cdc.gov/*
  - Mayo Clinic at *http//www.mayoclinic.com/health-information/*

Contact Community Health Center of Snohomish County at:

Arlington Clinic	Edmonds Clinic	Everett-North Clinic	Everett-South Clinic	Lynnwood Clinic
326 S Stillaguamish Ave	23320 Hwy. 99	1424 Broadway	1019 112th Street SW	4111 194th Street SW
Arlington, WA 98223	Edmonds, WA 98026	Everett, WA 98201	Everett, WA 98204	Lynnwood, WA 98036
Medical: 360.572.5400	Medical: 425.640.5500	Medical: 425.789.2000	Medical: 425.551.6200	
Dental: 360.572.5430	Dental: 425.640.5533	Dental: 425.551.1000	Dental: 425.551.6001	Dental: 425.835.5204
Pharmacy: 360.572.5454	Pharmacy: 425.640.5530	Pharmacy: 425.789.2050	Pharmacy: 425.551.6521	Pharmacy: 425.835.5202

PATIENT PLAN FOR 11/24/2014

Name: Loan Nguyen
Date of Birth: 07/15/1988
Date of Visit: 11/24/2014 01:30 PM
Visit Type: Preventive Medicine
Location: Edmonds CHCSC Medical

Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today's visit and other instructions and information we hope you find helpful.

Future Appointment Date
03/04/2015

Primary Care Provider: A Sherwood EDM Med
TODAY'S VISIT

REASON(S) FOR VISIT
CPE and other concerns.

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in)	Weight (lbs.)	Weight (oz.)	BMI
104/62	84	18	97.9		103.40		19.38

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status
IUCD status	08/07/2014	Y	

MEDICATIONS

Medication	Dose	Sig Description	Comments
erythromycin 2 % Topical Ointment	2 %	apply by topical route 2 times every day a thin layer to the affected area(s) after washing in the morning and evening	
docusate sodium 100 mg capsule	100 mg	take 1 capsule by oral route 2 times every day as needed for constipation	
ParaGard T 380A 380 square mm intrauterine device	380 square mm	placed 8/7/14 -- lot # 513002	

Prenatal	UNKNOWN	take 1 tablet by oral route every day
Saline Nasal 0.65 % spray aerosol	0.65 %	Spray in each nostril as needed daily for congestion
Tylenol 325 mg tablet	325 mg	take 1 tablet by oral route every 4 hours as needed

LAB TESTS

Pending Labs

Status	Lab Study	Timeframe	Date	Comments
obtained	HCT	today	03/05/2014	
obtained	Culture Throat	today	02/21/2014	
obtained	CULTURE URINE	today	11/15/2013	
obtained	HIV Ab	today	11/15/2013	
obtained	WET PREP	today	05/20/2014	
obtained	GTT 1 HR	today	03/05/2014	
obtained	CT/GC Amplificatrion	today	11/15/2013	
obtained	WET PREP	today	11/15/2013	
obtained	PAP SMEAR	today	11/15/2013	
obtained	PRENATAL PROFILE I	today	11/15/2013	
obtained	UDS	today	11/15/2013	
obtained	WET PREP	today	07/07/2014	
obtained	GRP B STREP (VAGINAL)	today	05/08/2014	

OTHER HEALTH INFORMATION

Smoking status: Never smoker.

ALLERGIES

Medication Name	Ingredient	Reaction	Comment
	NO KNOWN ALLERGIES		

Assessment/Plan

#	Detail Type	Description
1.	Assessment	ROUTINE MEDICAL EXAM (V70.0).
	Provider Plan	CVS: exercise, eat well -- counseling -- no labs needed or other tests ID: declines STI screening. due for flu vaccine CA: UTD on PAP -- discussed sunscreen OTHER: seatbelts, fire safety, helmets discussed
2.	Assessment	screening for eye condition nec (V80.2).
3.	Assessment	Myopia (367.1).
	Provider Plan	Cause likely myopia of blurriness at distance. --given optometry list

4.	Assessment	Presence of intrauterine contraceptive device (V45.51).
	Provider Plan	irreg periods normal fpr patient and not sign of IUD problem
5.	Assessment	Benign paroxysmal positional vertigo (386.11).
	Provider Plan	likley dx by hx and exam --given handout and taught epply maneuvers

COUNSELING / EDUCATIONAL FACTORS

Sincerely,

Electronically signed by: James Sherwood MD MD 11/24/2014 02:30 PM
Document generated by: James K. Sherwood 11/24/2014

Thank you for choosing Community Health Center of Snohomish County for your health care needs. Here are some tips to help you use our services better:

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  - If you are having a medical emergency, please call 911.
  - For routine medical questions, please call the clinic number below and you will be given the option of talking to a nurse.
- **To schedule an appointment, please call your clinic at one of the numbers below.**
- **To refill a prescription, please call your pharmacy first before calling the clinic.**
- **If you had lab or diagnostic tests done, we will either send you a letter in the mail or call you by phone. Please wait at least 7 days before calling the clinic for results.**
- **If you would like more information about your health or for patient education materials, please check out these helpful websites:**
  - Centers for Disease Control and Prevention at *http://www.cdc.gov/*
  - Mayo Clinic at *http//www.mayoclinic.com/health-information/*

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Medical: 360.572.5400	Medical: 425.640.5500	Medical: 425.789.2000	Medical: 425.551.6200	
Dental: 360.572.5430	Dental: 425.640.5533	Dental: 425.551.1000	Dental: 425.551.6001	Dental: 425.835.5204
Pharmacy: 360.572.5454	Pharmacy: 425.640.5530	Pharmacy: 425.789.2050	Pharmacy: 425.551.6521	Pharmacy: 425.835.5202

PATIENT:	Loan Nguyen
DATE OF BIRTH:	07/15/1988
DATE:	08/07/2014 2:45 PM
PRESENTS FOR:	PROCEDURES

0

IUD/Diaphragm:

Consent was obtained. Questions were encouraged and answered. The procedure and risks were explained in detail.

IUD Insertion:

A written consent was obtained from the patient. Bi-manual exam performed. A urine pregnancy test was done, which had a negative result. Speculum placed. The cervix was cleaned and prepped in a sterile fashion. Tenaculum was applied to the cervix. The uterus sounded to 7.5cm(s). The IUD was inserted in a normal fashion with no complications. The patient had copper IUD inserted. Patient tolerated the procedure well.

Comments: strings trimmed to 4cm. patient to f/u after next period if unable to feel strings. no complications. patient tolerated procedure well post procedure care reviewed.

Electronically signed by: James Sherwood MD MD 08/10/2014

Document generated by: James K. Sherwood 08/10/2014

SUPERIOR COURT OF WASHINGTON STATE FOR SNOHOMISH COUNTY

LOAN NGUYEN, Plaintiff(s), vs. MARY HOHENSINNER and "JANE/JOHN DOE" HOHENSINNER, individually and as a married couple, and the marital community composed thereof; and "JOHN DOE" and "JANE/JOHN DOE", individually and as a marital couple, and the marital community composed thereof, Defendant(s).	SUBPOENA FOR PRODUCTION OF DOCUMENTS IN A CIVIL CASE LOAN NGUYEN DOB: July 15, 1988 Cause No.: 16-2-03475-4

TO: John J. Meske, Attorney for Plaintiff(s)
1105 Tacoma Ave S, Tacoma, WA 98402-2005

AND TO:

Community Health Center of Snohomish County Centralized Processing 8609 Evergreen Wy Everett, WA 98208	Swedish Medical Center Centralized Processing 747 Broadway Seattle, WA 98122
Swedish Medical Center - Corporate Business Office 747 Broadway Seattle, WA 98122	

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

YOU ARE COMMANDED to produce and permit inspection and copying at the offices of **James, Sanderson & Lowers**, 307 29th Street NE, Suite 101, Puyallup, Washington 98372, at the request of Defendant(s) in the above-entitled cause on or before the 28 day of September, 2016, the following documents or tangible things regarding **Loan Nguyen, DOB: July 15, 1988:**

Entire Medical Records from May 14, 2009, to present
including pre and post accident AND each and every document in patient's chart
All Itemized Billing Statements & CPT Codes
All Films/X-rays/MRIs

Advanced notice was provided pursuant to RCW 70.02.060(1).

Issuing Officer: Sarah Johnson, WSBA #38339
Attorney for Defendant(s)
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

Dated: August 23, 2016

PROOF OF SERVICE

Date Served: September 16, 2016 Puyallup, Washington

Served on: Above-named counsel & facilities by postage prepaid U.S. Mail and/or fax

Served by: Amanda Fleischmann Puyallup, Washington

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the State of Washington that the foregoing information contained in the Proof of Service is true and correct.

Executed on September 16, 2016 Puyallup, Washington

Signature of Server: Amanda Fleischmann
Amanda Fleischmann
James, Sanderson & Lowers
307 29th Street NE, Suite 101

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

Puyallup, Washington 98372
253-445-3400

CR 45, Sections (c) & (d):

(c) Protection of Persons Subject to Subpoenas.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2)(A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce and all other parties, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3)(A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it
(i) fails to allow reasonable time for compliance;
(ii) fails to comply with RCW 5.56.010 or subsection (e)(2) of this rule;
(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or
(iv) subjects a person to undue burden, provided that, the court may condition denial of the motion upon a requirement that the subpoenasing party advance the reasonable cost of producing the books, papers, documents, or tangible things.
(B) If a subpoena
(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or
(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party,

the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) Duties in Responding to Subpoena.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

SWEDISH

Continuity of Care Report

Loan Thi Kim Nguyen was recently seen at SWEDISH MEDICAL CENTER for care. You are receiving this document as you are listed as the PCP, follow up provider, or the patient has been referred to you for consultation. This is in compliance with CMS Transitions of Care requirement.

Loan Thi Kim Nguyen
6/9/2014 6:53 AM Hospital Encounter — **Description: 25 year old female**
MRN: 1001885381 — **Department: Edmonds 7 West**

Department

Name	Address	Phone	Fax
Edmonds 7 West	21601 76th Ave W Edmonds WA 98026-7507	425-640-4070	425-640-4427

Patient Demographics

Address	Phone
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (Home)

Basic Information

Date Of Birth	Gender	Race	Ethnicity	Preferred Language
7/15/1988	Female	Asian	Non-Hispanic or Latino	English

Your Vitals Were - Last Recorded

BP	Temp(Sto)	Resp	Height	Weight
101/48	36.7 °C (98.1 °F)	20	62" (157.5 cm)	61.236 kg (135 lb)

BMI	SpO2	Last Period	Breastfeeding?	OB Status
24.69 kg/m2	100%	08/29/2013	Yes	Pregnant

Smoking Status
Never Smoker

Allergies as of 6/11/2014

No Known Allergies

Problem List as of 06/11/2014

Problem	Noted	Resolved
Supervision of normal intrauterine pregnancy in multigravida	5/14/2014	
Pelvic pain in pregnancy, antepartum, third trimester	6/3/2014	

Your Current Medications Are

HYDROcodone-acetaminophen (AKA NORCO) 5-325 mg Oral Tab (Taking)
docusate (AKA COLACE) 100 mg Oral Cap (Taking)
ibuprofen (AKA MOTRIN) 600 mg Oral Tab (Taking)
prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab (Taking)

Facility-Administered Medications as of 6/8/2014

Medication
docusate (aka COLACE) capsule 200 mg
magnesium hydroxide (aka MOM) suspension 30-60 mL

MRL sbo PA-C

Facility-Administered Medications as of 6/8/2014 (continued)

Medication
dibucaine (aka NUPERCAINAL) 1 % rectal ointment 1 application
hydrocortisone (aka ANUSOL HC) 2.5 % rectal cream 1 application
tet tox/dip tox/acel pertuss. (PF)(Tdap) (aka BOOSTRIX) 2.5-8-5 Lf-mcg-Lf/0.5mL vaccine syringe 0.5 mL
measles,mumps and rubella (PF) vaccine (aka M-M-R II) 1,000-12,500 TCID50/0.5 mL injection 0.5 mL (Starting on 6/11/2014)
rho D immune globulin (full dose) (aka RHOPHYLAC) syringe 300 mcg
HYDROcodone-acetaminophen (aka NORCO) 5-325 mg per tablet 1-2 Tab
ibuprofen (aka MOTRIN) tablet 600 mg

Immunization History as of 6/11/2014

FLU VACCINE SPLIT, PRESERV FREE, 6-35 MO	11/1/2013
TDAP	4/1/2014

New Results last 48 hrs

Procedure	Component	Value	Ref Range	Date/Time

TYPE AND RH WITH ANTIBODY SCREEN [156168849] Collected: 06/09/14 0730
Order Status: Completed Updated: 06/10/14 1923
Specimen Information: Blood, Pink Top

ABO AND RH O POS
Comment:
@06/09/14 08:25 by KLAFO:
**********A SECOND PINK TOP SAMPLE IS NEEDED TO ISSUE BLOOD PRODUCTS
ON THIS PATIENT.
@06/10/14 19:22 by LAWOL:
BABY = B POSITIVE. BABY DIRECT COOMBS (DAT) = NEGATIVE
ANTIBODY SCREEN (INDIRECT COOMBS) NEG

Cognitive Function

	Most Recent Value
Are you deaf or do you have serious difficulty hearing?	N
Are you blind or do you have serious difficulty seeing, even when wearing glasses?	N
Do you have serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition?	N
Do you have serious difficulty walking or climbing stairs?	N
Do you have difficulty dressing or bathing?	N
Do you have difficulty doing errands alone due to a physical, mental or emotional conditon?	N

Social History

Category	History
Smoking Tobacco Use	**Never Smoker**
Smokeless Tobacco Use	**Never Used**
Tobacco Comment	
Alcohol Use	**No**
Drug Use	**No**
Sexual Activity	**Yes; Male partners; Birth Ctrl/Protection: None**

Social History (continued)

Category	History
ADL	Not Asked

Discharge Instructions

MOTHER HOME CARE INSTRUCTIONS

- NUTRITION: Increase your intake of protein and calories. Drink plenty of fluids throughout the day, including before and after breast-feeding.
- ACTIVITY: Limit activity for first week to caring only for baby. Rest often – try to nap while baby is sleeping. Avoid heavy lifting, strenuous activity, and getting very tired. **Gradually** resume regular level of activity.
- ELIMINATION: Expect vaginal flow to gradually taper off, changing from red to pink-brown, and then finally yellow-white. Urinate at least every 2 to 3 hours. This helps keep the uterus contracted and decreases the risk of excessive bleeding. Report difficulty urinating, burning, or pain to your doctor. Drink plenty of liquids and eat high-fiber foods to prevent constipation. Follow your doctor's instructions about the use of stool softeners or laxatives.
- PERINEAL CARE: Clean vaginal area with peribottle each time after urinating and bowel movement; continue until vaginal flow stops. Avoid sitting for long periods of time. Don't place anything in vagina until allowed by M.D. – no tampons, douches, or intercourse.
- INCISION CARE: If cesarean birth or tubal ligation, keep incision clean and dry. Steri-strips will begin peeling off in 1-2 weeks and can be removed at that time. Incision doesn't need to be covered when taking a shower.
- BREAST CARE: **If breastfeeding**, take a hot shower or apply hot packs to breasts and massage them just before feeding baby to relieve engorgement. Also, feed baby frequently. If nipples are sore after feeding, express colostrum/breast milk and rub into nipple and areola. If nipples are tender, try feeding the baby in different positions (for example, switch from cradle hold to football hold). **If bottle feeding**, apply ice packs to breasts to relieve engorgement and wear a firm, supportive bra until breasts return to normal size.
- WARNING SIGNS: Call your doctor if
  - Temp: above 37.8 degrees Celsius (100.0 degrees Fahrenheit)
  - Increased abdominal incisional pain and/or redness or drainage from incision
  - Increased vaginal bleeding (more than first day of period) or passing clots
  - Vaginal flow with a foul odor
  - Constipation (no BM for 3 days)
  - Red, hot lump develops in breast.

For further questions, please call 206-386-6667 (MOMS) during the hours of: Monday through Friday 5 pm to 11 pm, Saturday and Sunday 8 am to 5 pm, Holidays 7 am to 11 pm. Or you may call your doctor.

For breastfeeding support call our Outpatient Lactation Clinic: Edmonds 425-640-4072.

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
Bly, Eleanor Grace Phone: 425-835-5200 4111 194th ST SW EDMONDS WA 98026	**PCP - General** Fax: 425-835-5201	Family Medicine		1/15/14	

Continuity of Care Report

Loan Thi Kim Nguyen was recently seen at SWEDISH MEDICAL CENTER for care. You are receiving this document as you are listed as the PCP, follow up provider, or the patient has been referred to you for consultation. This is in compliance with CMS Transitions of Care requirement.

Loan Thi Kim Nguyen
6/7/2014 12:07 PM: Hospital Encounter
MRN: 1001885381 **Department: Edmonds 7 West**

Department

Name	Address	Phone	Fax
Edmonds 7 West	21601 76th Ave W Edmonds WA 98026-7507	425-640-4070	425-640-4427

Patient Demographics

Address	Phone
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (Home)

Basic Information

Date Of Birth	Gender	Race	Ethnicity	Preferred Language
7/15/1988	Female	Asian	Non-Hispanic or Latino	English

Your Vitals Were - Last Recorded

BP	Resp	Last Period	OB Status	Smoking Status
105/61	18	08/29/2013	Pregnant	Never Smoker

Allergies as of 6/7/2014

No Known Allergies

Problem List as of 06/07/2014

Problem	Noted	Resolved
Supervision of normal intrauterine pregnancy in multigravida	5/14/2014	
Pelvic pain in pregnancy, antepartum, third trimester	6/3/2014	

Your Current Medications Are

prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab

New Results last 48 hrs

**** No Results found for the last 48 hours. ****

Social History

Category	History
Smoking Tobacco Use	**Never Smoker**
Smokeless Tobacco Use	**Never Used**
Tobacco Comment	
Alcohol Use	**No**
Drug Use	**No**
Sexual Activity	**Yes; Male partners; Birth Ctrl/Protection: None**
ADL	**Not Asked**

MMobbs PA-C

Home Care Instructions: Pregnancy – Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: No restriction, no limitations.

Call your health care provider:

- If your bag of water breaks (leaking fluid from your vagina).
- Uterine activity: Full Term Pregnancy – when contractions are regular and too painful to talk through.
- For vaginal bleeding: Full Term Pregnancy -- a small amount of bloody mucus-like show is normal in early labor if you are full term.
- Decreased movements of your baby (less than twenty movements in a twelve hour period, or less than ten movements in two hours at night).
- Persistent headache.
- Blurred or spotted vision.
- Sudden increase in your weight, or swelling of your hands and face.
- Any concerns.

Daily Fetal Movement Count

Changes in fetal movement may reflect changes in fetal well-being. By paying attention to the number of times your baby moves daily, you will get to know your baby's normal pattern of movements and recognize any significant changes. Each baby tends to have its own pattern of activity, and some are more active than others. Counting your baby's movement is easy to perform, non- invasive, and will provide significant information to your physician on the well-being of your baby. The idea is to be sure he or she is moving around enough.

Your physician may start to recommend you begin counting movements around the 7th month of your pregnancy (about 28 weeks of gestation).

Instructions on counting your baby's movements:

1. Choose a time when your feel your baby is most active. Sit down or lie on your side preferably in a quiet room so you won't get distracted.

2. Write down the time you start counting. Keeping a record will help you keep track of your baby's normal pattern of movements.

3. Count until you have felt 10 distinct movements – kicks, twists, rolls, flutters, twitches and turns all count. Hiccups should not be counted as movements.

4. Write down on your chart the time you feel the 10th movement. Ideally, you want to feel 10 movements within 2 hours. Discontinue counting for the day when you feel 10 movements within 2 hours

CALL your health care provider **IMMEDIATELY** if

- You feel **less** than 10 movements in 2 hours
- You have felt **NO** baby's movement in 2 hours
- You feel a decrease in baby's movements when compared to your baby's usual movement pattern.

NEVER wait overnight if there is absence of baby's movement. It is rare for a healthy baby to have fewer than 10 kicks over two hours at times when the fetus is usually active, and you are focused upon counting.

There are several different ways to monitor fetal movement. If you have already learned another method from your health care provider, continue that method and consider this information supplemental.

BABY'S MOVEMENT CHART

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 2							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 3							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 4							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 5							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to							

get 10 kicks or moves							
WEEK 7							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Induction of labor at 41 weeks which is 6/12/14.

Patient Care Team

	Relationship	Specialty	Notification	Start	End
Bly, Eleanor Grace Phone: 425-835-5200 4111 194th ST SW EDMONDS WA 98026	**PCP - General** Fax: 425-835-5201	Family Medicine		1/15/14	

SWEDISH

Continuity of Care Report

Loan Thi Kim Nguyen was recently seen at SWEDISH MEDICAL CENTER for care. You are receiving this document as you are listed as the PCP, follow up provider, or the patient has been referred to you for consultation. This is in compliance with CMS Transitions of Care requirement.

Loan Thi Kim Nguyen
5/14/2014 3:55 PM - Hospital Encounter
MRN: 1001885381 Department: Edmonds 7 West

Department

Name	Address	Phone	Fax
Edmonds 7 West	21601 76th Ave W Edmonds WA 98026-7507	425-640-4070	425-640-4427

Patient Demographics

Address	Phone
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (Home)

Basic Information

Date of Birth	Sex	Race	Ethnicity	Preferred Language
7/15/1988	Female	Asian	Non-Hispanic or Latino	English

Your Vitals Were - Last Recorded

BP	Temp (Src)	Resp	Height
110/62	36.8 °C (98.2 °F)	18	157.5 cm (5' 2")

Weight	BMI	SpO2	Last Period
59.421 kg (131 lb)	23.95 kg/m2	98%	08/29/2013

OB Status	Smoking Status
Pregnant	Never Smoker

Allergies as of 5/14/2014

No Known Allergies

Problem List as of 05/14/2014

Problem	Noted	Resolved
Supervision of normal intrauterine pregnancy in multigravida	5/14/2014	

Your Current Medications Are

prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab (Taking)

Facility-Administered Medications as of 5/14/2014

Medication
acetaminophen (aka TYLENOL) tablet 325-650 mg

New Results last 48 hrs

Procedure	Component	Value	Ref Range	Date/Time
SCAN EXTERNAL OB STORK PRENATAL LAB RESULTS [154153417] Order Status: Completed				Resulted: 11/15/13 Updated: 05/14/14 1632

MM-Ab | PA-C

New Results last 48 hrs (continued)

Procedure	Component	Value	Ref Range	Date/Time
	ABO	O		
	RH	Pos		
	RUBELLA AB,IGG	Immune		
	HEP B SURF AG	Neg		
	HIV 1/0/2 ABS	Neg		

URINALYSIS DIPSTICK POCT [154152479] (Abnormal) Collected: 05/14/14 1634
Order Status: Completed Updated: 05/14/14 1625

COLOR-POCT	Yellow	
APPEARANCE-POCT	Cloudy (A)	
GLUCOSE-POCT	Negative	Negative mg/dL
BILIRUBIN-POCT	Negative	Negative
KETONES-POCT	15 (A)	Negative
SPECIFIC GRAVITY-POCT	1.020	1.000 - 1.035
BLOOD-POCT	Negative	Negative
PH-POCT	7.0	5.0 - 9.0
PROTEIN-POCT	Negative	Negative mg/dL
UROBILINOGEN-POCT	1.0	0.2 - 1.0 EU/dL
NITRATE-POCT	Negative	Negative
ESTERASE-POCT	Small (A)	Negative

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	
Alcohol Use	No
Drug Use	No
Sexual Activity	Yes; Male partners; Birth Ctrl/Protection: None
ADL	Not Asked

Discharge Instructions

SWEDISH MEDICAL CENTER

Home Care Instructions: Pregnancy – Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: Light activity at home.

Call your health care provider:

- If your bag of water breaks (leaking fluid from your vagina).
- Uterine activity: Full Term Pregnancy – when contractions are regular and too painful to talk through.
- For vaginal bleeding: Full Term Pregnancy – a small amount of bloody mucus-like show is normal in early labor if you are full term.
- Decreased movements of your baby (less than twenty movements in a twelve hour period, or less than ten movements in two hours at night).
- Persistent headache.
- Blurred or spotted vision.
- Sudden increase in your weight, or swelling of your hands and face.
- Any concerns.

Daily Fetal Movement Count

Changes in fetal movement may reflect changes in fetal well-being. By paying attention to the number of times your baby moves daily, you will get to know your baby's normal pattern of movements and recognize any significant changes. Each baby tends to have its own pattern of activity, and some are more active than others. Counting your baby's movement is easy to perform, non- invasive, and will provide significant information to your physician on the well-being of your baby. The idea is to be sure he or she is moving around enough.

Your physician may start to recommend you begin counting movements around the 7th month of your pregnancy (about 28 weeks of gestation)

Instructions on counting your baby's movements:

1. Choose a time when your feel your baby is most active. Sit down or lie on your side preferably in a quiet room so you won't get distracted.

2. Write down the time you start counting. Keeping a record will help you keep track of your baby's normal pattern of movements.

3. Count until you have felt 10 distinct movements – kicks, twists, rolls, flutters, twitches and turns all count. Hiccups should not be counted as movements.

4. Write down on your chart the time you feel the 10th movement. Ideally, you want to feel 10 movements within 2 hours. Discontinue counting for the day when you feel 10 movements within 2 hours

CALL your health care provider **IMMEDIATELY** if
- You feel less than 10 movements in 2 hours
- You have felt **NO** baby's movement in 2 hours
- You feel a decrease in baby's movements when compared to your baby's usual movement pattern.

NEVER wait overnight if there is absence of baby's movement. It is rare for a healthy baby to have fewer than 10 kicks over two hours at times when the fetus is usually active, and you are focused upon counting.

There are several different ways to monitor fetal movement. If you have already learned another method from your health care provider, continue that method and consider this information supplemental.

BABY'S MOVEMENT CHART

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1							
START							

STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 2							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 3							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 4							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 5							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 7							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Keep scheduled apts

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
Bly, Eleanor Grace Phone: 425-835-5200 4111 194th ST SW EDMONDS WA 98026	**PCP - General** Fax: 425-835-5201	Family Medicine		1/15/14	

SWEDISH MEDICAL CENTER

Ballard Campus 5300 Tallman Avenue NW, Seattle, WA 98107-3932, 206-782-2700
Edmonds Campus 21601 76th Avenue West, Edmonds, WA 98026-7507, 425-640-4000
First Hill Campus 747 Broadway, Seattle, WA 98122-4307, 206-386-6000
Cherry Hill Campus 500 17th Avenue S, Seattle, WA 98122-5711, 206-320-2000
Issaquah Campus 751 NE Blakely Drive, Issaquah, WA 98029, 425-313-4000
Mill Creek Campus 13020 Meridian Ave South , Everett, WA 98208, 425-357-3900
Redmond Campus 18100 NE Union Hill Road, Redmond, WA 98052, 425-498-2200
Swedish Home Care Services 5701 6th Avenue S, Seattle, WA 98108-9808, 206-386-6602
Swedish Physician Division 600 University, Suite 1200, Seattle, WA 98101-1169, 206-320-2700
Purchasing 747 Broadway, Seattle, WA 98122-4307, 206-386-6000, Fax: 206-320-3559

Caution: The information in this facsimile may contain confidential patient health information, confidential financial or other sensitive information. IF YOU RECEIVED THIS FAX IN ERROR, please call the HIM/Medical Transcription Department at (206) 386-2078.

To: Eleanor Grace Bly, MD
Company:
Fax: 425-835-5201
Phone: 425-835-5200

From: Rogers, Catherine A, MD
Fax: 425-640-4884
External Fax:
Phone: 425-640-4810
Email:

NOTES:

IMPORTANT NOTICE: This communication contains information that may be confidential or privileged, and is intended solely for the entity or individual to whom it is addressed. If you are not the intended recipient, you should delete this message, and are hereby notified that any disclosure, copying, or distribution of this communication is strictly prohibited. If you have received this communication in error, please notify the sender and destroy the message.

Date and time of transmission: Wednesday, May 14, 2014 8:27:56 PM
Number of pages including this cover sheet: 06

Continuity of Care Report

Loan Thi Kim Nguyen was recently seen at SWEDISH MEDICAL CENTER for care. You are receiving this document as you are listed as the PCP, follow up provider, or the patient has been referred to you for consultation. This is in compliance with CMS Transitions of Care requirement.

Loan Thi Kim Nguyen
6/3/2014 1:15 PM Hospital Encounter
MRN: 1001885381 **Department: Edmonds 7 West**

Department

Name	Address	Phone	Fax
Edmonds 7 West	21601 76th Ave W Edmonds WA 98026-7507	425-640-4070	425-640-4427

Patient Demographics

Address	Phone
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (Home)

Basic Information

Date Of Birth	Gender	Race	Ethnicity	Preferred Language
7/15/1988	Female	Asian	Non-Hispanic or Latino	English

Your Vitals Were - Last Recorded

Last Period	OB Status	Smoking Status
08/29/2013	Pregnant	Never Smoker

Allergies as of 6/3/2014

No Known Allergies

Problem List as of 06/03/2014

Problem	Noted	Resolved
Supervision of normal intrauterine pregnancy in multigravida	5/14/2014	
Pelvic pain in pregnancy, antepartum, third trimester	6/3/2014	

Your Current Medications Are

prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab

New Results last 48 hrs

Procedure	Component	Value	Ref Range	Date/Time
WET MOUNT [155746859]				Collected: 06/03/14 1432 Updated: 06/03/14 1604
Order Status: Completed				
Specimen Information: FLUID (ENTER SOURCE) / Vaginal				
	SOURCE	VAG		
	SITE	-		
	KOH AND WET PREP	-		
	Result:			
	CLUE CELLS NOT PRESENT			
	NO TRICHOMONAS SEEN			
	NO YEAST/HYPHAE			

MMoore PA-C

New Results last 48 hrs (continued)

Procedure	Component	Value	Ref Range	Date/Time
	4+ WBC			
FERN TEST [155746860]				Collected: 06/03/14 1432
Order Status: Completed				Updated: 06/03/14 1535
Specimen Information: Slide(s)				
	FERN TEST	NEGATIVE	NEGATIVE	
SCAN EXTERNAL OB STORK PRENATAL LAB RESULTS [155742159]				Resulted: 05/08/14
Order Status: Completed				Updated: 06/03/14 1359
	GB STREP DNA	Neg		
URINALYSIS DIPSTICK POCT [155741427] (Abnormal)				Collected: 06/03/14 1405
Order Status: Completed				Updated: 06/03/14 1854
	COLOR-POCT	Yellow		
	APPEARANCE-POCT	Clear		
	GLUCOSE-POCT	Negative	Negative mg/dL	
	BILIRUBIN-POCT	Negative	Negative	
	KETONES-POCT	Negative	Negative	
	SPECIFIC GRAVITY-POCT	1.020	1.000 - 1.035	
	BLOOD-POCT	Trace-intact (A)	Negative	
	PH-POCT	7.0	5.0 - 9.0	
	PROTEIN-POCT	Negative	Negative mg/dL	
	UROBILINOGEN-POCT	0.2	0.2 - 1.0 EU/dL	
	NITRATE-POCT	Negative	Negative	
	ESTERASE-POCT	Small (A)	Negative	

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	
Alcohol Use	No
Drug Use	No
Sexual Activity	Yes; Male partners; Birth Ctrl/Protection: None
ADL	Not Asked

Discharge Instructions

SWEDISH MEDICAL CENTER

Home Care Instructions: Pregnancy – Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: No restriction, no limitations.

Call your health care provider:

- If your bag of water breaks (leaking fluid from your vagina).
- Uterine activity: Full Term Pregnancy – when contractions are regular and too painful to talk through.
- For vaginal bleeding: Full Term Pregnancy – a small amount of bloody mucus-like show is normal in early labor if you are full term.
- Decreased movements of your baby (less than twenty movements in a twelve hour period, or less than ten movements in two hours at night).
- Persistent headache.
- Blurred or spotted vision.
- Sudden increase in your weight, or swelling of your hands and face.
- Any concerns.

Daily Fetal Movement Count

Changes in fetal movement may reflect changes in fetal well-being. By paying attention to the number of times your baby moves daily, you will get to know your baby's normal pattern of movements and recognize any significant changes. Each baby tends to have its own pattern of activity, and some are more active than others. Counting your baby's movement is easy to perform, non- invasive, and will provide significant information to your physician on the well-being of your baby. The idea is to be sure he or she is moving around enough.

Your physician may start to recommend you begin counting movements around the 7th month of your pregnancy (about 28 weeks of gestation)

Instructions on counting your baby's movements:

1. Choose a time when your feel your baby is most active. Sit down or lie on your side preferably in a quiet room so you won't get distracted.

2. Write down the time you start counting. Keeping a record will help you keep track of your baby's normal pattern of movements.

3. Count until you have felt 10 distinct movements – kicks, twists, rolls, flutters, twitches and turns all count. Hiccups should not be counted as movements.

4. Write down on your chart the time you feel the 10th movement. Ideally, you want to feel 10 movements within 2 hours. Discontinue counting for the day when you feel 10 movements within 2 hours

CALL your health care provider **IMMEDIATELY if**

- You feel **less** than 10 movements in 2 hours
- You have felt **NO** baby's movement in 2 hours
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NEVER wait overnight if there is absence of baby's movement. It is rare for a healthy baby to have fewer than 10 kicks over two hours at times when the fetus is usually active, and you are focused upon counting.

There are several different ways to monitor fetal movement. If you have already learned another method from your health care provider, continue that method and consider this information supplemental.

BABY'S MOVEMENT CHART

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 2							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 3							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 4							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 5							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 7							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Please come in for fetal monitoring and ultrasound for fluid volume on Friday 6/7 at 1200. You can come directly to the 7th floor to check in.

Patient Care Team

Relationship	Specialty	Notifications	Start	End

Patient Care Team (continued)

	Relationship	Specialty	Notifications	Start	End
Bly, Eleanor Grace Phone: 425-835-5200 4111 194th ST SW EDMONDS WA 98026	**PCP - General** Fax: 425-835-5201	Family Medicine		1/15/14	

SWEDISH

Continuity of Care Report

Loan Thi Kim Nguyen was recently seen at SWEDISH MEDICAL CENTER for care. You are receiving this document as you are listed as the PCP, follow up provider, or the patient has been referred to you for consultation. This is in compliance with CMS Transitions of Care requirement.

Loan Thi Kim Nguyen
5/16/2014 3:18 PM Hospital Encounter
MRN: 1001885381 Department: Edmonds 7 West

Department

Name	Address	Phone	Fax
Edmonds 7 West	21601 76th Ave W Edmonds WA 98026-7507	425-640-4070	425-640-4427

Patient Demographics

Address	Phone
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (Home)

Basic Information

Date of Birth	Gender	Race	Ethnicity	Preferred Language
7/15/1988	Female	Asian	Non-Hispanic or Latino	English

Your Vitals Were - Last Recorded

Last Period	OB Status	Smoking Status
08/23/2013	Pregnant	Never Smoker

Allergies as of 5/16/2014

No Known Allergies

Problem List as of 05/16/2014

Problem	Noted	Resolved
Supervision of normal intrauterine pregnancy in multigravida	5/14/2014	

Your Current Medications Are

prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab

New Results last 48 hrs

Procedure	Component	Value	Ref Range	Date/Time
FERN TEST [154349646] Order Status: Completed Specimen Information: Slide(s)				Collected: 05/16/14 1544 Updated: 05/16/14 1619
	FERN TEST	NEGATIVE	NEGATIVE	
URINALYSIS DIPSTICK POCT [154351030] (Abnormal) Order Status: Completed				Collected: 05/16/14 1609 Updated: 05/16/14 1600
	COLOR-POCT	Yellow		
	APPEARANCE-POCT	Slightly Cloudy (A)		
	GLUCOSE-POCT	Negative	Negative mg/dL	
	BILIRUBIN-POCT	Negative	Negative	

MMasko PA-C

New Results last 48 hrs (continued)

Procedures	Component	Value	Ref Range	Date/Time
	KETONES-POCT	Negative	Negative	
	SPECIFIC GRAVITY-POCT	1.015	1.000 - 1.035	
	BLOOD-POCT	Negative	Negative	
	PH-POCT	7.5	5.0 - 9.0	
	PROTEIN-POCT	Negative	Negative mg/dL	
	UROBILINOGEN-POCT	0.2	0.2 - 1.0 EU/dL	
	NITRATE-POCT	Negative	Negative	
	ESTERASE-POCT	Moderate (A)	Negative	

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used
Tobacco Comment	
Alcohol Use	No
Drug Use	No
Sexual Activity	Yes; Male partners; Birth Ctrl/Protection: None
ADL	Not Asked

Discharge Instructions

SWEDISH MEDICAL CENTER

Home Care Instructions: Pregnancy -- Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: No restriction, no limitations.

Call your health care provider:
- If your bag of water breaks (leaking fluid from your vagina).
- Uterine activity: Full Term Pregnancy -- when contractions are regular and too painful to talk through.
- For vaginal bleeding: Full Term Pregnancy -- a small amount of bloody mucus-like show is normal in early labor if you are full term.
- Decreased movements of your baby (less than twenty movements in a twelve hour period, or less than ten movements in two hours at night).
- Persistent headache.
- Blurred or spotted vision.
- Sudden increase in your weight, or swelling of your hands and face.
- Any concerns.

Daily Fetal Movement Count

Changes in fetal movement may reflect changes in fetal well-being. By paying attention to the number of times your baby moves daily, you will get to know your baby's normal pattern of movements and recognize any significant changes. Each baby tends to have its own pattern of activity, and some are more active than others. Counting your baby's movement is easy to perform, non- invasive, and will provide significant information to your physician on the well-being of your baby. The idea is to be sure he or she is moving around enough.

Your physician may start to recommend you begin counting movements around the 7th month of your pregnancy (about 28 weeks of gestation)

Instructions on counting your baby's movements:

1. Choose a time when your feel your baby is most active. Sit down or lie on your side preferably in a quiet room so you won't get distracted.
2. Write down the time you start counting. Keeping a record will help you keep track of your baby's normal pattern of movements.
3. Count until you have felt 10 distinct movements – kicks, twists, rolls, flutters, twitches and turns all count. Hiccups should not be counted as movements.
4. Write down on your chart the time you feel the 10th movement. Ideally, you want to feel 10 movements within 2 hours. Discontinue counting for the day when you feel 10 movements within 2 hours

CALL your health care provider **IMMEDIATELY if**

- You feel **less** than 10 movements in 2 hours
- You have felt **NO** baby's movement in 2 hours
- You feel a decrease in baby's movements when compared to your baby's usual movement pattern.

NEVER wait overnight if there is absence of baby's movement. It is rare for a healthy baby to have fewer than 10 kicks over two hours at times when the fetus is usually active, and you are focused upon counting.

There are several different ways to monitor fetal movement. If you have already learned another method from your health care provider, continue that method and consider this information supplemental.

BABY'S MOVEMENT CHART

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
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START							
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START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

WEEK 3							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 4							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 5							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 7...							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Next week with chc.

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
Bly, Eleanor Grace Phone: 425-835-5200 4111 194th ST SW EDMONDS WA 98026	**PCP - General** Fax: 425-835-5201	Family Medicine		1/15/14	

SWEDISH MEDICAL CENTER

Ballard Campus 5300 Tallman Avenue NW, Seattle, WA 98107-3932, 206-782-2700
Edmonds Campus 21601 76th Avenue West, Edmonds, WA 98026-7507, 425-640-4000
First Hill Campus 747 Broadway, Seattle, WA 98122-4307, 206-386-6000
Cherry Hill Campus 500 17th Avenue S, Seattle, WA 98122-5711, 206-320-2000
Issaquah Campus 751 NE Blakely Drive, Issaquah, WA 98029, 425-313-4000
Mill Creek Campus 13020 Meridian Ave South, Everett, WA 98208, 425-357-3900
Redmond Campus 18100 NE Union Hill Road, Redmond, WA 98052, 425-498-2200
Swedish Home Care Services 5701 6th Avenue S, Seattle, WA 98108-9808, 206-386-6602
Swedish Physician Division 600 University, Suite 1200, Seattle, WA 98101-1169, 206-320-2700
Purchasing 747 Broadway, Seattle, WA 98122-4307, 206-386-6000, Fax: 206-320-3559

Caution: The information in this facsimile may contain confidential patient health information, confidential financial or other sensitive information. IF YOU RECEIVED THIS FAX IN ERROR, please call the HIM/Medical Transcription Department at (206) 386-2078.

To: Eleanor Grace Bly, MD
Company:
Fax: 425-835-5201
Phone: 425-835-5200

From: Moe, Martha, MD
Fax: 425-640-4884
External Fax:
Phone: 425-640-4810
Email:

NOTES:

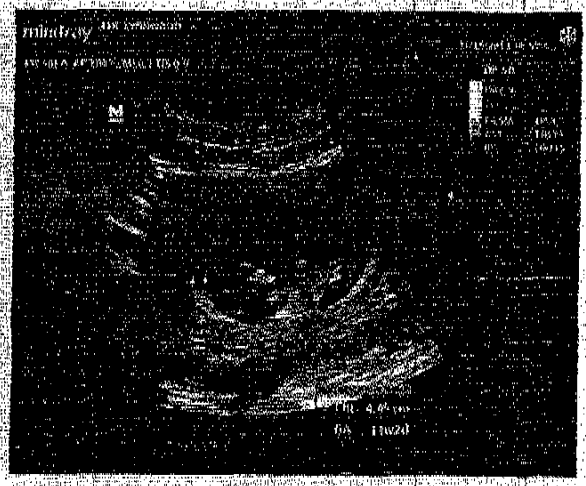
IMPORTANT NOTICE: This communication contains information that may be confidential or privileged, and is intended solely for the entity or individual to whom it is addressed. If you are not the intended recipient, you should delete this message, and are hereby notified that any disclosure, copying, or distribution of this communication is strictly prohibited. If you have received this communication in error, please notify the sender and destroy the message.

Date and time of transmission: Friday, May 16, 2014 4:33:42 PM
Number of pages including this cover sheet: 05

11/15/13

Nguyen, Loan

379366



Name: Nguyen, Loan DOB: 07/15/1988 Date:

Swedish Medical Center

Edmonds Ultrasound, 21601 76th Ave W, EDMONDS, WA 98026-7507, 425-640-4792

Patient Name: Nguyen, Loan Thi Kim

MR #:	Sex:	Pt Class:	Ordering Physician:	Ordering Phys Phone #:
1001885381	Female	Outpatient	Bly, Eleanor Grace	425-835-5200
DOB:	**Age:**	**Study Status:**	**Performing Dept:**	**Account #:**
7/15/1988	25 yrs	Final	Edmonds Ultrasound	64725968

US OB WITH FETAL DETAIL Acc #: 4398547

Exam Date/Time: 01/15/2014 1608
Dx: Supervision of other normal pregnancy
Reason for Exam: ANATOMY SCAN
Contrast / Isotope:

STUDY TEXT
OBSTETRICAL ULTRASOUND, SECOND TRIMESTER

History: Fetal screening.

Comparison: No images. Report from a prior outside ultrasound.

Technique: Real-time and Doppler ultrasound examination, with recording of multiple static images.

Findings: Single fetus in the uterus in breech presentation. Fetal motion and cardiac activity present, heart rate 138 beats per minute. Anterior placenta, no placenta previa. Cervical length 3.7 cm. Subjectively normal amniotic fluid volume.

Screening fetal anatomic examination demonstrates no sonographic abnormality of the fetal intracranial structures, face, spine, heart, diaphragm, stomach, kidneys, urinary bladder, anterior abdominal wall, or extremities. Three-vessel cord.

Estimated fetal age 20 weeks 0 days. Estimated fetal weight 326 g +/-48 g, 62nd percentile.

Maternal right ovary normal in size and echodensity, 2.3 x 2.3 x 1.8 cm. Left adnexa obscured by bowel gas.

IMPRESSION:
Single, living fetus in breech presentation with estimated age of 20 weeks 0 days, concordant with predicted age of 19 weeks 5 days with EDC 6/6/2014.

Final
RADIOLOGY REPORT
Nguyen, Loan Thi Kim
1001885381

Bly, Eleanor Grace
4111 194th ST SW
EDMONDS WA 98026

Anterior placenta.

Normal amniotic fluid volume.

Negative screening fetal anatomic examination.

Dictated by: DAVID B BORK
Dictated: 1/15/2014 4:23 PM
Job: 895731

Read by: Bork, David B, MD

Signed by: Bork, David B, MD
Result date: 01/15/2014 04:24 PM

76811 (1), 76811 (1)

Final
RADIOLOGY REPORT
Nguyen, Loan Thi Kim
1001885381

Bly, Eleanor Grace
4111 194th ST SW
EDMONDS WA 98026

Nguyen, Loan Txikim (MR # 60004379344)

Results History

US OB Nuchal Measurement (Order 124985749)

Entry Date

11/26/2013

Result Narrative

Obstetrical Ultrasound
Division of Perinatal Medicine

HISTORY
2 Gravida
Indication: NT screening.

TECHNIQUE:
Multiple real time ultrasound scans were performed with representative static images obtained.

SONOGRAPHIC FINDINGS
Single fetus Presentation: Variable

BIOMETRY
CRL 62.4 mm = 12 W 5 D +/- 1.00 Wks
U/S Average: 12 W 5 D +/- 1.00 Wks
EGA: 12 WEEKS 5 DAYS +/- 1.00 Weeks EDD: 05-Jun-2014
Choroid plexus: Visualized
Nasal bone: Visualized
Legs/Feet: Visualized
Arms/Hands: Visualized

FHR: 154 b/m
Amniotic Fluid: Normal

Placenta: Too early to evaluate placental location.

Cervix: Not well seen.

Cranium/spine: NT measurement 1.7mm. PO5651.

MATERNAL FINDINGS
Uterus: Normal.

Ovaries: Not well seen.

Adnexa: No abnormality identified.

SUMMARY
Impression: [Singleton pregnancy. Too early for detailed assessment.
Correlate NT finding with complete screening tests for best risk assessment.
Recommend anatomic survey at 20 weeks gestation.]
Average U/S size[12]W [5]D +/-[1.00]W
EGA calculated using: [X]Today's scan
EGA:[12]weeks [5]days +/-[1.00]Weeks
EDD:[05-Jun-2014]

Entry Date

Nguyen, Loan Txikim (MR # 60004379344) Printed by Eleanor G Bly, MD [N9033098] ... Page 1 of 1

Integrated Screen 2, UW [LAB2507] (Order #: 124985753) Qty: 1

Lab Collection Information

Specimen	Collection Date and Time	Collected By
Blood	1/30/2014 1650	P405478^Merrill^Jewelyn^V^^^^^SUPP RESSDOC^Personnel^^^USERID^^^

Specimen Information

Specimen #	Collection Date and Time	Type
186225869	1/30/2014 1650	Blood

Collection Information

Collection Date and Time	Received Date and Time
1/30/2014 1650	1/31/2014 2116

Component Results

Component:

UW INTEG SCRN2:
See Comment
Comment:

```
*********************************************************
INTERPRETATION: Negative screen for Down Syndrome, open neural tube defects, and
trisomy 18.
*********************************************************
Down Syndrome Screening Risk: Less than 1 in 20000
Down Syndrome Age Related Risk: 1 in 1000
Down Syndrome Risk Cutoff: 1:250
Risk of ONTD Screening Risk: 1 in 2100

Trisomy 18 Screening Risk: Not provided unless risk is increased.
Trisomy 18 Age Related Risk: Not provided unless risk is increased.
Trisomy 18 Risk Cutoff: 1:100

Risk Panel Comments:
This test calculates probabilities, and may have false positive and negative results.
This calculation incorporates the patient's age related risk for trisomy.
Additional patient information reported with the first sample. Please check all
patient information and call the lab at (206) 598-6149 with any corrections.
For assistance with interpretation of prenatal risk assessment results the UWMC
genetic counselors can be reached at (206) 598-8130.

Results:
            NT MoM: 1.08
            Estriol MoM: 0.82
            Beta HCG MoM: 0.74
            AFP MoM: 1.43 (Cut-off <2.50)
            Inhibin MoM: 0.73
            PAPPA MoM: 1.08

Maternal Date of Birth: 7/15/88
Maternal Age at Term: 25.8 Years
First Sample Date: 11/26/13
Gestational Age 1st Trimester: 12.6 Weeks
Second Sample Date: 1/30/14
Gestational Age 2nd Trimester: 21.9 Weeks
```

Component Results (continued)

Component
Performed by UW PO Box 15246 Seattle WA 98115-0246

Order-Level Documents:

There are no order-level documents.

Result Information

Status
Final result (2/1/2014 1300)

Integrated Screen 2, UW Future

Ordering User:	Margaret H Billingsley, RN 11/26/13 1129	Authorized by:	Sophia M Lannon, MD
Ordered during:	Office Visit on 11/26/2013	Frequency:	11/26/13 -
Electronically signed by:	Margaret H Billingsley, RN 11/26/13 1129		
Electronically cosigned by:	Sophia M Lannon, MD 11/26/13 2312 for Ordering		
Diagnoses:	Other specified antenatal screening [V28.89]		

Authorizing Provider Audit Trail

Date/Time	Authorizing Provider	Changed by
	Sophia M Lannon, MD	

Original Order

Ordered On	Ordered By
Tue Nov 26, 2013 1129	Margaret H Billingsley, RN

Lab Information

Lab
PROVIDENCE EVERETT CORE LABORATORY (I) 1321 Colby Avenue EVERETT WA 98201

Lab Requisition

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

Order Report

View Order Information

Lab Requisition

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

View SmartLink Info

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

Integrated Screen 2, UW [LAB2507] (Order #: 124985753) Qty: 1

Lab Collection Information

Specimen	Collection Date and Time	Collected By
Blood	1/30/2014 1650	P405478^Merrill^Jewelyn^V^^^^^SUPP RESSDOC^Personnel^^^USERID^^^

Specimen Information

Specimen #	Collection Date and Time	Type
186225869	1/30/2014 1650	Blood

Collection Information

Collection Date and Time	Received Date and Time
1/30/2014 1650	1/31/2014 2116

Component Results

Component:

UW INTEG SCRN2:
See Comment
Comment:

```
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INTERPRETATION: Negative screen for Down Syndrome, open neural tube defects, and
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Trisomy 18 Risk Cutoff: 1:100

Risk Panel Comments:
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Additional patient information reported with the first sample. Please check all
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          PAPPA MoM: 1.08

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Maternal Age at Term: 25.8 Years
First Sample Date: 11/26/13
Gestational Age 1st Trimester: 12.6 Weeks
Second Sample Date: 1/30/14
Gestational Age 2nd Trimester: 21.9 Weeks
```

Component Results (continued)

Comnpnent

Performed by UW PO Box 15246 Seattle WA 98115-0246

Order-Level Documents:

There are no order-level documents.

Result Information

Status

Final result (2/1/2014 1300)

Integrated Screen 2, UW Future

Ordering User:	Margaret H Billingsley, RN 11/26/13 1129	Authorized by:	Sophia M Lannon, MD
Ordered during:	Office Visit on 11/26/2013	Frequency:	11/26/13 -
Electronically signed by:	Margaret H Billingsley, RN 11/26/13 1129		
Electronically cosigned by:	Sophia M Lannon, MD 11/26/13 2312 for Ordering		
Diagnoses:	Other specified antenatal screening [V28.89]		

Authorizing Provider Audit Trail

Date/Time	Authorizing Provider	Changed by
	Sophia M Lannon, MD	

Original Order

Ordered On	Ordered By
Tue Nov 26, 2013 1129	Margaret H Billingsley, RN

Lab Information

Lab

PROVIDENCE EVERETT CORE LABORATORY (I)
1321 Colby Avenue
EVERETT WA 98201

Lab Requisition

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

Order Report

View Order Information

Lab Requisition

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

View SmartLink Info

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

Community Health Center of Snohomish County (CHC)

PATIENT RIGHTS and RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

Nguyen, Loan T 07/15/88
379366

- Quality care and service.
- Be treated with respect and dignity.
- Not be discriminated against.
- Speak with a provider regarding emergency medical / dental needs after business hours.
- Complete information about your health and your choices for treatment and service. We will give this information to you in a language and manner you can understand.
- Take part in decisions about your health care. If you refuse treatment, we will explain the possible results.
- Ask about fees, charges and payment policies.
- Refuse to take part in research.
- Suggest changes in procedures.
- Take part in choosing your primary care provider.
- Make an Advance Directive.
- Complain if you have concerns about any clinic services.
- File a grievance if you are not satisfied with how your complaint is resolved.
- Have your health information disclosed as allowed by law.
- To have access to, request to make amendments to, and obtain information on disclosures of your health information, in accordance with applicable law.
- Reasonable notice if CHC decides to change or end its relationship with you.

YOUR RESPONSIBILITIES ARE TO:

- Give correct and complete medical history and billing information.
- Inform your provider about any living will, medical power of attorney, or other directives that could affect your care.
- Keep scheduled appointments. If you need to cancel, call us 24 hours before the appointment.
- Do your part to keep yourself as healthy as possible by following treatment plans and care instructions you agreed to with your healthcare provider.
- Treat staff and other patients with respect.
- Respect the privacy of others.
- Respect CHC's property.
- Abide by the policies of CHC.
- Pay for services received as per CHC policies
- Pay for the services you received when referred to other healthcare providers outside of CHC.
- Watch and keep safe any children you bring to the health center.

Failure to meet these responsibilities may result in inability to access future services from CHC.

I understand and will abide by the Patient Rights and Responsibilities of CHC.

Signature: [signature] Date: 11/01/13

NCR white/yellow
Instructions: Top copy: Scan/File in patient chart **Bottom copy: Give to patient**

OPS Form 104 (Rev 01/12)

CHC Snohomish County

PO Box 13060
Everett, WA 98206
(425) 789-3700

PATIENT INFORMATION

NAME (Last, First Middle)	MRN	SSN#	BIRTHDATE	LANGUAGE	SEX
Nguyen, Loan T	379366	999-99-9999	07/15/1988	Ilocano	F

LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)	ETHNICITY
20801 49th AVe W		Not Hispanic or ...

CITY, STATE ZIP	HOME PHONE	CITY, STATE ZIP	HOME PHONE	RACE
Lynnwood, WA 98036	(425) 501-4618			UDS Asian

PRIMARY CARE PHYSICIAN	REFERRING PHYSICIAN	CONTACT NAME	CONTACT HOME PHONE
Incomplete, Incomplete			

POVERTY PERCENT	POVERTY CAT

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX

LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)
CITY, STATE ZIP	CITY, STATE ZIP
HOME PHONE	HOME PHONE
RELATIONSHIP TO PATIENT	

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

I give my consent for services to be rendered by Community Health Center of Snohomish County (CHC) and its staff. I am aware that no specific results are guaranteed through treatment by CHC or its designees. I hereby authorize CHC to release all information necessary to secure payment of said benefits. I understand that I am financially responsible for all charges incurred, whether or not paid by said insurance. I hereby assign all medical benefits to which I am entitled, including Medicare, Medicaid and other government sponsored programs, private insurance, and other health plans to be paid directly to CHC. To the best of my knowledge, the information given is true and correct.

SIGNATURE OF PATIENT/GUARDIAN _____ DATE 11/01/13

Notification of Privacy Practices

Nguyen, Loan T
379366

07/15/88

I, _____ hereby give my consent for Community Health Center of Snohomish County (CHC) to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations. (The Notice of Privacy Practices provided by CHC describes such uses and disclosures more completely.)

I have received a copy of the Notice of Privacy Practices prior to signing this consent. I understand CHC reserves the right to revise its Notice of Privacy Practices at any time. CHC will keep a posted copy of the most current notice in the facility. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice in effect upon request.

With this consent, CHC may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out treatment, payment and health care operations, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, CHC may mail to my home or other alternative location any items that assist the practice in carrying out treatment, payment and health care operations, such as appointment reminder cards and patient statements.

I understand I have the right to request certain restrictions on how CHC uses or discloses my PHI to carry out treatment, payment and health care operations. However, CHC is not required by law to agree to a requested restriction.

By signing this form, I am consenting to allow CHC to use and disclose my PHI to carry out treatment, payment and health care operations.

Signature of Patient (Parent/Legal Guardian) _____ Date 11/01/13 Witness Signature (CHC Staff) _____ Date 11/01/13

Interpreter Signature _____ Date _____ Interpreter Agency _____

Internal Use Only:

NPP Refused ☐

OPS Form 202A (Rev 02/13)

PATIENT: Loan Nguyen
DATE OF BIRTH: 07/15/1988
DATE: 08/07/2014 2:45 PM
PRESENTS FOR:
PROVIDER: Dr Sherwood

Procedure Consent

Procedure(s): IUD insertion
Date: 08/07/2014

The procedure, treatment, alternatives, risks and benefits were explained to
The specific risks of bleeding, damage to other organs, death, failure rate, infection, possible continued pain, possible conversion to open surgery, possible loss of function ware discussed in detail.
questions were answered.
The patient agrees, verbalizes understanding and wants to proceed.
The patient's guardian/parent(s) agrees, verbalizes understanding, and wants to proceed.
Educational handouts were given to the patient.
Pre operative instructions and paperwork were completed.

Patient/Guardian/Parent Signature

8/7/14
Date

PARAGARD®
Intrauterine copper contraceptive
Date of placement 8/7/14
Length of threads 4cm
Remove ParaGard no later than
(month) 8 (year) 2024
Product Lot Number 513002 1/2020
ECR # 2298 P/N 1019402 Iss. 6/2013

Loan Nguyen
7/15/88

2 Week Postpartum Call Guidelines

> If patient is not scheduled for a postpartum visit, attempt three calls and then send letter if no answer.
> If patient is scheduled for a postpartum visit, call once and advise patient to call back with questions or concerns.
>Assessment Questions:

1. General:
   - How are you feeling and adjusting?
   - Do you have any concerns or questions?
   - Assess for: constipation, suture healing, vaginal odor, ~~fever~~, redness, ~~swelling~~, ~~increased bleeding~~
2. Breastfeeding:
   - How do you feel breastfeeding is going for you so far? - 2/3 hrs both milk + formula
   - How often is your baby feeding, how long on each breast?
   - Do you feel that your baby is getting enough to eat? Does your baby seem hungry after most feedings?
   - ~~Assess for: sore or cracked nipples~~, intense engorgement, pain, redness, fever, flu-like symptoms pain pump
   - Offer Lactation Consultant information as needed
     - *Swedish Edmonds Lactation 425-640-4072*
3. Depression Screen:

Edinburgh Depression Scale* (partial questionnaire)

1. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time (3)
   - Yes, some of the time (2)
   - ~~Not very often (1)~~
   - ~~No, never (0)~~

   (1)
2. I have been anxious or worried for no good reason
   - No, not at all (0)
   - Hardly ever (1)
   - Yes, sometimes (2)
   - Yes, very often (3)

   (0)
3. I have felt scared or panicky for no very good reason
   - Yes, quite a lot (3)
   - Yes, sometimes (2)
   - No, not much (1)
   - No, not at all (0)

   (0)
4. I have been so unhappy that I have been crying
   - Yes, most of the time (3)
   - Yes, quite often (2)
   - Only occasionally (1)
   - No, never (0)

   (1)
5. The thought of harming myself has occurred to me
   - Yes, quite often (3)
   - Sometimes (2)
   - Hardly ever (1)
   - Never (0)

   (0)

7/8/14 Nguyen

>Scoring: Maximum score: 15 — 2 /15
Possible Depression: 5 or greater
Always look at #5 (suicidal thoughts)
>Patients who are actively suicidal or homicidal need immediate evaluation either 911 or ER
>Patients who voice suicidal or homicidal thoughts either need a phone call from the MH professional, OV or ER as appropriate
>Scores 5+ refer to MH professional for follow up phone call to determine if patient needs office visit

*Edinburgh Depression Scale
Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry, 150*, 782-786.

Baby Birthdate: 6/10 — 2 wk PP call on: ~~6/24~~ Call on 7/8/14
Baby Wt:
Boy / Girl — 5 wk PP appt on: 7/28
"Name"

307 29th STREET NE, STE 101
PUYALLUP, WA 98372-6718
PHONE: 253-445-3400
FAX: 253-445-4425
EMAIL: RECORDS@JSANDL.COM
UPLOAD: JSANDL.COM/UPLOAD-RECORDS

August 23, 2016

Fax To: 425-789-2096

Community Health Center of Snohomish Count
Centralized Processing
Attn: Medical Records
8609 Evergreen Wy
Everett, WA 98208

Regarding: Loan Nguyen
Date of Birth: July 15, 1988
SSN:

Dear Records Custodian:

This office has been hired by defense counsel in the above-entitled action. You are being served with a Notice of Intent in a Civil Case to Obtain Records. Please do not produce records until you are served with a Subpoena after the notice period has expired.

Sincerely,

Amanda Fleischmann

Amanda Fleischmann
Agent for defense counsel

cls:anf
Enclosures

SUPERIOR COURT OF WASHINGTON STATE FOR SNOHOMISH COUNTY

LOAN NGUYEN, Plaintiff(s), vs. MARY HOHENSINNER and "JANE/JOHN DOE" HOHENSINNER, individually and as a married couple, and the marital community composed thereof; and "JOHN DOE" and "JANE/JOHN DOE", individually and as a marital couple, and the marital community composed thereof, Defendant(s).	NOTICE OF INTENT PURSUANT TO RCW 70.02.060 Cause No.: 16-2-03475-4

TO: John J. Meske, Attorney for Plaintiff(s)
1105 Tacoma Ave S, Tacoma, WA 98402-2005

AND TO:

Community Health Center of Snohomish County Centralized Processing 8609 Evergreen Wy Everett, WA 98208	Swedish Medical Center Centralized Processing 747 Broadway Seattle, WA 98122
Swedish Medical Center - Corporate Business Office 747 Broadway Seattle, WA 98122	

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

YOU AND EACH OF YOU please take notice Attorney Sarah Johnson, the attorney(s) for Defendant(s), intends to seek a full and complete set of all records from May 14, 2009, to present of **Loan Nguyen, DOB: July 15, 1988**, from the above facilities and clinics. In order to prevent disclosure of these records, plaintiff's counsel must seek a Protective Order by **September 15, 2016.** If no Protective Order has been received by that date, a subpoena for records will be issued commanding production, inspection, and copying of records.

Sarah Johnson, WSBA #38339
Attorney for Defendant(s)
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

Dated: August 23, 2016

PROOF OF SERVICE

Date Served: August 23, 2016 Puyallup, Washington

Served on: Above-named counsel & facilities by postage prepaid U.S. Mail and/or fax

Served by: Amanda Fleischmann Puyallup, Washington

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the State of Washington that the foregoing information contained in the Proof of Service is true and correct.

Executed on August 23, 2016 Puyallup, Washington

Signature of Server:

Amanda Fleischmann
James, Sanderson & Lowers
307 29th Street NE, Suite 101
Puyallup, Washington 98372
253-445-3400

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

The Law Offices of John J. Meske

P.O. Box 1814
Tacoma, WA 98401-1814

1105 Tacoma Ave. South
Tacoma, WA 98402

Telephone (253)383-5346
Facsimile (253)572-6662

March 27, 2015

Community Health Center
4111 194th St SW #101
Lynnwood, WA 98306

mailed
4/15/15
HKC

Re:	Our Client	:	Loan Nguyen
	Date of Birth	:	07/15/1988
	SS Number	:	732-22-4229
	Date of Loss	:	05/14/2014

Dear Medical Records Librarian:

We represent the above-referenced patient. We would like to obtain copies of the **medical records and an itemized billing statement for treatment related to the auto accident of May 14, 2014,** for this patient. To that end, we have enclosed a medical records authorization for release of those records.

If payment for these records is necessary, please contact my office directly for approval before any costs are incurred.

If you no longer have these records, please indicate such on this letter and return it to me. Thank you for your cooperation and assistance in this matter. In the meantime, if you have any questions, please feel free to contact me.

Very truly yours,

John J. Meske

JOHN J. MESKE
Attorney At Law

JJM:smv
Enclosure

THE LAW OFFICES OF JOHN J. MESKE

Po Box 1814
Tacoma, WA 98401-1814

1105 Tacoma Ave South
Tacoma, WA 98402

Telephone:(253) 383-5346
Facsimile:(253) 572-6662

AUTHORIZATION FOR DISCLOSURE
and
RELEASE OF MEDICAL INFORMATION

FACILITY: Community Health Center

ADDRESS: 4111 194th St. SW #101 Lynnwood, WA 98036

TO WHOM IT MAY CONCERN:

I, Loan Nguyen, born on 7-15-88, hereby authorize and direct you to give to My Attorney, **JOHN J. MESKE**, or any of his Associates, located at 1105 Tacoma Avenue South, Tacoma, WA 98402 (P.O. Box 1814, Tacoma, WA 98401-1814), any and all information of every kind and description which is requested, including copies of my medical records, business records, reports, et cetera, which either have been prepared by you, or received by you from any other person or firm, and which relate(s) to treatment, care, hospitalization, or scientific analysis of any nature, and for any of my injuries, diseases, or illnesses. I also grant to my Attorney and his Associates full authority to inspect and/or copy any and all of my medical or business records that pertains to the undersigned. A copy of the authorization and my signature is also sufficient for release of this information. You are further authorized and directed to deliver to my Attorney or his Associates any x-rays or similar documents that you may have in your possession. In doing so, it is understood that said documents are your property, and are to be returned to you, unless they are made the permanent property of a court.

I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for these records to be released.

*EXCLUDE the following information from the records released (please initial):

_____ Drug/alcohol abuse/treatment & diagnosis
_____ Sexually transmitted disease
_____ HIV/AIDS diagnosis/treatment/testing
_____ Mental Illness of Psychiatric diagnosis/treatment

I understand that I do not have to sign this authorization in order to obtain health care benefits (treatment, payment or enrollment). I may revoke this authorization in writing. To view the process for revoking this authorization, please read the Privacy Notice to patients posted at the facility where your information is being released. I understand that once the health information I have authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacy laws.

DATED this 7th day of April, 2015, by:

Loan
Client Signature

THIS AUTHORIZATION WILL EXPIRE 90 DAYS FROM THE DATE SIGNED.

Integrated Screen 2, UW [LAB2507] (Order #: 124985753) Qty: 1

Lab Collection Information

Specimen	Collection Date and Time	Collected By
Blood	1/30/2014 1650	P405478^Merrill^Jewelyn^V^^^^^SUPPRESSDOC^Personnel^^^USERID^^^

Specimen Information

Specimen #	Collection Date and Time	Type
186225869	1/30/2014 1650	Blood

Collection Information

Collection Date and Time	Received Date and Time
1/30/2014 1650	1/31/2014 2116

Component Results

Component

UW INTEG SCRN2:
See Comment
Comment:

```
*********************************************************
INTERPRETATION: Negative screen for Down Syndrome, open neural tube defects, and
trisomy 18.
*********************************************************
Down Syndrome Screening Risk: Less than 1 in 20000
Down Syndrome Age Related Risk: 1 in 1000
Down Syndrome Risk Cutoff: 1:250
Risk of ONTD Screening Risk: 1 in 2100

Trisomy 18 Screening Risk: Not provided unless risk is increased.
Trisomy 18 Age Related Risk: Not provided unless risk is increased.
Trisomy 18 Risk Cutoff: 1:100

Risk Panel Comments:
This test calculates probabilities, and may have false positive and negative results.
This calculation incorporates the patient's age related risk for trisomy.
Additional patient information reported with the first sample. Please check all
patient information and call the lab at (206) 598-6149 with any corrections.
For assistance with interpretation of prenatal risk assessment results the UWMC
genetic counselors can be reached at (206) 598-8130.

Results:
          NT MoM: 1.08
          Estriol MoM: 0.82
          Beta HCG MoM: 0.74
          AFP MoM: 1.43 (Cut-off <2.50)
          Inhibin MoM: 0.73
          PAPPA MoM: 1.08

Maternal Date of Birth: 7/15/88
Maternal Age at Term: 25.8 Years
First Sample Date: 11/26/13
Gestational Age 1st Trimester: 12.6 Weeks
Second Sample Date: 1/30/14
Gestational Age 2nd Trimester: 21.9 Weeks
```

Component Results (continued)

Component

Performed by UW PO Box 15246 Seattle WA 98115-0246

Order-Level Documents:

There are no order-level documents.

Result Information

Status

Final result (2/1/2014 1300)

Integrated Screen 2, UW Future

Ordering User:	Margaret H Billingsley, RN 11/26/13 1129	Authorized by:	Sophia M Lannon, MD
Ordered during:	Office Visit on 11/26/2013	Frequency:	11/26/13 -
Electronically signed by:	Margaret H Billingsley, RN 11/26/13 1129		
Electronically cosigned by:	Sophia M Lannon, MD 11/26/13 2312 for Ordering		
Diagnoses:	Other specified antenatal screening [V28.89]		

Authorizing Provider Audit Trail

Date/Time	Authorizing Provider	Changed by
	Sophia M Lannon, MD	

Original Order

Ordered On	Ordered By
Tue Nov 26, 2013 1129	Margaret H Billingsley, RN

Lab Information

Lab

PROVIDENCE EVERETT CORE LABORATORY (I)
1321 Colby Avenue
EVERETT WA 98201

Lab Requisition

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

Order Report

View Order Information

Lab Requisition

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

View SmartLink Info

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

Integrated Screen 2, UW [LAB2507] (Order #: 124985753) Qty: 1

Lab Collection Information

Specimen	Collection Date and Time	Collected By
Blood	1/30/2014 1650	P405478^Merrill^Jewelyn^V^^^^^SUPPRESSDOC^Personnel^^^USERID^^^

Specimen Information

Specimen #	Collection Date and Time	Type
186225669	1/30/2014 1650	Blood

Collection Information

Collection Date and Time	Received Date and Time
1/30/2014 1650	1/31/2014 2116

Component Results

Component

UW INTEG SCRN2:
See Comment
Comment:

```
*************************************************************
INTERPRETATION: Negative screen for Down Syndrome, open neural tube defects, and
trisomy 18.
*************************************************************
Down Syndrome Screening Risk: Less than 1 in 20000
Down Syndrome Age Related Risk: 1 in 1000
Down Syndrome Risk Cutoff: 1:250
Risk of ONTD Screening Risk: 1 in 2100

Trisomy 18 Screening Risk: Not provided unless risk is increased.
Trisomy 18 Age Related Risk: Not provided unless risk is increased.
Trisomy 18 Risk Cutoff: 1:100

Risk Panel Comments:
This test calculates probabilities, and may have false positive and negative results.
This calculation incorporates the patient's age related risk for trisomy.
Additional patient information reported with the first sample. Please check all
patient information and call the lab at (206) 598-6149 with any corrections.
For assistance with interpretation of prenatal risk assessment results the UWMC
genetic counselors can be reached at (206) 598-8130.

Results:
          NT MoM: 1.08
          Estriol MoM: 0.82
          Beta HCG MoM: 0.74
          AFP MoM: 1.43 (Cut-off <2.50)
          Inhibin MoM: 0.73
          PAPPA MoM: 1.08

Maternal Date of Birth: 7/15/88
Maternal Age at Term: 25.8 Years
First Sample Date: 11/26/13
Gestational Age 1st Trimester: 12.6 Weeks
Second Sample Date: 1/30/14
Gestational Age 2nd Trimester: 21.9 Weeks
```

Component Results (continued)

Component
Performed by UW PO Box 15246 Seattle WA 98115-0246

Order-Level Documents:

There are no order-level documents.

Result Information

Status
Final result (2/1/2014 1300)

Integrated Screen 2, UW Future

Ordering User:	Margaret H Billingsley, RN 11/26/13 1129	Authorized by:	Sophia M Lannon, MD
Ordered during:	Office Visit on 11/26/2013	Frequency:	11/26/13 -
Electronically signed by:	Margaret H Billingsley, RN 11/26/13 1129		
Electronically cosigned by:	Sophia M Lannon, MD 11/26/13 2312 for Ordering		
Diagnoses:	Other specified antenatal screening [V28.89]		

Authorizing Provider Audit Trail

Date/Time	Authorizing Provider	Changed by
	Sophia M Lannon, MD	

Original Order

Ordered On	Ordered By
Tue Nov 26, 2013 1129	Margaret H Billingsley, RN

Lab Information

Lab
PROVIDENCE EVERETT CORE LABORATORY (I) 1321 Colby Avenue EVERETT WA 98201

Lab Requisition

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

Order Report

View Order Information

Lab Requisition

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

View SmartLink Info

INTEGRATED SCREEN 2, UW (Order#124985753) on 1/30/14

JS&L
JAMES, SANDERSON & LOWERS
♦ A Professional Record Retrieval Company ♦

307 29th STREET NE, STE 101
PUYALLUP, WA 98372-6718
PHONE: 253-445-3400
FAX: 253-445-4425
EMAIL: RECORDS@JSANDL.COM
UPLOAD: JSANDL.COM/UPLOAD-RECORDS

RECORDS OF: **Nguyen, Loan**

RECORDS FROM: **Group Health Pharmacy Administration**
CASE NAME: **Nguyen v. Hohensinner**

CASE NUMBER: **16-2-03475-4**

FILE/CLAIM NUMBER: **0326606381.1 JTH**

ATTORNEY: **Sarah Johnson**
Allstate Staff Counsel
901 Fifth Ave Ste 2250
Seattle, WA 98164

ADJUSTER: **Tyler Hannum**
Allstate Insurance Co.

#EC 1CDC deb.oh@allstate.com 1CDAdj OCR

JS&L
JAMES, SANDERSON & LOWERS
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PUYALLUP, WA 98372-6718
PHONE: 253-445-3400
FAX: 253-445-4425
EMAIL: RECORDS@JSANDL.COM
JPLOAD: JSANDL.COM/UPLOAD-RECORDS

CERTIFICATION RE: Loan Nguyen

1. Have you produced ***ALL*** medical records and itemized billings requested? Yes

2. If any records were withheld, please describe what records were withheld by date and author and state the reason for withholding said records.

(Use a separate sheet, if necessary)

3. If no records exist, please indicate the reason.

4. How many pages of records and itemized billings have you produced? 4

I am authorized to release requested records. Copies have been made of the original records and were made under my direction and control and are correct copies of such records. The records were made, kept and maintained by the person/entity named below in the regular course of business at or near the time of the act, condition or event recorded herein.

Pursuant to RCW 70.02.070 and 9A.72.085, I hereby certify and declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this 7 day of November, 20 16.

Print Name: Charles T. Chen T.

Signature:

Facility: Group Health Cooperative
125 16th Ave E
Seattle, WA 98112
206-326-3058 ext. 5, 2

http://apps.leg.wa.gov/RCW/default.aspx?cite=70.02.070
http://apps.leg.wa.gov/RCW/default.aspx?cite=9A.72.085

med

```
 3368618       NGUYEN       LOAN         07/88  Plan 5  Cov 0  Grp 4483
3368618        28 YEAR OLD FEMALE                PDoc NONE  LVisit 1212
Alerts:
Allergies: NKA            Nxt-Alr-Vfy-Date: 013115          Date 110716 Loc 36


   RETIN-A C 20 GM TOP  0.05%   TUBE                    DOCTOR FROST GRANGE ELI
 RX 3622-4491-707           APPLY TO AFFECTED AREAS ONCE DAILY AT BEDTIME
 CRC Y ICDA 7061    I R 3L 3
12/27/12    1( 30)           15.00 CPAY    DR 6A0     L07/07 PH  PP U/C 28.30

   CLINDA SOL 60ML TOP  TOP 1 % MLS                    DOCTOR FROST GRANGE ELI
 RX 3622-4490-507           APPLY TO AFFECTED AREA TWICE DAILY
 CRC Y ICDA 7061    I R 5L 5
12/27/12   60( 30)           15.00 CPAY    DR 6A0     L07/07 PH  PP U/C 48.15

   TRIAM CR 80 GM  TOP  0.025%  TUBE     (21925011907) DOCTOR FROST GRANGE ELI
 RX 3612-5219-407           APPLY SPARINGLY TO AFFECTED AREAS TWO TO THREE TIM
 CRC Y ICDA 7089    I R 0L 0  ES A DAY FOR SKIN IRRITATION.
12/26/12    1( 20)           12.90 CPAY    DR 6A0     L07/07 PH P5Y U/C 12.90


   Next: X
                  Enter "F" to Page Ahead;  "X" to Terminate <
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 3368618       NGUYEN       LOAN         07/88  Plan 5  Cov 0  Grp 4483
3368618        28 YEAR OLD FEMALE                PDoc NONE  LVisit 1212
Alerts:
Allergies: NKA            Nxt-Alr-Vfy-Date: 013115          Date 110716 Loc 36


   LORATADINE #100 ORAL 10 MG   BOT                    DOCTOR HOGAN        JOY
 RX 2192-5014-107           TAKE ONE TABLET DAILY. MAY REPEAT IF HIVES RECUR.
 CRC Y ICDA 7089    I R 1L 0
08/06/12    1( 90)           11.95 CHRG    DR XHS     L07/07 PH  KO U/C 11.95
12/26/12    1( 90)           11.95 CHRG       XHS      07/07     5Y U/C 11.95

   TRIAM CR 80 GM  TOP  0.025%  TUBE                   DOCTOR HOGAN        JOY
 RX 2192-5011-907           APPLY SPARINGLY TO AFFECTED AREAS TWO TO THREE TIM
 CRC Y ICDA 7089    I R 0L87  ES A DAY FOR SKIN IRRITATION.
08/06/12    1( 20)           12.90 CPAY    DR XHS     L07/07 PH  KO U/C 12.90

   OXYCOD ACET-MAL ORAL 5-325MG TABS C-2               DOCTOR NEUBAUER     AND
 RX 1652-6473-901           TAKE 1 OR 2 TABLETS EVERY 3 TO 4 HOURS AS NEEDED F
 CRC Y ICDA 71986   I R 0L 0  OR PAIN. MAX 9 TABS/24 HOURS.
06/13/12   50(  6)           13.95 CPAY    DR T7U     L01/01 PH  B8 U/C 13.95

   Next: X
  Enter "F" to Page Ahead; "B" to Page Back;  "X" to Terminate <
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 3368618       NGUYEN       LOAN         07/88  Plan 5  Cov 0  Grp 4483
3368618        28 YEAR OLD FEMALE                PDoc NONE  LVisit 1212
Alerts:
Allergies: NKA            Nxt-Alr-Vfy-Date: 013115          Date 110716 Loc 36


   ONDANSETRON ODT ORAL 4 MG    TABS                    DOCTOR NEUBAUER     AND
 RX 1652-4009-201           DISSOLVE 1 TAB IN THE MOUTH EVERY 6 HOURS AS NEEDE
 CRC Y ICDA 71986   I R 0L 0  D FOR NAUSEA AND VOMITING
06/13/12   20(  5)           15.00 CPAY    DR T7U     L01/01 PH  WW U/C 19.45

   DOCUSATE SODIUM ORAL 250 MG  BOT                     DOCTOR NEUBAUER     AND
 RX 1652-4003-801           TAKE ONE OR TWO CAPSULES DAILY WITH 10 OZ OF WATER
 CRC Y ICDA 71986   I R 0L 0   TO SOFTEN STOOL
06/13/12    1( 50)T           4.80 CHRG    DR T7U     L01/01 PH  WW U/C  4.80
06/13/12    1( 50)            4.80 CHRG       T7U      01/01     B8 U/C  4.80

   CEPHALEXIN      ORAL 500 MG  CAPS                    DOCTOR NEUBAUER     AND
 RX 1652-4002-601           TAKE 1 CAPSULE EVERY 6 HOURS FOR 3 DOSES
 CRC Y ICDA 71986   I R 0L 0
06/13/12    3(  1)            6.85 CPAY    DR T7U     L01/01 PH  WW U/C  6.85

   Next: X
  Enter "F" to Page Ahead; "B" to Page Back;  "X" to Terminate <
```

```
 3368618       NGUYEN       LOAN         07/88  Plan 5  Cov 0  Grp 4483
3368618        28 YEAR OLD FEMALE                PDoc NONE  LVisit 1212
Alerts:
Allergies: NKA            Nxt-Alr-Vfy-Date: 013115          Date 110716 Loc 36


   FERROUS SULFATE ORAL 325 MG  BOT                    DOCTOR NGUYEN       CHR
 RX 0312-6343-707           TAKE 1 TABLET ONCE A DAY WITH FOOD
 CRC Y ICDA 78079   I R 3L 3
01/31/12    1(100)            4.95 CHRG    DR XIR     L07/07 PH  PP U/C  4.95

   ASCORBIC ACID   ORAL 500 MG  BOT                    DOCTOR NGUYEN       CHR
 RX 0312-6339-407           TAKE ONE TABLET DAILY.
 CRC Y ICDA 78079   I R 6L 6
01/31/12    1(100)            3.95 CHRG    DR XIR     L07/07 PH  PP U/C  3.95




   Next: X
                    Enter "B" to Page Back;  "X" to Terminate <
```

JS&L
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♦ A Professional Record Retrieval Company ♦

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PHONE: 253-445-3400
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EMAIL: RECORDS@JSANDL.COM
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RECORDS OF: **Nguyen, Loan**

RECORDS FROM: **Swedish Medical Center - Corporate Business Office**
CASE NAME: **Nguyen v. Hohensinner**

CASE NUMBER: **16-2-03475-4**

FILE/CLAIM NUMBER: **0326606381.1 JTH**

ATTORNEY: **Sarah Johnson**
Allstate Staff Counsel
901 Fifth Ave Ste 2250
Seattle, WA 98164

ADJUSTER: **Tyler Hannum**
Allstate Insurance Co.

#EC 1CDC deb.oh@allstate.com 1CDAdj OCR

307 29th STREET NE, STE 101
PUYALLUP, WA 98372-6718
PHONE: 253-445-3400
FAX: 253-445-4425
EMAIL: RECORDS@JSANDL.COM
UPLOAD: JSANDL.COM/UPLOAD-RECORDS

CERTIFICATION RE: Loan Nguyen

✓ I have produced all billings: 6 Pages of billings

_____ There were no billings found.

Why? _____

_____ The documents I have produced constitute the complete billings pertaining to the above-mentioned person, except for the following:

_____

_____

_____

I am authorized to release requested records. Copies have been made of the original records and were made under my direction and control and are correct copies of such records. The records were made, kept and maintained by the person/entity named below in the regular course of business at or near the time of the act, condition or event recorded herein. Pursuant to RCW 70.02.070 and 9A.72.085, I hereby certify and declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this 29th day of 09, 20 16 at 10:12am

Print Name: Lu Marr Donaldson

Signature: Lu Marr Donaldson

Facility: Swedish Medical Center - Corporate Business Office
747 Broadway
Seattle, WA 98122
206-320-5300 x 1

bill1

Patient: NGUYEN,LOAN THI KIM
MRN: 1001885381
Hospital Account Number: 64725968

Guarantor Account Number: 4978612
Financial Class: MEDICAID OTH
Primary Payor: COORDINATED CARE MEDI 3411
Primary Plan: MEDICAID-COORDINATE 341101
Patient Type: Outpatient
Location: SWEDISH EDMONDS

NGUYEN,LOAN THI KIM
20801 49TH AVE W
LYNNWOOD WA 98036

Admission Date: 01/15/2014
Discharge Date: 01/15/2014
Print Date: 09/29/2016

This is not a bill. This is an itemization of your hospital services.

Charges

Service Date	Qty	Rev Code	Description	Procedure Code	Amount
01/15/2014	1	0402	US OB COMPLETE W/ FETAL DETAIL	H13259	510.00
				Total	510.00

Revenue Code Summary

Qty	Rev Code	Description		Amount
1	0402	OTHER IMAGING SERVICES - ULTRASOUND		510.00
			Total	510.00

Payments

Post Date	Description		Amount
02/06/2014	INSURANCE PAYMENT (INSURANCE)		-132.76
		Total	-132.76

Adjustments

Post Date	Description		Amount
02/06/2014	CONTRACTUAL ADJUSTMENT (INSURANCE)		-377.24
		Total	-377.24

Patient: NGUYEN,LOAN THI KIM
MRN: 1001885381
Hospital Account Number: 65006169

Guarantor Account Number: 4978612
Financial Class: MEDICAID OTH
Primary Payor: COORDINATED CARE MEDI 3411
Primary Plan: MEDICAID-COORDINATE 341101
Patient Type: Ambulatory
Location: SWEDISH EDMONDS

NGUYEN,LOAN THI KIM
20801 49TH AVE W
LYNNWOOD WA 98036

Admission Date: 05/16/2014
Discharge Date: 05/16/2014
Print Date: 09/29/2016

This is not a bill. This is an itemization of your hospital services.

Charges

Service Date	Qty	Rev Code	Description	Procedure Code	Amount
05/16/2014	1	0300	LAB URINALYSIS	40360158	47.00
05/16/2014	1	0306	SMEAR PRIM SRC W/INT WET MOUNT	40157752	60.00
05/16/2014	1	0761	NON-STRESS TEST	H18904	562.00
05/16/2014	1	0761	SPECULUM EXAM (SEP SVC)	H23107	162.00
				Total	831.00

Revenue Code Summary

Qty	Rev Code	Description		Amount
1	0300	LABORATORY - GENERAL		47.00
1	0306	LABORATORY - BACTERIOLOGY AND MICROBIOLOGY		60.00
2	0761	TREATMENT ROOM		724.00
			Total	831.00

Payments

Post Date	Description		Amount
06/04/2014	INSURANCE PAYMENT (INSURANCE)		-184.88
		Total	-184.88

Adjustments

Post Date	Description		Amount
06/04/2014	CONTRACTUAL ADJUSTMENT (INSURANCE)		-646.12
		Total	-646.12

Patient: NGUYEN,LOAN THI KIM
MRN: 1001885381
Hospital Account Number: 65044314

Guarantor Account Number: 4978612
Financial Class: MEDICAID OTH
Primary Payor: COORDINATED CARE MEDI 3411
Primary Plan: MEDICAID-COORDINATE 341101
Patient Type: Ambulatory
Location: SWEDISH EDMONDS

NGUYEN,LOAN THI KIM
20801 49TH AVE W
LYNNWOOD WA 98036

Admission Date: 06/03/2014
Discharge Date: 06/03/2014
Print Date: 09/29/2016

This is not a bill. This is an itemization of your hospital services.

Charges

Service Date	Qty	Rev Code	Description	Procedure Code	Amount
06/03/2014	1	0761	NON-STRESS TEST	H18904	562.00
06/03/2014	1	0306	KOH	40600215	88.00
06/03/2014	1	0306	SMEAR PRIM SRC W/INT WET MOUNT	40157752	60.00
06/03/2014	1	0300	LAB URINALYSIS	40360158	47.00
				Total	757.00

Revenue Code Summary

Qty	Rev Code	Description		Amount
1	0300	LABORATORY - GENERAL		47.00
2	0306	LABORATORY - BACTERIOLOGY AND MICROBIOLOGY		148.00
1	0761	TREATMENT ROOM		562.00
			Total	757.00

Payments

Post Date	Description		Amount
07/07/2014	INSURANCE PAYMENT (INSURANCE)		-106.83
		Total	-106.83

Adjustments

Post Date	Description		Amount
07/07/2014	CONTRACTUAL ADJUSTMENT (INSURANCE)		-650.17
		Total	-650.17

Patient: NGUYEN,LOAN THI KIM
MRN: 1001885381
Hospital Account Number: 65052748

Guarantor Account Number: 4978612
Financial Class: MEDICAID OTH
Primary Payor: COORDINATED CARE MEDI 3411
Primary Plan: MEDICAID-COORDINATE 341101
Patient Type: Ambulatory
Location: SWEDISH EDMONDS

NGUYEN,LOAN THI KIM
20801 49TH AVE W
LYNNWOOD WA 98036

Admission Date: 06/07/2014
Discharge Date: 06/07/2014
Print Date: 09/29/2016

This is not a bill. This is an itemization of your hospital services.

Charges

Service Date	Qty	Rev Code	Description	Procedure Code	Amount
06/07/2014	1	0402	US OB LTD 1 OR MORE GEST	H13241	213.00
06/07/2014	1	0761	NON-STRESS TEST	H18904	562.00
06/07/2014	1	0300	LAB URINALYSIS	40360158	47.00
				Total	822.00

Revenue Code Summary

Qty	Rev Code	Description		Amount
1	0300	LABORATORY - GENERAL		47.00
1	0402	OTHER IMAGING SERVICES - ULTRASOUND		213.00
1	0761	TREATMENT ROOM		562.00
			Total	822.00

Payments

Post Date	Description		Amount
07/07/2014	INSURANCE PAYMENT (INSURANCE)		-220.33
		Total	-220.33

Adjustments

Post Date	Description		Amount
07/07/2014	CONTRACTUAL ADJUSTMENT (INSURANCE)		-601.67
		Total	-601.67

Patient: NGUYEN,LOAN THI KIM
MRN: 1001885381
Hospital Account Number: 65055117

Guarantor Account Number: 4978612
Financial Class: MEDICAID OTH
Primary Payor: COORDINATED CARE MEDI 3411
Primary Plan: MEDICAID-COORDINATE 341101
Patient Type: Inpatient
Location: SWEDISH EDMONDS

NGUYEN,LOAN THI KIM
20801 49TH AVE W
LYNNWOOD WA 98036

Admission Date: 06/09/2014
Discharge Date: 06/11/2014
Print Date: 09/29/2016

This is not a bill. This is an itemization of your hospital services.

Charges

Service Date	Qty	Rev Code	Description	Procedure Code	Amount
06/09/2014	1	0250	MISOPROSTOL 25 MCG CAP 1 EACH DOSE-PACK	H20195	2.35
06/09/2014	1	0250	MISOPROSTOL 25 MCG CAP 1 EACH DOSE-PACK	H20195	2.35
06/09/2014	1	0250	FENTANYL (PF) 50 MCG/ML SOLN 2 ML VIAL	H20194	6.65
06/09/2014	1	0302	BLOOD TYPING ABO	40200040	74.00
06/09/2014	1	0300	LAB VENIPUNCTURE	40700015	55.00
06/09/2014	1	0302	ANTIBODY SCREEN	40200081	148.00
06/09/2014	1	0302	BLOOD TYPING RH	40200065	74.00
06/09/2014	1	0300	LAB URINALYSIS	40360158	47.00
06/09/2014	1	0305	CBC WITH DIFF	40100018	92.00
06/09/2014	1	0272	CATH BLN CERVICAL RIPENING	S64238	329.00
06/09/2014	1	0721	CERVICAL RIPENING, EACH OCCURENCE	H19397	1,028.00
06/09/2014	35	0721	LABOR LEVEL 2 - HIGH RISK P/HR	H23140	14,735.00
06/09/2014	2	0721	CERVICAL RIPEN EACH ADDTL	H23097	2,056.00
06/10/2014	1	0250	IBUPROFEN 600 MG TAB 100 EACH BLIST PACK	H20195	2.35
06/10/2014	3	0250	OXYTOCIN 30 UNIT/500 ML SOLN 500 ML BAG	H20194	61.65
06/10/2014	1	0250	LIDOCAINE (PF) 10 MG/ML (1 %) SOLN 30 ML VIAL	H20186	14.45
06/10/2014	2	0250	DOCUSATE 100 MG CAP 100 EACH BLIST PACK	H20195	2.35
06/10/2014	2	0250	HYDROCODONE-ACETAMINOPHEN 5-325 MG TAB 100 EACH	H20186	6.05
06/10/2014	1	0121	Perinatal Care	H3103	1,920.00
06/10/2014	1	0722	OB RECOVERY 1ST HOUR	H23100	487.00
06/10/2014	1	0722	OB RECOVERY EA ADDL HOUR	H23101	236.00
06/10/2014	1	0720	EPISIOTOMY OR VAGINAL REPAIREPISIOTOMY OR VAGIN	H23105	429.00
06/10/2014	1	0722	SURG EPISIOTOMY OR VAGINAL REPAIR	H23111	1,471.00
06/10/2014	1	0370	OB LOCAL PUDENDAL	H23141	577.00
06/11/2014	2	0250	HYDROCODONE-ACETAMINOPHEN 5-325 MG TAB 100 EACH	H20186	6.05
06/11/2014	1	0250	IBUPROFEN 600 MG TAB 100 EACH BLIST PACK	H20195	2.35
06/11/2014	2	0250	HYDROCODONE-ACETAMINOPHEN 5-325 MG TAB 100 EACH	H20186	6.05
06/11/2014	2	0250	DOCUSATE 100 MG CAP 100 EACH BLIST PACK	H20195	2.35
06/11/2014	2	0250	HYDROCODONE-ACETAMINOPHEN 5-325 MG TAB 100 EACH	H20186	6.05
06/11/2014	1	0250	IBUPROFEN 600 MG TAB 100 EACH BLIST PACK	H20195	2.35
				Total	23,881.40

Revenue Code Summary

Patient: NGUYEN,LOAN THI KIM
MRN: 1001885381
Hospital Account Number: 65055117

Qty	Rev Code	Description		Amount
1	0121	R&B - SEMIPRIVATE (TWO-BEDS) (MEDICAL OR GENERA		1,920.00
22	0250	PHARMACY - GENERAL		123.40
1	0272	MEDICAL/SURGICAL SUPPLIES AND DEVICES - STERILE		329.00
2	0300	LABORATORY - GENERAL		102.00
3	0302	LABORATORY - IMMUNOLOGY		296.00
1	0305	LABORATORY - HEMATOLOGY		92.00
1	0370	ANESTHESIA - GENERAL		577.00
1	0720	LABOR ROOM/DELIVERY - GENERAL		429.00
38	0721	LABOR ROOM/DELIVERY - LABOR		17,819.00
3	0722	LABOR ROOM/DELIVERY - DELIVERY		2,194.00
			Total	23,881.40

Payments

Post Date	Description		Amount
07/07/2014	INSURANCE PAYMENT (INSURANCE)		-3,089.45
11/14/2014	INSURANCE PAYMENT (INSURANCE)		3,089.45
11/14/2014	INSURANCE PAYMENT (INSURANCE)		0.00
03/12/2015	INSURANCE PAYMENT (INSURANCE)		-3,089.45
		Total	-3,089.45

Adjustments

Post Date	Description		Amount
03/12/2015	CONTRACTUAL ADJUSTMENT (INSURANCE)		-20,791.95
		Total	-20,791.95

JS&L
JAMES, SANDERSON & LOWERS
♦ A Professional Record Retrieval Company ♦

307 29th STREET NE, STE 101
PUYALLUP, WA 98372-6718
PHONE: 253-445-3400
FAX: 253-445-4425
EMAIL: RECORDS@JSANDL.COM
UPLOAD: JSANDL.COM/UPLOAD-RECORDS

RECORDS OF: **Nguyen, Loan**

RECORDS FROM: **Swedish Medical Center**
Centralized Processing

CASE NAME: **Nguyen v. Hohensinner**

CASE NUMBER: **16-2-03475-4**

FILE/CLAIM NUMBER: **0326606381.1 JTH**

ATTORNEY: **Sarah Johnson**
Allstate Staff Counsel
901 Fifth Ave Ste 2250
Seattle, WA 98164

ADJUSTER: **Tyler Hannum**
Allstate Insurance Co.

RECORDS REQUESTED: **Records only May 14, 2009 to present**

#EC 1CDC deb.oh@allstate.com 1CDAdj OCR

Health Information Management
Release of Information
747 Broadway
Seattle, WA 98122-4307
Telephone: 206-320-3850
Fax: 206-320-2626

DECLARATION OF CUSTODIAN OF RECORDS

Patient: Loan Nguyen DOB: 07/15/1988

X As of the date of this declaration, I have to the best of my knowledge, provided a true copy of all records of the above-named individual, which were kept and maintained by the facility in the regular course of business.

_____ As of the date of this declaration, no records are in our possession of the above-mentioned individual

Pursuant to RCW 9A.72.085, I hereby certify or declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

Authorized Custodian Signature Natalya Kocharova
Printed Name

Dated at Seattle, WA this 17th day of October, 2016

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Patient Demographics

Name	Patient ID	SSN	Sex	Birth Date
Nguyen, Loan Thi Kim	1001885381	xxx-xx-4229	Female	07/15/88 (25 yrs)

Address	Phone	EMail	Employer
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (H)		

Reg Status	PCP	Date Last Verified	Next Review Date
Verified	Bly, Eleanor Grace, MD425-789-2000	05/13/14	01/15/15

Admission Date	Discharge Date	Admitting Provider
05/14/14	05/14/14	Rogers, Catherine A, MD

Marital Status	Religion
Single	None

Emergency Contact 1	Emergency Contact 2
Vu Phan (SO) 206-229-1797 (H)	Per Pt None (NONE) 000-000-0000 (H)

Insurance as of 5/14/2014

Payor	Plan	Group	Member	Effective Dates
AUTO INS OTHER	AUTO INS OTHER [329001]		A101266328	-
Subscriber: NGUYEN,LOAN THI KIM [A101266328] Guarantor: NGUYEN,LOAN THI KIM				
COORDINATED CARE MEDICAID	MEDICAID-COORDINATED CARE-APPLE HLTH-HEALTHY OPT HMO [341101]		00083112201	12/1/2013 -
Subscriber: NGUYEN,LOAN THI KIM [00083112201] Guarantor: NGUYEN,LOAN THI KIM				

Patient Ethnicity & Race

Ethnic Group	Patient Race
Non-Hispanic or Latino	Asian

Admission Information

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
Rogers, Catherine A, MD	Rogers, Catherine A, MD	Elective	05/14/14 1555
Discharge Date/Time	**Hospital Service**	**Auth/Cert Status**	**Service Area**
05/14/14 1938	OB/Gyn	Complete	SWEDISH MEDICAL CENTER

Unit	Room/Bed	Admission Status
E 7 WEST	701/701-1	Discharged (Confirmed)

Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	05/14/2014 3:55 PM	Admit Date/Time:	05/14/2014 3:55 PM	IP Adm. Date/Time:	None

FIRST HILL
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NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Admission Information - Hospital Account/Patient Record (continued)

Admission Type:	Elective	Point of Origin	Physician Referral (Non-health Care Facility Point Of Origin)	Admit Category:	None
Means of Arrival:	None	Primary Service:	Ob/gyn	Secondary Service:	None
Transfer Source	None	Service Area:	Swedish Medical Center	Unit:	E 7 West
Admit Provider:	Rogers, Catherine A, MD	Attending Provider:	Rogers, Catherine A, MD	Referring Provider:	None

Diagnosis Information

Primary Visit Diagnosis: None found
Principal Problem: None found

Visit Diagnoses	Problem List	ADT Coded Diagnoses	ADT Free Text Diagnoses
None found	Supervision of normal intrauterine pregnancy in multigravida [V22.1 (ICD-9-CM)]		Post MVA observation

Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/14/2014 7:38 PM	*Home/self Care (Routine Discharge)	Home	Rogers, Catherine A, MD	E 7 West

Reviewed On: **5/14/2014** By: **Maestri, Laurel, RN**

Allergies as of 5/14/2014

No Known Allergies

Current Immunizations Reviewed on 6/10/2014

Name	Date	Dose	VIS Date	Route	Exp Date
FLU VACCINE SPLIT, PRESERV FREE, 6-35 MO	11/1/2013				
Documented By: Morrison, Jennifer T, RN					
External: Patient reported					
TDAP	4/1/2014				
Documented By: Morrison, Jennifer T, RN					
External: Patient reported					

Hospital Problems Date Reviewed: **6/3/2014**

	Codes	Priority	Class	Noted - Resolved	POA
Supervision of normal intrauterine pregnancy in multigravida	ICD-10-CM: Z34.90 ICD-9-CM: V22.1			5/14/2014 - Present	

Problem List Date Reviewed: **6/3/2014**

	Codes	Priority	Class	Noted - Resolved
Pelvic pain in pregnancy, antepartum, third trimester	ICD-10-CM: O26.893, R10.2 ICD-9-CM: 646.83, 625.9			6/3/2014 - Present

FIRST HILL
747 Broadway
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NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Problem List (continued) Date Reviewed: **6/3/2014**

Social History

Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 5/14/2014	Never Smoker	Provider		0.0	0.0				Never Used	

Alcohol Use	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
as of 5/14/2014	No	Provider			

Drug Use	Drug Use	Source	Types	Frequency	Comments
as of 5/14/2014	No	Provider		0.00	

Sexual Activity	Sexually Active	Source	Birth Control	Partners	Comments
as of 5/14/2014	Yes	Provider	None	Male	

Social ADL	ADL Question	Response	Comments	Source
as of 5/14/2014	**None**			

Social Doc **None**
as of 5/14/2014

Occupational **None**
as of 5/14/2014

Socioeconomic	Marital Status	Spouse Name	Num of Children	Years Education	Source
as of 5/14/2014	Single				
	Preferred Language	Ethnicity	Race		
	English	Non-Hispanic or Latino	Asian		

ED Records

ED Arrival Information

Patient not seen in ED

Diagnosis

None

ED Disposition

None

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

IP-AVS

Visit Information

	Provider	Department
5/14/2014	Catherine A Rogers, MD	E 7 West

Current Discharge Medication List

CONTINUE these medications which have NOT CHANGED

Medication	AM	Noon	PM	Bedtime
prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab Take 1 Tab by mouth every day.	[ ]	[ ]	[ ]	[ ]

If you use tobacco or have used tobacco in the past twelve months, it is critical for you to stop NOW. Your life AND the lives of your family and children are shortened by YOUR smoking through direct and second-hand smoke.

For help in quitting, review the Smoking Cessation Information Brochure, and call or visit the Washington State Quit Line at 1-877-270-7867 (STOP), <http://www.quitline.com/> .

Your loved ones will thank you.

SWEDISH MEDICAL CENTER

Home Care Instructions: Pregnancy -- Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: Light activity at home.

Call your health care provider:

- If your bag of water breaks (leaking fluid from your vagina).
- Uterine activity: Full Term Pregnancy -- when contractions are regular and too painful to talk through.
- For vaginal bleeding: Full Term Pregnancy -- a small amount of bloody mucus-like show is normal in early labor if you are full term.
- Decreased movements of your baby (less than twenty movements in a twelve hour period, or less than ten movements in two hours at night).
- Persistent headache.
- Blurred or spotted vision.
- Sudden increase in your weight, or swelling of your hands and face.
- Any concerns.

Daily Fetal Movement Count

Changes in fetal movement may reflect changes in fetal well-being. By paying attention to the number of times your baby moves daily, you will get to know your baby's normal pattern of movements and recognize any significant changes. Each baby tends to have its own pattern of activity, and some are more active than others. Counting your baby's movement is easy to perform, non- invasive, and will provide significant information to your physician on the well-being of your baby. The idea is to be sure he or she is moving around enough.

Your physician may start to recommend you begin counting movements around the 7th month of your pregnancy (about 28 weeks of gestation)

Instructions on counting your baby's movements:

1. Choose a time when your feel your baby is most active. Sit down or lie on your side preferably in a quiet room so you won't get distracted.

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

IP-AVS (continued)

2. Write down the time you start counting. Keeping a record will help you keep track of your baby's normal pattern of movements.

3. Count until you have felt 10 distinct movements – kicks, twists, rolls, flutters, twitches and turns all count. Hiccups should not be counted as movements.

4. Write down on your chart the time you feel the 10th movement. Ideally, you want to feel 10 movements within 2 hours. Discontinue counting for the day when you feel 10 movements within 2 hours

CALL your health care provider **IMMEDIATELY if**

- You feel **less** than 10 movements in 2 hours
- You have felt **NO** baby's movement in 2 hours
- You feel a decrease in baby's movements when compared to your baby's usual movement pattern.

NEVER wait overnight if there is absence of baby's movement. It is rare for a healthy baby to have fewer than 10 kicks over two hours at times when the fetus is usually active, and you are focused upon counting.

There are several different ways to monitor fetal movement. If you have already learned another method from your health care provider, continue that method and consider this information supplemental.

BABY'S MOVEMENT CHART

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 2							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 3							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 4							
START							
STOP							
# Minutes/ Hrs to							

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

IP-AVS (continued)

get 10 kicks or moves							
WEEK 5							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 7							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Keep scheduled apts

SWEDISH

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

OR Case Log

Progress Notes

Progress Notes by Johnson, Taryn, RN at 05/14/14 1608

Author: Johnson, Taryn, RN | Service: (none) | Author Type: Registered Nurse
Filed: 05/14/14 1804 | Note Time: 05/14/14 1608 | Status: Signed
Editor: Johnson, Taryn, RN (Registered Nurse)

1600: Patient is a 25 y/o G2P1 at 36wk6d GA here following a MVC at 1030. Saw here OB at the CHC following the accident and was told to come to the birth Center for Monitoring. States she was rearended while stopped at a red light. She was wearing her seat belt but states she did hit her upper abdomen on the steering wheel. She had not started having cramps and back pain until the last hour rated 5/10 and 7/10 respectively. UA obtained and patient placed on monitors. Discussed plan of care with patient and boyfriend. 1620: Dr. Rogers given report on patient, continue to monitor, patient may eat and orally hydrate. Updated Dr. Rogers, patient contracting 2-5 min, breathing through contractions. V.O obtained for cervical exam. 1730 Dr Rogers updated on patient and cervical exam FT/40 /-3, VO for tylenol and monitor x1 hour more. Discussed plan of care with patient and she agrees.

Progress Notes by Maestri, Laurel, RN at 05/14/14 1931

Author: Maestri, Laurel, RN | Service: (none) | Author Type: Registered Nurse
Filed: 05/14/14 1932 | Note Time: 05/14/14 1931 | Status: Signed
Editor: Maestri, Laurel, RN (Registered Nurse)

Ambulating off the floor. No signs of distress

Progress Notes by Maestri, Laurel, RN at 05/14/14 1925

Author: Maestri, Laurel, RN | Service: (none) | Author Type: Registered Nurse
Filed: 05/14/14 1932 | Note Time: 05/14/14 1925 | Status: Signed
Editor: Maestri, Laurel, RN (Registered Nurse)

Discharge instructions given. Verbalized understanding

Progress Notes by Rogers, Catherine A, MD at 05/14/14 2012

Author: Rogers, Catherine A, MD | Service: (none) | Author Type: Physician
Filed: 05/14/14 2131 | Note Time: 05/14/14 2012 | Status: Signed
Editor: Rogers, Catherine A, MD (Physician)

SWC Triage Note

Loan Thi Kim Nguyen

Age/Gender	**25 y.o. female**	Attending	**Rogers, Catherine A, MD**
MRN	**1001885381**	Performing	**Catherine A Rogers**
Location	**EDMONDS 7 WEST**	PCP	**Bly, Eleanor Grace**
Hosp Day #	**1**		

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Progress Notes (continued)

Progress Notes by Rogers, Catherine A, MD at 05/14/14 2012 (continued)

There are no active problems to display for this patient.

Date/Time 5/14/201420:12
Triage Visit: Rule Out pre-term labor
Vital Sign:
Filed Vitals:

	05/14/14 1603	05/14/14 1700	05/14/14 1930
BP:	104/61		110/62
Temp:	36.8 °C (98.2 °F)		
Resp:	18		18
Height:		157.5 cm (5' 2")	
Weight:		59.421 kg (131 lb)	
SpO2:	98%		

Estimated Date of Delivery: 6/5/14
Gestational Age: 36w6d

Subjective

25yo G2P1 at 36w6d s/p mva at 1030 this am, seen at CHC and sent for eval at BC, however did not arrive until 1630. Pt with cramps, and contractions, no bleeding, no fluid. Reported plenty of fetal movement. Pt observed over 3 hrs with diminished contractions and requesting discharge to home.

Obstetric History

G2	P1	T1	P0	A0	TAB0	SAB0	E0	M0	L1

Prenatal care at CHC Lynnwood

History reviewed. No pertinent past medical history.

Past Surgical History

Procedure	Laterality	Date
• Knee surgery	Right	2011

No Known Allergies

Objective

Cervical Exam: Dilatation ft cm, Effacement 40% and Station Floating
Contractions: q 3-5 minutes, Then tapered to occasional >10minutes
Intensity Mild
Membrane Status Intact

Fetal Assessment

FHR: Baseline rate 130bpm
Variability: Moderate
Accelerations: Present
Decels: none

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Progress Notes (continued)

Progress Notes by Rogers, Catherine A, MD at 05/14/14 2012 (continued)

Assessment:
preterm contractions without labor resolved
Reassuring fetal status reactive NST
There is no problem list on file for this patient.

Plan:
Reviewed labor precautions and following fetal movemnt criteria
Follow up with OB provider as scheduled

Catherine A Rogers, MD
20:12; 5/14/2014

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All Orders (05/14/14 - 05/14/14)

URINALYSIS DIPSTICK POCT [154160114]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD
Discontinued by: Epic, Batchjobs 05/15/14 0827 [Patient Discharge]
Comments:
Urine dip for protein if protein 1+ or greater, send clean catch UA, C&S if indicated

CALL MD/PROVIDER after evaluation as indicated [154160115]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD
Discontinued by: Epic, Batchjobs 05/15/14 0827 [Patient Discharge]
Comments:
- Non related labor issue - Non reactive NST - FHR baseline rate less than 110 or greater than 160, absence or minimal variability, presence of decelerations, or absence of accelerations. - Blood pressure greater than or equal to 140/90 - Pulse 120 or greater - Temperature 100.0 or greater - Vaginal bleeding more than bloody show - Acute abdominal pain - Preterm labor

VAGINAL EXAM FOR CERVICAL DILATION,IF NO CONTRAINDICATION(S) [154160116]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD
Discontinued by: Epic, Batchjobs 05/15/14 0827 [Patient Discharge]
Comments:
If no contraindication(s). Placenta, previa, moderate vaginal bleeding, rule out ROM and not in labor.

NST [154160117]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD
Discontinued by: Epic, Batchjobs 05/15/14 0827 [Patient Discharge]

acetaminophen (aka TYLENOL) tablet 325-650 mg [154160118]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD
Discontinued by: Epic, Batchjobs 05/15/14 0827 [End of Encounter]

ADMIT TO HOSPITAL (AMBULATORY PATIENT) [154160108]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Completed**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD

FULL CODE/ FULL RESUSCITATION [154160109]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Discontinued**

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All Orders (05/14/14 - 05/14/14) (continued)

FULL CODE/ FULL RESUSCITATION [154160109] (continued)

Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD
Discontinued by: Epic, Batchjobs 05/15/14 0827 [Patient Discharge]

DIET CLEAR LIQUID [154160110]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD
Discontinued by: Epic, Batchjobs 05/15/14 0827 [Patient Discharge]

Fetal Assessment [154160111]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD
Discontinued by: Epic, Batchjobs 05/15/14 0827 [Patient Discharge]
Comments:
- EFM for 24 weeks or greater. - Dopplers for less than 24 weeks.

Vital Signs on admission [154160112]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD
Discontinued by: Epic, Batchjobs 05/15/14 0827 [Patient Discharge]
Comments:
Vital signs upon admission, repeat as patient condition warrants.

Verify HIV result from prenatal labs. [154160113]

Electronically signed by: **Rogers, Catherine A, MD on 05/14/14 2132** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 05/14/14 1748 Ordering provider: Rogers, Catherine A, MD
Discontinued by: Epic, Batchjobs 05/15/14 0827 [Patient Discharge]
Comments:
If unknown draw HIV rapid profile.

prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab [154165438]

Electronically signed by: **Johnson, Taryn, RN on 05/14/14 1651** Status: **Active**
Ordering user: Johnson, Taryn, RN 05/14/14 1651

URINALYSIS DIPSTICK POCT [154152478]

Electronically signed by: **Intf, Pamllabin on 05/14/14 1634** Status: **Completed**
Ordering user: Intf, Pamllabin 05/14/14 1634 Ordering provider: Rogers, Catherine A, MD

SCAN EXTERNAL OB STORK PRENATAL LAB RESULTS [154153417]

Electronically signed by: **Johnson, Taryn, RN on 05/14/14 1632** Status: **Completed**
Ordering user: Johnson, Taryn, RN 05/14/14 1632

All Orders (05/14/14 - 05/14/14) (continued)

SCAN EXTERNAL OB STORK PRENATAL LAB RESULTS [154153417] (continued)

Comments

This external order was created through the Results Console.

Best Practice Advisory-HIV Consent

Click to view BestPractice Advisory history

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Lab Results (11/15/13 - 05/14/14)

SCAN EXTERNAL OB STORK PRENATAL LAB RESULTS [154153417] Resulted: 11/15/13 0000, Result status: Final result

Components

	Value	Reference Range	Flag	Lab
ABO	O			
RH	Pos			
RUBELLA IGG IU/ML	immune			
HEP B SURF AG	Neg			
HIV-1/2	Neg			

URINALYSIS DIPSTICK POCT [154152479] (Abnormal) Resulted: 05/14/14 1625, Result status: Final result

Ordering provider: Rogers, Catherine A, MD 05/14/14 1634 Resulting lab: SWEDISH LABORATORY SERVICES EDMONDS

Specimen information

Type	Source	Collected On
		05/14/14 1634

Components

	Value	Reference Range	Flag	Lab
COLOR (UA) POCT	Yellow			1249
APPEARANCE (UA) POCT	Cloudy		A	1249
GLUCOSE (UA) POCT	Negative	Negative mg/dL		1249
BILIRUBIN (UA) POCT	Negative	Negative		1249
KETONES (UA) POCT	15	Negative	A	1249
SPECIFIC GRAVITY (UA) POCT	1.020	1.000 - 1.035		1249
BLOOD (UA) POCT	Negative	Negative		1249
PH (UA) POCT	7.0	5.0 - 9.0		1249
PROTEIN (UA) POCT	Negative	Negative mg/dL		1249
UROBILINOGEN (UA) POCT	1.0	0.2 - 1.0 EU/dL		1249
NITRITE (UA) POCT	Negative	Negative		1249
LEUKOCYTE ESTERASE (UA) POCT	Small	Negative	A	1249

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1249 - Unknown	SWEDISH LABORATORY SERVICES EDMONDS	Unknown	21601 76TH Ave W Edmonds WA 98026	04/11/14 1145 - 10/20/14 0958

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Radiology Reports

Radiology Results

No matching results found

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Medication Administration Record

acetaminophen (aka TYLENOL) tablet 325-650 mg [154160118]

Status: Discontinued (Past End Date/Time), Reason: End of Encounter

Ordering Provider: Rogers, Catherine A, MD
Ordered On: 05/14/14 1748
Dose (Remaining/Total) 325-650 mg (-/-)
Route: Oral
Admin Instructions: Do not exceed the following amount of acetaminophen from all sources in 24 hours:
Under 45kgs - 90mg/kg/day
45kgs and over - 4 grams/day

Starts/Ends: 05/14/14 1748 - 05/15/14 0827
Frequency: Q4H PRN
Rate/Duration: - / -
Comments:

Administration	Status	Dose	Route	Site	Given by
05/14/14 1800	Given	650 mg	Oral		Johnson, Taryn, RN

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Care Plan Event Log

** None **

Multi-Disciplinary Problems (Active)

Care Plans

There are no active problems.

Multi-Disciplinary Problems (Resolved)

There are no resolved problems.

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Patient Education

Education

No education to display

Education Notes

No notes present for this patient.

All Flowsheet Data (05/14/14 0000--05/14/14 2359)

Labor

	05/14/14 1930	05/14/14 1920	05/14/14 1900	05/14/14 1800	05/14/14 1730
Height and Weight					
Height					157.5 cm (5' 2") -TJ
Weight					59.421 kg (131 lb) -TJ
Pre-pregnancy Weight					44.453 kg (98 lb) -TJ
Vital Signs					
BP	110/62 mmHg -LM				
Heart Rate	95 -LM				
Resp	18 -LM				
Pain Management					
Acetaminophen Tablet				650 mg -TJ (r) 154180118 (o)	
Fetal Heart Rate					
Mode			External US -LM	External US -TJ	External US -TJ
FHR Category			Category I -LM		
Baseline Rate			130 bpm -LM	125 bpm -TJ	130 bpm -TJ
Variability			6-25 BPM -LM	6-25 BPM -TJ	6-25 BPM -TJ
Pattern			A -LM	A -TJ	A -TJ
Intermittent Auscultation			No -LM	No -TJ	No -TJ
Multiple birth?			No -LM	No -TJ	No -TJ
Uterine Activity					
Mode			Toco -LM	Toco -TJ	Toco -TJ
Contraction Frequency			6-7 -LM	3-5 -TJ	2-5 -TJ
Contraction Duration			60-80 -LM	40-90 -TJ	40-90 -TJ
Contraction Quality			Moderate -LM	Moderate -TJ	Moderate -TJ
Resting Tone Palpated			Soft -LM	Soft -TJ	Soft -TJ
Tachysystole			No -LM	No -TJ	No -TJ
Membranes					
*Memb Status				Intact -TJ	Intact -TJ
Cervical Exam					
*Dilation					5 -TJ
*Effacement (%)					40 -TJ

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All Flowsheet Data (05/14/14 0000--05/14/14 2359) (continued)

Labor (continued)

	05/14/14 1930	05/14/14 1920	05/14/14 1900	05/14/14 1800	05/14/14 1700
Cervical Characteristics					Mid-position -TJ
Presentation					Vertex -TJ
Cervical Consistency					Soft -TJ
Method					Manual -TJ
*Exam by					TJohnson, RN -TJ
MD/Provider Notification					
How Attempted?		Present -LM			
Time of Conversation/Action		1920 -LM			
MD/Provider Name		Dr.Rogers -LM			

	05/14/14 1608
Vital Signs	
BP	104/61 mmHg -TJ
BP Cuff Location	Left upper arm -TJ
Patient Position	High-Fowlers -TJ
Heart Rate	91 -TJ
Resp	18 -TJ
Temp	36.8 °C (98.2 °F) -TJ
Temp Source	Oral -TJ
SpO2	98 % -TJ
Pain Assessment	
Pain Level, Self-Report	5 -TJ
Sedation Level	3 -TJ
Resp Rate	18 Breaths/Min -TJ
Pain Management	
Non Drug Therapies	Heat -TJ

Smoking Cessation Screen

	05/14/14 1650
Smoking Cessation Screen	
Has pt used tobacco in the last 12 months ?	No -TJ

Reason for Hospital Stay Screen

	05/14/14 1627
Reason for Hospital Stay	

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All Flowsheet Data (05/14/14 0000--05/14/14 2359) (continued)

Reason for Hospital Stay Screen (continued)

	05/14/14 1627
Reason	MVC at 1030 -TJ
Information Source	Patient -TJ

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

User Key

Initials	Name	Effective Dates
TJ	Johnson, Taryn, RN	02/03/14 -
LM	Maestri, Laurel, RN	02/03/14 - 03/20/16

END OF REPORT

FIRST HILL
747 Broadway
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Patient Demographics

Name	Patient ID	SSN	Sex	Birth Date
Nguyen, Loan Thi Kim	1001885381	xxx-xx-4229	Female	07/15/88 (25 yrs)

Address	Phone	EMail	Employer
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (H)		

Reg Status	PCP	Date Last Verified	Next Review Date
Verified	Bly, Eleanor Grace, MD425-789-2000	05/13/14	01/15/15

Admission Date	Discharge Date	Admitting Provider
05/16/14	05/16/14	Moe, Martha, MD

Marital Status	Religion
Single	None

Emergency Contact 1	Emergency Contact 2
Vu Phan (SO) 206-229-1797 (H)	Per Pt None (NONE) 000-000-0000 (H)

Insurance as of 5/16/2014

Payor	Plan	Group	Member	Effective Dates
AUTO INS OTHER	AUTO INS OTHER [329001]		A101266328	-
Subscriber: NGUYEN,LOAN THI KIM [A101266328]				
Guarantor : NGUYEN,LOAN THI KIM				
COORDINATED CARE MEDICAID	MEDICAID-COORDINATED CARE-APPLE HLTH-HEALTHY OPT HMO [341101]		00083112201	12/1/2013 -
Subscriber: NGUYEN,LOAN THI KIM [00083112201]				
Guarantor : NGUYEN,LOAN THI KIM				

Patient Ethnicity & Race

Ethnic Group	Patient Race
Non-Hispanic or Latino	Asian

Admission Information

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
Moe, Martha, MD	Moe, Martha, MD	Elective	05/16/14 1518
Discharge Date/Time	**Hospital Service**	**Auth/Cert Status**	**Service Area**
05/16/14 1633	OB/Gyn	Complete	SWEDISH MEDICAL CENTER

Unit	Room/Bed	Admission Status
E 7 WEST	715/715-2	Discharged (Confirmed)

Admission Information - Hospital Account/Patient Record

Arrival Date/Time: 05/16/2014 3:18 Admit Date/Time: 05/16/2014 3:18 IP Adm. None

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Admission Information - Hospital Account/Patient Record (continued)

	PM		PM	Date/Time:	
Admission Type:	Elective	Point of Origin:	Physician Referral (Non-health Care Facility Point Of Origin)	Admit Category:	None
Means of Arrival:	None	Primary Service:	Ob/gyn	Secondary Service:	None
Transfer Source:	None	Service Area:	Swedish Medical Center	Unit:	E 7 West
Admit Provider:	Moe, Martha, MD	Attending Provider:	Moe, Martha, MD	Referring Provider:	None

Diagnosis Information

Primary Visit Diagnosis: None found
Principal Problem: None found

Visit Diagnoses	Problem List	ADT Coded Diagnoses	ADT Free Text Diagnoses
None found	None found		r/o srom

Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/16/2014 4:33 PM	*Home/self Care (Routine Discharge)	Home	Moe, Martha, MD	E 7 West

Reviewed On: **5/16/2014** By **Burson, Wendy Lea, RN**

Allergies as of 5/16/2014

No Known Allergies

Current Immunizations Reviewed on 6/10/2014

Name	Date	Dose	VIS Date	Route	Exp Date
FLU VACCINE SPLIT, PRESERV FREE, 6-35 MO	11/1/2013				
Documented By: Morrison, Jennifer T, RN					
External: Patient reported					
TDAP	4/1/2014				
Documented By: Morrison, Jennifer T, RN					
External: Patient reported					

Hospital Problems Date Reviewed: **6/3/2014**

None

Problem List Date Reviewed: **6/3/2014**

	Codes	Priority	Class	Noted - Resolved
Pelvic pain in pregnancy, antepartum, third trimester	ICD-10-CM: O26.893, R10.2 ICD-9-CM: 646.83, 625.9			6/3/2014 - Present
Supervision of normal intrauterine pregnancy in multigravida	ICD-10-CM: Z34.90 ICD-9-CM: V22.1			5/14/2014 - Present

Social History

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Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 5/16/2014	Never Smoker	Provider		0.0	0.0				Never Used	

Alcohol Use	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
as of 5/16/2014	No	Provider			

Drug Use	Drug Use	Source	Types	Frequency	Comments
as of 5/16/2014	No	Provider		0.00	

Sexual Activity	Sexually Active	Source	Birth Control	Partners	Comments
as of 5/16/2014	Yes	Provider	None	Male	

Social ADL	ADL Question	Response	Comments	Source
as of 5/16/2014	**None**			

Social Doc as of 5/16/2014 **None**

Occupational as of 5/16/2014 **None**

Socioeconomic	Marital Status	Spouse Name	Num of Children	Years Education	Source
as of 5/16/2014	Single				
	Preferred Language	Ethnicity	Race		
	English	Non-Hispanic or Latino	Asian		

ED Records

ED Arrival Information

Patient not seen in ED

Diagnosis

None

ED Disposition

None

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IP-AVS

Visit Information

	Provider	Department
5/16/2014	Martha C Moe, MD	E 7 West

Current Discharge Medication List

CONTINUE these medications which have NOT CHANGED

Medication	AM	Noon	PM	Bedtime
prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab Take 1 Tab by mouth every day.	[ ]	[ ]	[ ]	[ ]

If you use tobacco or have used tobacco in the past twelve months, it is critical for you to stop NOW. Your life AND the lives of your family and children are shortened by YOUR smoking through direct and second-hand smoke.

For help in quitting, review the Smoking Cessation Information Brochure, and call or visit the Washington State Quit Line at 1-877-270-7867 (STOP), <http://www.quitline.com/> .

Your loved ones will thank you.

SWEDISH MEDICAL CENTER

Home Care Instructions: Pregnancy -- Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: No restriction, no limitations.

Call your health care provider:
- If your bag of water breaks (leaking fluid from your vagina).
- Uterine activity: Full Term Pregnancy -- when contractions are regular and too painful to talk through.
- For vaginal bleeding: Full Term Pregnancy -- a small amount of bloody mucus-like show is normal in early labor if you are full term.
- Decreased movements of your baby (less than twenty movements in a twelve hour period, or less than ten movements in two hours at night).
- Persistent headache.
- Blurred or spotted vision.
- Sudden increase in your weight, or swelling of your hands and face.
- Any concerns.

Daily Fetal Movement Count

Changes in fetal movement may reflect changes in fetal well-being. By paying attention to the number of times your baby moves daily, you will get to know your baby's normal pattern of movements and recognize any significant changes. Each baby tends to have its own pattern of activity, and some are more active than others. Counting your baby's movement is easy to perform, non- invasive, and will provide significant information to your physician on the well-being of your baby. The idea is to be sure he or she is moving around enough.

Your physician may start to recommend you begin counting movements around the 7th month of your pregnancy (about 28 weeks of gestation)

Instructions on counting your baby's movements:

1. Choose a time when your feel your baby is most active. Sit down or lie on your side preferably in a quiet room so you won't get distracted.

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IP-AVS (continued)

2. Write down the time you start counting. Keeping a record will help you keep track of your baby's normal pattern of movements.

3. Count until you have felt 10 distinct movements – kicks, twists, rolls, flutters, twitches and turns all count. Hiccups should not be counted as movements.

4. Write down on your chart the time you feel the 10th movement. Ideally, you want to feel 10 movements within 2 hours. Discontinue counting for the day when you feel 10 movements within 2 hours

CALL your health care provider **IMMEDIATELY if**

- You feel **less** than 10 movements in 2 hours
- You have felt **NO** baby's movement in 2 hours
- You feel a decrease in baby's movements when compared to your baby's usual movement pattern.

NEVER wait overnight if there is absence of baby's movement. It is rare for a healthy baby to have fewer than 10 kicks over two hours at times when the fetus is usually active, and you are focused upon counting.

There are several different ways to monitor fetal movement. If you have already learned another method from your health care provider, continue that method and consider this information supplemental.

BABY'S MOVEMENT CHART

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 2							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 3							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 4							
START							
STOP							
# Minutes/ Hrs to							

FIRST HILL
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NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

IP-AVS (continued)

get 10 kicks or moves							
WEEK 5							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 7							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Next week with chc.

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OR Case Log

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Progress Notes

Progress Notes by Burson, Wendy Lea, RN at 05/16/14 1625

Author: Burson, Wendy Lea, RN Service: (none) Author Type: Registered Nurse
Filed: 05/16/14 1752 Note Time 05/16/14 1625 Status: Signed
Editor: Burson, Wendy Lea, RN (Registered Nurse)

Fern negative. Irregular contractions. Nst reactive. Pt c/o slight itching to vagina. Dr. Moe informed of all of the above. Orders received to dc pt home, may get some over the counter yeast medication. Keep appt next week with CHC. Pt given written and verbal instructions. Verbalized understanding. Dc'd home amb in stable condition.

Progress Notes by Burson, Wendy Lea, RN at 05/16/14 1528

Author: Burson, Wendy Lea, RN Service: (none) Author Type: Registered Nurse
Filed: 05/16/14 1756 Note Time: 05/16/14 1528 Status: Addendum
Editor: Burson, Wendy Lea, RN (Registered Nurse)
Related Notes: Original Note by Burson, Wendy Lea, RN (Registered Nurse) filed at 05/16/14 1746

Pt presents amb to 715-2 from CHC office visit. Medical assistant had called and stated pt had sterile spec exam in office with no pooling, and "poor fern slide" and positive nitrazine. States pt s provider also checked the fluid and it was "6". Pt states has felt some "wetness" since yesterday afternoon. Has been wearing a pantiliner. Denies vag bleeding. States baby moving well. Efm applied. Vss.

Progress Notes by Burson, Wendy Lea, RN at 05/16/14 1540

Author: Burson, Wendy Lea, RN Service: (none) Author Type: Registered Nurse
Filed: 05/16/14 1757 Note Time: 05/16/14 1540 Status: Addendum
Editor: Burson, Wendy Lea, RN (Registered Nurse)
Related Notes: Original Note by Burson, Wendy Lea, RN (Registered Nurse) filed at 05/16/14 1748

Sterile speculum exam done. No pooling. Whitish mucousy discharge noted. Cervix closed. Fern slide obtained x 2. Dr. Moe informed of pts arrival and hx at CHC today.

Progress Notes by Moe, Martha, MD at 05/16/14 1832

Author: Moe, Martha, MD Service (none) Author Type Physician
Filed: 05/16/14 1850 Note Time: 05/16/14 1832 Status: Signed
Editor: Moe, Martha, MD (Physician)

SWC Triage Note

Loan Thi Kim Nguyen

Age/Gender	**25 y.o. female**	Attending	**Moe, Martha, MD**
MRN	**1001885381**	Performing	**Martha C Moe**
Location	**EDMONDS 7 WEST**	PCP	**Bly, Eleanor Grace**
Hosp Day #	**1**		

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Progress Notes (continued)

Progress Notes by Moe, Martha, MD at 05/16/14 1832 (continued)

Patient Active Problem List

Diagnosis	Date Noted
• Supervision of normal intrauterine pregnancy in multigravida	05/14/2014

Date/Time 5/16/201418:33
Triage Visit: Rule Out SROM
Vital Sign:
Filed Vitals:

	05/16/14 1530
Temp:	36.8 °C (98.2 °F)

EDC: @EDC@
Gestational Age: 37w1d

Subjective
Pt was seen at CHC today with c/o lof. An afi was done and it was wnl and although there was no pooling she was nitrazine positive and they could not determine the fern status, so pt was sent to bc.

Objective
Cervical Exam: Dilatation 0 cm
Contractions: none Membrane Status Intact-fern negative

Fetal Assessment
FHR: Baseline rate 145bpm
Variability: Moderate
Accelerations: Present

Assessment:
Category I
Reassuring fetal status

Patient Active Problem List

Diagnosis	Code
• Supervision of normal intrauterine pregnancy in multigravida	V22.1

Plan:
Pt is to drink more fluids. PTLW and KC reviewed.
Follow up with OB provider as scheduled

Martha C Moe, MD
18:33; 5/16/2014

Progress Notes (continued)

Progress Notes by Moe, Martha, MD at 05/16/14 1832 (continued)

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All Orders (05/16/14 - 05/16/14)

DISCHARGE PATIENT FROM HOSPITAL - CONTINGENCIES: None [154369856]

Electronically signed by: **Moe, Martha, MD on 05/16/14 1859** Status: **Active**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Burson, Wendy Lea, RN
Ordering user: Burson, Wendy Lea, RN 05/16/14 1752 Ordering provider: Moe, Martha, MD
Comments:
CONTINGENCIES: None

URINALYSIS DIPSTICK POCT [154351029]

Electronically signed by: **Intf, Pamllabin on 05/16/14 1609** Status: **Completed**
Ordering user: Intf, Pamllabin 05/16/14 1609 Ordering provider: Moe, Martha, MD

NST [154349632]

Electronically signed by: **Moe, Martha, MD on 05/16/14 1859** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Burson, Wendy Lea, RN
Ordering user: Burson, Wendy Lea, RN 05/16/14 1548 Ordering provider: Moe, Martha, MD
Discontinued by: Epic, Batchjobs 05/17/14 0434 [Patient Discharge]

VAGINAL EXAM FOR CERVICAL DILATION,IF NO CONTRAINDICATION(S) [154349633]

Electronically signed by: **Moe, Martha, MD on 05/16/14 1859** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Burson, Wendy Lea, RN
Ordering user: Burson, Wendy Lea, RN 05/16/14 1548 Ordering provider: Moe, Martha, MD
Discontinued by: Epic, Batchjobs 05/17/14 0434 [Patient Discharge]
Comments:
If no contraindication(s). Placenta, previa, moderate vaginal bleeding, rule out ROM and not in labor.

FERN TEST [154349634]

Electronically signed by: **Moe, Martha, MD on 05/16/14 1859** Status: **Completed**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Burson, Wendy Lea, RN
Ordering user: Burson, Wendy Lea, RN 05/16/14 1548 Ordering provider: Moe, Martha, MD

URINALYSIS DIPSTICK POCT [154349635]

Electronically signed by: **Moe, Martha, MD on 05/16/14 1859** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Burson, Wendy Lea, RN
Ordering user: Burson, Wendy Lea, RN 05/16/14 1548 Ordering provider: Moe, Martha, MD
Discontinued by: Epic, Batchjobs 05/17/14 0434 [Patient Discharge]
Comments:
Urine dip for protein if protein 1+ or greater, send clean catch UA, C&S if indicated

CALL MD/PROVIDER after evaluation as indicated [154349636]

Electronically signed by: **Moe, Martha, MD on 05/16/14 1859** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Burson, Wendy Lea, RN
Ordering user: Burson, Wendy Lea, RN 05/16/14 1548 Ordering provider: Moe, Martha, MD
Discontinued by: Epic, Batchjobs 05/17/14 0434 [Patient Discharge]
Comments
- Non related labor issue - Non reactive NST - FHR baseline rate less than 110 or greater than 160, absence or minimal variability, presence of decelerations, or absence of accelerations. - Blood pressure greater than or equal to 140/90 - Pulse 120 or greater - Temperature 100.0 or greater - Vaginal bleeding more than bloody show -

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All Orders (05/16/14 - 05/16/14) (continued)

CALL MD/PROVIDER after evaluation as indicated [1543498636] (continued)

Acute abdominal pain - Preterm labor

ADMIT TO HOSPITAL (AMBULATORY PATIENT) [1543498627]

Electronically signed by **Moe, Martha, MD on 05/16/14 1859** Status: **Completed**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Burson, Wendy Lea, RN
Ordering user: Burson, Wendy Lea, RN 05/16/14 1548 Ordering provider: Moe, Martha, MD

FULL CODE/ FULL RESUSCITATION [1543498628]

Electronically signed by: **Moe, Martha, MD on 05/16/14 1859** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Burson, Wendy Lea, RN
Ordering user: Burson, Wendy Lea, RN 05/16/14 1548 Ordering provider: Moe, Martha, MD
Discontinued by: Epic, Batchjobs 05/17/14 0434 [Patient Discharge]

Fetal Assessment [1543498630]

Electronically signed by **Moe, Martha, MD on 05/16/14 1859** Status **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Burson, Wendy Lea, RN
Ordering user: Burson, Wendy Lea, RN 05/16/14 1548 Ordering provider: Moe, Martha, MD
Discontinued by: Epic, Batchjobs 05/17/14 0434 [Patient Discharge]
Comments:
- EFM for 24 weeks or greater. - Dopplers for less than 24 weeks.

Vital Signs on admission [1543498631]

Electronically signed by: **Moe, Martha, MD on 05/16/14 1859** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Burson, Wendy Lea, RN
Ordering user: Burson, Wendy Lea, RN 05/16/14 1548 Ordering provider: Moe, Martha, MD
Discontinued by: Epic, Batchjobs 05/17/14 0434 [Patient Discharge]
Comments:
Vital signs upon admission, repeat as patient condition warrants.

Best Practice Advisory-HIV Consent

Click to view BestPractice Advisory history

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Lab Results (05/16/14 - 05/16/14)

Resulted: 05/16/14 1600, Result status: Final result

URINALYSIS DIPSTICK POCT [154351030] (Abnormal)

Ordering provider: Moe, Martha, MD 05/16/14 1609 Resulting lab: SWEDISH LABORATORY SERVICES EDMONDS

Specimen Information

Type	Source	Collected On
		05/16/14 1609

Components

	Value	Reference Range	Flag	Lab
COLOR (UA) POCT	Yellow			1249
APPEARANCE (UA) POCT	Slightly Cloudy		A	1249
GLUCOSE (UA) POCT	Negative	Negative mg/dL		1249
BILIRUBIN (UA) POCT	Negative	Negative		1249
KETONES (UA) POCT	Negative	Negative		1249
SPECIFIC GRAVITY (UA) POCT	1.015	1.000 - 1.035		1249
BLOOD (UA) POCT	Negative	Negative		1249
PH (UA) POCT	7.5	5.0 - 9.0		1249
PROTEIN (UA) POCT	Negative	Negative mg/dL		1249
UROBILINOGEN (UA) POCT	0.2	0.2 - 1.0 EU/dL		1249
NITRITE (UA) POCT	Negative	Negative		1249
LEUKOCYTE ESTERASE (UA) POCT	Moderate	Negative	A	1249

Resulted: 05/16/14 1619, Result status: Final result

FERN TEST [154349646]

Ordering provider: Moe, Martha, MD 05/16/14 1548 Resulting lab: SWEDISH LABORATORY SERVICES EDMONDS

Specimen Information

Type	Source	Collected On
Slide(s)		05/16/14 1544

Components

	Value	Reference Range	Flag	Lab
FERN TEST	NEGATIVE	NEGATIVE		1249

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1249 - Unknown	SWEDISH LABORATORY SERVICES EDMONDS	Unknown	21601 76TH Ave W Edmonds WA 98026	04/11/14 1145 - 10/20/14 0958

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Radiology Reports

Radiology Results

No matching results found

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Medication Administration Record

(There are no med orders for this encounter)

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Care Plan Event Log

** None **

Multi-Disciplinary Problems (Active)

Care Plans

There are no active problems.

Multi-Disciplinary Problems (Resolved)

There are no resolved problems.

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Patient Education

Education

No education to display

Education Notes

No notes present for this patient.

All Flowsheet Data (05/16/14 0000--05/16/14 2359)

Labor

	05/16/14 1800	05/16/14 1530
Vital Signs		
BP Cuff Location		Left upper arm -WB
Patient Position		Semi-Fowlers -WB
Temp		36.8 °C (98.2 °F) -WB
Temp Source		Oral -WB
Pain Assessment		
Pain Level, Self-Report		0 -WB
Fetal Heart Rate		
Mode	External US -WB	External US -WB
Baseline Rate	135 bpm -WB	140 bpm -WB
Variability	6-25 BPM -WB	6-25 BPM -WB
Pattern	A -WB	A -WB
Uterine Activity		
Mode	Toco -WB	Toco -WB
Contraction Frequency	0 -WB	x1 -WB
Contraction Duration		120 -WB
Contraction Quality		Mild -WB
Resting Tone Palpated		Soft -WB
Tachysystole		No -WB
Membranes		
*Memb Status		Unsure -WB
Additional Tests		
Sterile Speculum Exam		Done -WB
Nitrazine		Negative 4.5 - 5.0 -WB
Pooling		Negative -WB
Ferning		Negative -WB
Cervix Visualized		Yes -WB
Exam Completed By		W.Burson RNC -WB

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All Flowsheet Data (05/16/14 0000--05/16/14 2359) (continued)

Labor (continued)

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

User Key

Initials	Name	Effective Dates
WB	Burson, Wendy Lea, RN	02/03/14 -

END OF REPORT

FIRST HILL
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Patient Demographics

Name	Patient ID	SSN	Sex	Birth Date
Nguyen, Loan Thi Kim	1001885381	xxx-xx-4229	Female	07/15/88 (25 yrs)

Address	Phone	EMail	Employer
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (H)		

Reg Status	PCP	Date Last Verified	Next Review Date
Verified	Bly, Eleanor Grace, MD425-789-2000	05/13/14	01/15/15

Admission Date	Discharge Date	Admitting Provider
06/03/14	06/03/14	Dickey, Kimberly Jill, DO

Marital Status	Religion
Single	None

Emergency Contact 1	Emergency Contact 2
Vu Phan (SO) 206-229-1797 (H)	Per Pt None (NONE) 000-000-0000 (H)

Insurance as of 6/3/2014

Payor	Plan	Group	Member	Effective Dates
AUTO INS OTHER	AUTO INS OTHER [329001]		A101266328	-
Subscriber: NGUYEN,LOAN THI KIM [A101266328]				
Guarantor : NGUYEN,LOAN THI KIM				
COORDINATED CARE MEDICAID	MEDICAID-COORDINATED CARE-APPLE HLTH-HEALTHY OPT HMO [341101]		00083112201	12/1/2013 -
Subscriber: NGUYEN,LOAN THI KIM [00083112201]				
Guarantor : NGUYEN,LOAN THI KIM				

Patient Ethnicity & Race

Ethnic Group	Patient Race
Non-Hispanic or Latino	Asian

Admission Information

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
Dickey, Kimberly Jill, DO	Dickey, Kimberly Jill, DO	Elective	06/03/14 1315
Discharge Date/Time	**Hospital Service**	**Auth/Cert Status**	**Service Area**
06/03/14 1626	OB/Gyn	Complete	SWEDISH MEDICAL CENTER

Unit	Room/Bed	Admission Status
E 7 WEST	704/704-1	Discharged (Confirmed)

Admission Information - Hospital Account/Patient Record

Arrival Date/Time: 06/03/2014 1:15 Admit Date/Time: 06/03/2014 1:15 IP Adm. None

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Admission Information - Hospital Account/Patient Record (continued)

	PM		PM	Date/Time:	
Admission Type:	Elective	Point of Origin:	Physician Referral (Non-health Care Facility Point Of Origin)	Admit Category:	None
Means of Arrival:	None	Primary Service:	Ob/gyn	Secondary Service:	None
Transfer Source:	None	Service Area:	Swedish Medical Center	Unit:	E 7 West
Admit Provider:	Dickey, Kimberly Jill, DO	Attending Provider:	Dickey, Kimberly Jill, DO	Referring Provider:	None

Diagnosis Information

Primary Visit Diagnosis: None found
Principal Problem: Pelvic pain in pregnancy, antepartum, third trimester [646.83 (ICD-9-CM)]

Visit Diagnoses	Problem List	ADT Coded Diagnoses	ADT Free Text Diagnoses
None found	Pelvic pain in pregnancy, antepartum, third trimester [646.83 (ICD-9-CM)]		r/o labor

Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
06/03/2014 4:26 PM	*Home/self Care (Routine Discharge)	Home	Dickey, Kimberly Jill, DO	E 7 West

Reviewed On: **5/16/2014** By: **Burson, Wendy Lea, RN**

Allergies as of 6/3/2014

No Known Allergies

Current Immunizations Reviewed on 6/10/2014

Name	Date	Dose	VIS Date	Route	Exp Date
FLU VACCINE SPLIT, PRESERV FREE, 6-35 MO	11/1/2013				
Documented By: Morrison, Jennifer T, RN					
External: Patient reported					
TDAP	4/1/2014				
Documented By: Morrison, Jennifer T, RN					
External: Patient reported					

Hospital Problems Date Reviewed: **6/3/2014**

	Codes	Priority	Class	Noted - Resolved	POA
*** (Principal)Pelvic pain in pregnancy, antepartum, third trimester**	ICD-10-CM: O26.893, R10.2 ICD-9-CM: 646.83, 625.9			6/3/2014 - Present	Yes

Problem List Date Reviewed: **6/3/2014**

	Codes	Priority	Class	Noted - Resolved
Supervision of normal intrauterine pregnancy in multigravida	ICD-10-CM: Z34.90 ICD-9-CM: V22.1			5/14/2014 - Present

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Social History

Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 6/3/2014	Never Smoker	Provider		0.0	0.0				Never Used	

Alcohol Use	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
as of 6/3/2014	No	Provider			

Drug Use	Drug Use	Source	Types	Frequency	Comments
as of 6/3/2014	No	Provider		0.00	

Sexual Activity	Sexually Active	Source	Birth Control	Partners	Comments
as of 6/3/2014	Yes	Provider	None	Male	

Social ADL	ADL Question	Response	Comments	Source
as of 6/3/2014	**None**			

Social Doc **None**
as of 6/3/2014

Occupational **None**
as of 6/3/2014

Socioeconomic	Marital Status	Spouse Name	Num of Children	Years Education	Source
as of 6/3/2014	Single				
	Preferred Language	Ethnicity	Race		
	English	Non-Hispanic or Latino	Asian		

ED Records

ED Arrival Information

Patient not seen in ED

Diagnosis

None

ED Disposition

None

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IP-AVS

Visit Information

	Provider	Department
6/3/2014	Kimberly Dickey, DO	E 7 West

Current Discharge Medication List

CONTINUE these medications which have NOT CHANGED

Medication	AM	Noon	PM	Bedtime
prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab Take 1 Tab by mouth every day.	[ ]	[ ]	[ ]	[ ]

If you use tobacco or have used tobacco in the past twelve months, it is critical for you to stop NOW. Your life AND the lives of your family and children are shortened by YOUR smoking through direct and second-hand smoke.

For help in quitting, review the Smoking Cessation Information Brochure, and call or visit the Washington State Quit Line at 1-877-270-7867 (STOP), <http://www.quitline.com/> .

Your loved ones will thank you.

SWEDISH MEDICAL CENTER

Home Care Instructions: Pregnancy -- Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: No restriction, no limitations.

Call your health care provider:
- If your bag of water breaks (leaking fluid from your vagina).
- Uterine activity: Full Term Pregnancy -- when contractions are regular and too painful to talk through.
- For vaginal bleeding: Full Term Pregnancy -- a small amount of bloody mucus-like show is normal in early labor if you are full term.
- Decreased movements of your baby (less than twenty movements in a twelve hour period, or less than ten movements in two hours at night).
- Persistent headache.
- Blurred or spotted vision.
- Sudden increase in your weight, or swelling of your hands and face.
- Any concerns.

Daily Fetal Movement Count

Changes in fetal movement may reflect changes in fetal well-being. By paying attention to the number of times your baby moves daily, you will get to know your baby's normal pattern of movements and recognize any significant changes. Each baby tends to have its own pattern of activity, and some are more active than others. Counting your baby's movement is easy to perform, non- invasive, and will provide significant information to your physician on the well-being of your baby. The idea is to be sure he or she is moving around enough.

Your physician may start to recommend you begin counting movements around the 7th month of your pregnancy (about 28 weeks of gestation)

Instructions on counting your baby's movements:

1. Choose a time when your feel your baby is most active. Sit down or lie on your side preferably in a quiet room so you won't get distracted.

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IP-AVS (continued)

2. Write down the time you start counting. Keeping a record will help you keep track of your baby's normal pattern of movements.

3. Count until you have felt 10 distinct movements – kicks, twists, rolls, flutters, twitches and turns all count. Hiccups should not be counted as movements.

4. Write down on your chart the time you feel the 10th movement. Ideally, you want to feel 10 movements within 2 hours. Discontinue counting for the day when you feel 10 movements within 2 hours

CALL your health care provider **IMMEDIATELY if**

- You feel **less** than 10 movements in 2 hours
- You have felt **NO** baby's movement in 2 hours
- You feel a decrease in baby's movements when compared to your baby's usual movement pattern.

NEVER wait overnight if there is absence of baby's movement. It is rare for a healthy baby to have fewer than 10 kicks over two hours at times when the fetus is usually active, and you are focused upon counting.

There are several different ways to monitor fetal movement. If you have already learned another method from your health care provider, continue that method and consider this information supplemental.

BABY'S MOVEMENT CHART

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 2							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 3							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 4							
START							
STOP							
# Minutes/ Hrs to							

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IP-AVS (continued)

get 10 kicks or moves							
WEEK 5							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 7							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Please come in for fetal monitoring and ultrasound for fluid volume on Friday 6/7 at 1200. You can come directly to the 7th floor to check in.

SWEDISH

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

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OR Case Log

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Progress Notes

Progress Notes by Thomas, Gillian, RN at 06/03/14 1327

Author: Thomas, Gillian, RN Service: (none) Author Type: Registered Nurse
Filed: 06/03/14 1328 Note Time 06/03/14 1327 Status: Signed
Editor: Thomas, Gillian, RN (Registered Nurse)

Patient presents to Birthcenter with history of decreased movement (fetus) Placed on EFM

Progress Notes by Dickey, Kimberly Jill, DO at 06/03/14 1452

Author: Dickey, Kimberly Jill, DO Service: (none) Author Type: Physician
Filed 06/03/14 1629 Note Time: 06/03/14 1452 Status: Addendum
Editor: Dickey, Kimberly Jill, DO (Physician)
Related Notes: Original Note by Dickey, Kimberly Jill, DO (Physician) filed at 06/03/14 1627

SWC Triage Note

Loan Thi Kim Nguyen

Age/Gender	**25 y.o. female**	Attending	**Dickey, Kimberly Jill, DO**
MRN	**1001885381**	Performing	**Kimberly Dickey**
Location	**EDMONDS 7 WEST**	PCP	**Bly, Eleanor Grace**
Hosp Day #	**1**		

Patient Active Problem List

Diagnosis	Date Noted
• Pelvic pain in pregnancy, antepartum, third trimester	06/03/2014
• Supervision of normal intrauterine pregnancy in multigravida	05/14/2014

Date/Time 6/3/201414:52
Triage Visit: Decreased fetal movement and vaginal discharge
Vital Sign: There were no vitals filed for this visit.
EDC: June 5, 2014
Gestational Age: 39w5d

Subjective
25 y/o G2P1 @ 39w5d sent from CHC Lynnwood secondary to patient c/o decreased FM and white/watery vaginal discharge for one week. Patient also c/o bilateral hip, sacral and symphysis pressure. Relates a hx of SVD in Vietnam 4 years ago after which she had tailbone pain for 2 months. By hx, she had a rapid delivery and did not feel her contractions. She was given some variety of injection around her sacrum for the pain but, she does not know what it was. Patient is worried this will happen again. Patient states she is very tired of being pregnant.

Objective
Alert, Ox3, coop, NAD
SSE: no pooling, no ferning, white physiologic discharge. Wet preps: neg for yeast, trich or

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Progress Notes (continued)

Progress Notes by Dickey, Kimberly Jill, DO at 06/03/14 1452 (continued)

clue cells

Cervical Exam: Dilatation 1 cm, Effacement 70%, Station -2 and Presenting part Vtx
Contractions: rare
Intensity Mild
Membrane Status Intact
Sacrum: no coccygeal distortion palpable, gynecoid pelvis

Fetal Assessment

FHR: Baseline rate 140s bpm
Variability: Moderate
Accelerations: Present
Presentation: vertex

Assessment:

No ROM
No evidence of vaginitis
Reassuring fetal status

Patient Active Problem List

Diagnosis	Code
• Supervision of normal intrauterine pregnancy in multigravida	V22.1
• Pelvic pain in pregnancy, antepartum, third trimester	646.83

Plan:

Discussed findings of this exam with PA Burton who had referred the patient to SEH.
Follow up with OB provider as scheduled
Labor cautions and FM counting was discussed with pt by RN.

Kimberly Dickey, DO
14:52; 6/3/2014

Progress Notes by Johnson, Taryn, RN at 06/03/14 1646

Author: Johnson, Taryn, RN Service: (none) Author Type: Registered Nurse
Filed: 06/03/14 1722 Note Time: 06/03/14 1646 Status: Signed
Editor: Johnson, Taryn, RN (Registered Nurse)

Patient sent from CHC Lynnwood for decreased fetal movement and increased vaginal discharge possible r/o SROM. When Patient arrived she stated baby is active but less so than normal. Has had increased discharge

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Progress Notes (continued)

Progress Notes by Johnson, Taryn, RN at 06/03/14 1646 (continued)

for a few weeks which has become white/clear. Has no vaginal itching or urinary frequency. Dr. Dickey in to do sterile speculum exam, fern and wet mount sent to lab. Discussed plan of care with patient. 1615 fern and wet mount results negative. Dr. Dickey notified, patient may DC home. Scheduled for NST/ AFI on 6/7, DC home with written DC instructions including labor precautions and FKC sheet. Patient verbalizes understanding.

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All Orders (06/03/14 - 06/03/14)

DIET CLEAR LIQUID [155746830]

Electronically signed by: **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO
Discontinued by: Epic, Batchjobs 06/04/14 0426 [Patient Discharge]

If patient is at 35 weeks or greater and GBS culture has not been done prenatally notify LIP for GBS culture orders [155746831]

Electronically signed by: **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO
Discontinued by: Epic, Batchjobs 06/04/14 0426 [Patient Discharge]

Fetal Assessment [155746832]

Electronically signed by: **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO
Discontinued by: Epic, Batchjobs 06/04/14 0426 [Patient Discharge]
Comments:
- EFM for 24 weeks or greater. - Dopplers for less than 24 weeks.

Vital Signs on admission [155746834]

Electronically signed by: **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO
Discontinued by: Epic, Batchjobs 06/04/14 0426 [Patient Discharge]
Comments:
Vital signs upon admission, repeat as patient condition warrants.

For 2 consecutive blood pressures 140/90 or greater one hour apart draw pre-eclamptic panel [155746837]

Electronically signed by: **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO
Discontinued by: Epic, Batchjobs 06/04/14 0426 [Patient Discharge]

Verify HIV result from prenatal labs. [155746838]

Electronically signed by: **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO
Discontinued by: Epic, Batchjobs 06/04/14 0426 [Patient Discharge]
Comments:
If unknown draw HIV rapid profile.

URINALYSIS DIPSTICK POCT [155746840]

Electronically signed by **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status **Discontinued**

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All Orders (06/03/14 - 06/03/14) (continued)

URINALYSIS DIPSTICK POCT [1557746840] (continued)

Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO
Discontinued by: Epic, Batchjobs 06/04/14 0426 [Patient Discharge]
Comments:
Urine dip for protein if protein 1+ or greater, send clean catch UA, C&S if indicated

CALL MD/PROVIDER after evaluation as indicated [1557746841]

Electronically signed by **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO
Discontinued by: Epic, Batchjobs 06/04/14 0426 [Patient Discharge]
Comments:
- Non related labor issue - Non reactive NST - FHR baseline rate less than 110 or greater than 160, absence or minimal variability, presence of decelerations, or absence of accelerations. - Blood pressure greater than or equal to 140/90 - Pulse 120 or greater - Temperature 100.0 or greater - Vaginal bleeding more than bloody show - Acute abdominal pain - Preterm labor

NST [1557746842]

Electronically signed by: **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO
Discontinued by: Epic, Batchjobs 06/04/14 0426 [Patient Discharge]

WET MOUNT [1557746844]

Electronically signed by **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status: **Completed**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO

FERN TEST [1557746845]

Electronically signed by: **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status **Completed**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO

ADMIT TO HOSPITAL (AMBULATORY PATIENT) [1557746826]

Electronically signed by: **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status: **Completed**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO

FULL CODE/ FULL RESUSCITATION [1557746829]

Electronically signed by: **Dickey, Kimberly Jill, DO on 06/04/14 0454** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/03/14 1432 Ordering provider: Dickey, Kimberly Jill, DO
Discontinued by: Epic, Batchjobs 06/04/14 0426 [Patient Discharge]

URINALYSIS DIPSTICK POCT [1557741426]

Electronically signed by: **Intf, Pamllabin on 06/03/14 1405** Status: **Completed**
Ordering user: Intf, Pamllabin 06/03/14 1405 Ordering provider: Dickey, Kimberly Jill, DO

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All Orders (06/03/14 - 06/03/14) (continued)

SCAN EXTERNAL OB STORK PRENATAL LAB RESULTS [155742159]

Electronically signed by: **Johnson, Taryn, RN on 06/03/14 1359** Status: **Completed**
Ordering user: Johnson, Taryn, RN 06/03/14 1359
Comments:
This external order was created through the Results Console.

Best Practice Advisory-HIV Consent

Click to view BestPractice Advisory history

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SWEDISH

Lab Results (05/08/14 - 06/03/14)

SCAN EXTERNAL OB STORK PRENATAL LAB RESULTS [155742159] Resulted: 05/08/14 0000, Result status: Final result

Components

	Value	Reference Range	Flag	Lab
GB STREP DNA	Neg			

URINALYSIS DIPSTICK POCT [155741427] (Abnormal) Resulted: 06/03/14 1354, Result status: Final result

Ordering provider: Dickey, Kimberly Jill, DO 06/03/14 1405 Resulting lab: SWEDISH LABORATORY SERVICES EDMONDS

Specimen Information

Type	Source	Collected On
		06/03/14 1405

Components

	Value	Reference Range	Flag	Lab
COLOR (UA) POCT	Yellow			1249
APPEARANCE (UA) POCT	Clear			1249
GLUCOSE (UA) POCT	Negative	Negative mg/dL		1249
BILIRUBIN (UA) POCT	Negative	Negative		1249
KETONES (UA) POCT	Negative	Negative		1249
SPECIFIC GRAVITY (UA) POCT	1.020	1.000 - 1.035		1249
BLOOD (UA) POCT	Trace-intact	Negative	A	1249
PH (UA) POCT	7.0	5.0 - 9.0		1249
PROTEIN (UA) POCT	Negative	Negative mg/dL		1249
UROBILINOGEN (UA) POCT	0.2	0.2 - 1.0 EU/dL		1249
NITRITE (UA) POCT	Negative	Negative		1249
LEUKOCYTE ESTERASE (UA) POCT	Small	Negative	A	1249

FERN TEST [155746860] Resulted: 06/03/14 1534, Result status: Final result

Ordering provider: Dickey, Kimberly Jill, DO 06/03/14 1432 Resulting lab: SWEDISH LABORATORY SERVICES EDMONDS

Specimen Information

Type	Source	Collected On
Slide(s)		06/03/14 1432

Components

	Value	Reference Range	Flag	Lab
FERN TEST	NEGATIVE	NEGATIVE		1249

WET MOUNT [155746859] Resulted: 06/03/14 1604, Result status: Final result

Ordering provider: Dickey, Kimberly Jill, DO 06/03/14 1432 Resulting lab: SWEDISH LABORATORY SERVICES EDMONDS

Specimen Information

Type	Source	Collected On

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SWEDISH

Lab Results (05/08/14 - 06/03/14) (continued)

Resulted: 06/03/14 1604, Result status: Final result

WET MOUNT [1557468659] (continued)

FLUID (ENTER SOURCE) Vaginal 06/03/14 1432

Components

	Value	Reference Range	Flag	Lab
SOURCE	VAG			
SITE	--			
KOH AND WET PREP	--			1249

Result: CLUE CELLS NOT PRESENT
NO TRICHOMONAS SEEN
NO YEAST/HYPHAE
4+ WBC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1249 - Unknown	SWEDISH LABORATORY SERVICES EDMONDS	Unknown	21601 76TH Ave W Edmonds WA 98026	04/11/14 1145 - 10/20/14 0958

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Radiology Reports

Radiology Results

No matching results found

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Medication Administration Record

(There are no med orders for this encounter)

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Care Plan Event Log

** None **

Multi-Disciplinary Problems (Active)

Care Plans

There are no active problems.

Multi-Disciplinary Problems (Resolved)

There are no resolved problems.

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Patient Education

Education

No education to display

Education Notes

No notes present for this patient.

All Flowsheet Data (06/03/14 0000--06/03/14 2359)

Labor

	06/03/14 1530	06/03/14 1330
Vital Signs		
BP		103/61 mmHg -TJ
BP Cuff Location		Right upper arm -TJ
Patient Position		High-Fowlers -TJ
Heart Rate		100 -TJ
Resp		16 -TJ
Temp		36.8 °C (98.2 °F) -TJ
Temp Source		Oral -TJ
Pain Assessment		
Pain Level, Self-Report		0 -TJ
Fetal Heart Rate		
Mode	External US -TJ	
Baseline Rate	140 bpm -TJ	
Variability	6-25 BPM -TJ	
Pattern	A -TJ	
Uterine Activity		
Mode	Toco -TJ	
Contraction Frequency	occasional -TJ	
Contraction Quality	Mild -TJ	
Resting Tone Palpated	Soft -TJ	
Tachysystole	Yes -TJ	
Membranes		
*Memb Status	Intact -TJ	

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

User Key

Initials	Name	Effective Dates
TJ	Johnson, Taryn, RN	02/03/14 -

END OF REPORT

FIRST HILL
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Patient Demographics

Name	Patient ID	SSN	Sex	Birth Date
Nguyen, Loan Thi Kim	1001885381	xxx-xx-4229	Female	07/15/88 (25 yrs)

Address	Phone	EMail	Employer
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (H)		

Reg Status	PCP	Date Last Verified	Next Review Date
Verified	Bly, Eleanor Grace, MD425-789-2000	05/13/14	01/15/15

Admission Date	Discharge Date	Admitting Provider
06/07/14	06/07/14	Bray, Jeffrey F, MD

Marital Status	Religion
Single	None

Emergency Contact 1	Emergency Contact 2
Vu Phan (SO) 206-229-1797 (H)	Per Pt None (NONE) 000-000-0000 (H)

Insurance as of 6/7/2014

Payor	Plan	Group	Member	Effective Dates
AUTO INS OTHER	AUTO INS OTHER [329001]		A101266328	-
Subscriber: NGUYEN,LOAN THI KIM [A101266328] Guarantor : NGUYEN,LOAN THI KIM				
COORDINATED CARE MEDICAID	MEDICAID-COORDINATED CARE-APPLE HLTH-HEALTHY OPT HMO [341101]		00083112201	12/1/2013 -
Subscriber: NGUYEN,LOAN THI KIM [00083112201] Guarantor : NGUYEN,LOAN THI KIM				

Patient Ethnicity & Race

Ethnic Group	Patient Race
Non-Hispanic or Latino	Asian

Admission Information

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
Dickey, Kimberly Jill, DO	Bray, Jeffrey F, MD	Elective	06/07/14 1207
Discharge Date/Time	**Hospital Service**	**Auth/Cert Status**	**Service Area**
06/07/14 1415	OB/Gyn	Complete	SWEDISH MEDICAL CENTER

Unit	Room/Bed	Admission Status
E 7 WEST	715/715-1	Discharged (Confirmed)

Admission Information - Hospital Account/Patient Record

Arrival Date/Time: 06/07/2014 12:07 Admit Date/Time: 06/07/2014 12:07 IP Adm. None

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Admission Information - Hospital Account/Patient Record (continued)

	PM		PM	Date/Time:	
Admission Type:	Elective	Point of Origin:	Physician Referral (Non-health Care Facility Point Of Origin)	Admit Category:	None
Means of Arrival:	None	Primary Service:	Ob/gyn	Secondary Service:	None
Transfer Source:	None	Service Area:	Swedish Medical Center	Unit:	E 7 West
Admit Provider:	Bray, Jeffrey F, MD	Attending Provider:	Dickey, Kimberly Jill, DO	Referring Provider:	None

Diagnosis Information

Primary Visit Diagnosis: None found
Principal Problem: None found

Visit Diagnoses	Problem List	ADT Coded Diagnoses	ADT Free Text Diagnoses
None found	None found		PREGNANCY NST

Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
06/07/2014 2:15 PM	*Home/self Care (Routine Discharge)	Home	Bray, Jeffrey F, MD	E 7 West

Reviewed On: **6/7/2014** By **Burson, Wendy Lea, RN**

Allergies as of 6/7/2014

No Known Allergies

Current Immunizations Reviewed on 6/10/2014

Name	Date	Dose	VIS Date	Route	Exp Date
FLU VACCINE SPLIT, PRESERV FREE, 6-35 MO	11/1/2013				
Documented By: Morrison, Jennifer T, RN					
External: Patient reported					
TDAP	4/1/2014				
Documented By: Morrison, Jennifer T, RN					
External: Patient reported					

Hospital Problems Date Reviewed: **6/3/2014**

None

Problem List Date Reviewed: **6/3/2014**

	Codes	Priority	Class	Noted - Resolved
Pelvic pain in pregnancy, antepartum, third trimester	ICD-10-CM: O26.893, R10.2 ICD-9-CM: 646.83, 625.9			6/3/2014 - Present
Supervision of normal intrauterine pregnancy in multigravida	ICD-10-CM: Z34.90 ICD-9-CM: V22.1			5/14/2014 - Present

Social History

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Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 6/7/2014	Never Smoker	Provider		0.0	0.0				Never Used	

Alcohol Use	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
as of 6/7/2014	No	Provider			

Drug Use	Drug Use	Source	Types	Frequency	Comments
as of 6/7/2014	No	Provider		0.00	

Sexual Activity	Sexually Active	Source	Birth Control	Partners	Comments
as of 6/7/2014	Yes	Provider	None	Male	

Social ADL	ADL Question	Response	Comments	Source
as of 6/7/2014	**None**			

Social Doc as of 6/7/2014 **None**

Occupational as of 6/7/2014 **None**

Socioeconomic	Marital Status	Spouse Name	Num of Children	Years Education	Source
as of 6/7/2014	Single				
	Preferred Language	Ethnicity	Race		
	English	Non-Hispanic or Latino	Asian		

ED Records

ED Arrival Information

Patient not seen in ED

Diagnosis

None

ED Disposition

None

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IP-AVS

Visit Information

	Provider	Department
6/7/2014	Kimberly Dickey, DO	E 7 West

Current Discharge Medication List

CONTINUE these medications which have NOT CHANGED

Medication	AM	Noon	PM	Bedtime
prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab Take 1 Tab by mouth every day.	[ ]	[ ]	[ ]	[ ]

If you use tobacco or have used tobacco in the past twelve months, it is critical for you to stop NOW. Your life AND the lives of your family and children are shortened by YOUR smoking through direct and second-hand smoke.

For help in quitting, review the Smoking Cessation Information Brochure, and call or visit the Washington State Quit Line at 1-877-270-7867 (STOP), <http://www.quitline.com/> .

Your loved ones will thank you.

SWEDISH MEDICAL CENTER

Home Care Instructions: Pregnancy -- Undelivered

The following are your home care instructions:

Discharge Plan: Home and self-care

Diet: Your regular diet. To avoid constipation related to bedrest and some medications, drink plenty of fluids and eat high fiber foods (fruits and vegetables).

Activity: Avoid lying flat on your back. Rest on your sides, as this provides the best blood flow to your baby. Avoid heavy lifting or housework. In addition: No restriction, no limitations.

Call your health care provider:

- If your bag of water breaks (leaking fluid from your vagina).
- Uterine activity: Full Term Pregnancy -- when contractions are regular and too painful to talk through.
- For vaginal bleeding: Full Term Pregnancy -- a small amount of bloody mucus-like show is normal in early labor if you are full term.
- Decreased movements of your baby (less than twenty movements in a twelve hour period, or less than ten movements in two hours at night).
- Persistent headache.
- Blurred or spotted vision.
- Sudden increase in your weight, or swelling of your hands and face.
- Any concerns.

Daily Fetal Movement Count

Changes in fetal movement may reflect changes in fetal well-being. By paying attention to the number of times your baby moves daily, you will get to know your baby's normal pattern of movements and recognize any significant changes. Each baby tends to have its own pattern of activity, and some are more active than others. Counting your baby's movement is easy to perform, non- invasive, and will provide significant information to your physician on the well-being of your baby. The idea is to be sure he or she is moving around enough.

Your physician may start to recommend you begin counting movements around the 7th month of your pregnancy (about 28 weeks of gestation)

Instructions on counting your baby's movements:

1. Choose a time when your feel your baby is most active. Sit down or lie on your side preferably in a quiet room so you won't get distracted.

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

IP-AVS (continued)

2. Write down the time you start counting. Keeping a record will help you keep track of your baby's normal pattern of movements.

3. Count until you have felt 10 distinct movements – kicks, twists, rolls, flutters, twitches and turns all count. Hiccups should not be counted as movements.

4. Write down on your chart the time you feel the 10th movement. Ideally, you want to feel 10 movements within 2 hours. Discontinue counting for the day when you feel 10 movements within 2 hours

CALL your health care provider **IMMEDIATELY if**

- You feel **less** than 10 movements in 2 hours
- You have felt **NO** baby's movement in 2 hours
- You feel a decrease in baby's movements when compared to your baby's usual movement pattern.

NEVER wait overnight if there is absence of baby's movement. It is rare for a healthy baby to have fewer than 10 kicks over two hours at times when the fetus is usually active, and you are focused upon counting.

There are several different ways to monitor fetal movement. If you have already learned another method from your health care provider, continue that method and consider this information supplemental.

BABY'S MOVEMENT CHART

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
WEEK 1							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 2							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 3							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 4							
START							
STOP							
# Minutes/ Hrs to							

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IP-AVS (continued)

get 10 kicks or moves							
WEEK 5							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 6							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							
WEEK 7							
START							
STOP							
# Minutes/ Hrs to get 10 kicks or moves							

Follow Up Appointment: Induction of labor at 41 weeks which is 6/12/14.

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OR Case Log

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Progress Notes

Progress Notes by Burson, Wendy Lea, RN at 06/07/14 1420

Author: Burson, Wendy Lea, RN Service: (none) Author Type: Registered Nurse
Filed: 06/07/14 1520 Note Time 06/07/14 1420 Status: Signed
Editor: Burson, Wendy Lea, RN (Registered Nurse)

Singleton Date: 6/7/2014 Gestational Age: 40.2 weeks	Time Period: 1300 Time Period: 1430 Time Period:
Results: **Reactive**	
Periodic Changes: **AGA**	
Comments: Pt presents for scheduled nst/afi at 40.2 weeks. States baby moving well, denies vag bleeding or leaking of fluid. Denies any pain. Efm applied in hf at 1300. Nst reactive and afi 8.4. Report given to Dr. Bray a plan set for pt to have IOL at 41 weeks. When scheduling pt 6/11-13 does not work for her, but 6/9 does. She will be 40.5 weeks on that day, so IOL scheduled at 0530 with Dr. Casey o/c for CHC that day. Pt dc'd home amb in stable condition with dc instructions in writing and verbal. Verbalized understanding.	
Wendy Lea Burson, RN 15:15; 6/7/2014	

Progress Notes by Bray, Jeffrey F, MD at 06/07/14 1815

Author: Bray, Jeffrey F, MD Service: (none) Author Type: Physician
Filed 06/07/14 1816 Note Time: 06/07/14 1815 Status: Signed
Editor: Bray, Jeffrey F, MD (Physician)

SWC Obstetrics & Gynecology

- Jeffrey F Bray, MD

NST REPORT

RE: Loan Thi Kim Nguyen MRN: 1001885381 DOB: 7/15/1988 AGE: 25 y.o.
Date: 6/6/2014
Allergies: Review of patient's allergies indicates no known allergies.

Loan is a 25 y.o. G2P1001 at 40w2d gestational age here today for a NST.

Indication: CHC transfer at 40 weeks.

Interpretation:
Reactive NST

Filed Vitals:

	06/07/14 1300
BP:	105/61
Resp:	18

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Progress Notes (continued)

Progress Notes by Bray, Jeffrey F, MD at 06/07/14 1815 (continued)

Assessment:
Reactive NST

Plan:
Biweekly NST
Schedule for induction at 41 weeks with CHC call MD.
Jeffrey F Bray, MD
18:15; 6/7/2014

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All Orders (06/07/14 - 06/07/14)

URINALYSIS DIPSTICK POCT [156189923]

Electronically signed by: **Intf, Pamllabin on 06/07/14 1320** Status: **Completed**
Ordering user: Intf, Pamllabin 06/07/14 1320 Ordering provider: Dickey, Kimberly Jill, DO

URINALYSIS DIPSTICK POCT [156097050]

Electronically signed by: **Bray, Jeffrey F, MD on 06/07/14 1604** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/07/14 1226 Ordering provider: Bray, Jeffrey F, MD
Discontinued by: Epic, Batchjobs 06/08/14 0226 [Patient Discharge]
Comments:
Urine dip for protein if protein 1+ or greater, send clean catch UA, C&S if indicated

CALL MD/PROVIDER after evaluation as indicated [156097051]

Electronically signed by: **Bray, Jeffrey F, MD on 06/07/14 1604** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/07/14 1226 Ordering provider: Bray, Jeffrey F, MD
Discontinued by: Epic, Batchjobs 06/08/14 0226 [Patient Discharge]
Comments:
- Non related labor issue - Non reactive NST - FHR baseline rate less than 110 or greater than 160, absence or minimal variability, presence of decelerations, or absence of accelerations. - Blood pressure greater than or equal to 140/90 - Pulse 120 or greater - Temperature 100.0 or greater - Vaginal bleeding more than bloody show - Acute abdominal pain - Preterm labor

NST [156097052]

Electronically signed by: **Bray, Jeffrey F, MD on 06/07/14 1604** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/07/14 1226 Ordering provider: Bray, Jeffrey F, MD
Discontinued by: Epic, Batchjobs 06/08/14 0226 [Patient Discharge]

US OB LIMITED SING/MULT GEST (Limited) [156097053]

Electronically signed by: **Bray, Jeffrey F, MD on 06/07/14 1604** Status: **Completed**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/07/14 1226 Ordering provider: Bray, Jeffrey F, MD
Comments:
AFI for post Dates

ADMIT TO HOSPITAL (AMBULATORY PATIENT) [156097044]

Electronically signed by: **Bray, Jeffrey F, MD on 06/07/14 1604** Status: **Completed**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/07/14 1226 Ordering provider: Bray, Jeffrey F, MD

FULL CODE/ FULL RESUSCITATION [156097045]

Electronically signed by: **Bray, Jeffrey F, MD on 06/07/14 1604** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/07/14 1226 Ordering provider: Bray, Jeffrey F, MD
Discontinued by: Epic, Batchjobs 06/08/14 0226 [Patient Discharge]

DIET CLEAR LIQUID [156097046]

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All Orders (06/07/14 - 06/07/14) (continued)

DIET CLEAR LIQUID [156097046] (continued)

Electronically signed by: **Bray, Jeffrey F, MD on 06/07/14 1604** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/07/14 1226 Ordering provider: Bray, Jeffrey F, MD
Discontinued by: Epic, Batchjobs 06/08/14 0226 [Patient Discharge]

Fetal Assessment [156097047]

Electronically signed by: **Bray, Jeffrey F, MD on 06/07/14 1604** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/07/14 1226 Ordering provider: Bray, Jeffrey F, MD
Discontinued by: Epic, Batchjobs 06/08/14 0226 [Patient Discharge]
Comments
- EFM for 24 weeks or greater. - Dopplers for less than 24 weeks.

Vital Signs on admission [156097048]

Electronically signed by: **Bray, Jeffrey F, MD on 06/07/14 1604** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/07/14 1226 Ordering provider: Bray, Jeffrey F, MD
Discontinued by: Epic, Batchjobs 06/08/14 0226 [Patient Discharge]
Comments
Vital signs upon admission, repeat as patient condition warrants.

For 2 consecutive blood pressures 140/90 or greater one hour apart draw pre-eclamptic panel [156097049]

Electronically signed by: **Bray, Jeffrey F, MD on 06/07/14 1604** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Johnson, Taryn, RN
Ordering user: Johnson, Taryn, RN 06/07/14 1226 Ordering provider: Bray, Jeffrey F, MD
Discontinued by: Epic, Batchjobs 06/08/14 0226 [Patient Discharge]

Best Practice Advisory-HIV Consent

Click to view BestPractice Advisory history

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Lab Results (06/09/14 - 06/09/14)

Resulted: 06/09/14 1007, Result status: Final result

URINALYSIS DIPSTICK POCT [156189924] (Abnormal)

Ordering provider: Dickey, Kimberly Jill, DO 06/07/14 1320

Resulting lab: SWEDISH LABORATORY SERVICES EDMONDS

Specimen Information

Type	Source	Collected On
		06/07/14 1320

Components

	Value	Reference Range	Flag	Lab
COLOR (UA) POCT	Yellow			1249
APPEARANCE (UA) POCT	Clear			1249
GLUCOSE (UA) POCT	Negative	Negative mg/dL		1249
BILIRUBIN (UA) POCT	Negative	Negative		1249
KETONES (UA) POCT	Negative	Negative		1249
SPECIFIC GRAVITY (UA) POCT	1.020	1.000 - 1.035		1249
BLOOD (UA) POCT	Trace-lysed	Negative	A	1249
PH (UA) POCT	7.0	5.0 - 9.0		1249
PROTEIN (UA) POCT	Trace	Negative mg/dL	A	1249
UROBILINOGEN (UA) POCT	1.0	0.2 - 1.0 EU/dL		1249
NITRITE (UA) POCT	Negative	Negative		1249
LEUKOCYTE ESTERASE (UA) POCT	Small	Negative	A	1249

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1249 - Unknown	SWEDISH LABORATORY SERVICES EDMONDS	Unknown	21601 76TH Ave W Edmonds WA 98026	04/11/14 1145 - 10/20/14 0958

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SWEDISH

Radiology Results (- 06/07/14)

US OB LIMITED SINGLE/MULTIPLE GESTATION [156097064] Resulted: 0000, Result status: In process

Ordering provider: Bray, Jeffrey F, MD 06/07/14 1226 Resulted by: McCallie, Brian J, MD
Performed: 06/07/14 1235 - 06/07/14 1300

Specimen information

Type	Source	Collected On
		06/07/14 1300

Resulted: 06/07/14 1401, Result status: Final result

US OB LIMITED SINGLE/MULTIPLE GESTATION [156097064]

Ordering provider: Bray, Jeffrey F, MD 06/07/14 1226 Resulted by: McCallie, Brian J, MD
Performed: 06/07/14 1235 - 06/07/14 1300 Resulting lab SMC MEDICAL IMAGING
Narrative:

OB ULTRASOUND LIMITED FOLLOWUP

INDICATION: Amniotic fluid assessment and postdates pregnancy

COMPARISON: 1/15/2014 ultrasound

TECHNIQUE: Real-time ultrasound scanning with selected static images acquired.

FINDINGS:

Single live IUP in cephalic presentation.

Fetal heart rate: 157 beats per minute.

Placenta: Anterior with no previa.

Cervix: Closed measuring 4.4 cm in length.

Amniotic fluid volume: AFI 8.4 cm. This is 16th percentile for a 40 week 2 day gestational age.

Impression:

1. Single live IUP in cephalic presentation.
2. Amniotic fluid volume measures at the 16th percentile with AFI 8.4 cm.
3. Limited followup exam for fluid assessment otherwise as above. Followup as indicated clinically.

Dictated by: BRIAN J MCCALLIE
Dictated: 6/7/2014 2:01 PM
Job: 1091142

Specimen information

Type	Source	Collected On

FIRST HILL
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Radiology Results (- 06/07/14) (continued)

US OB LIMITED SINGLE/MULTIFLE GESTATION [156097064] (continued) Resulted: 06/07/14 1401, Result status: Final result

06/07/14 1300

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
15 - SMC MED IMG	SMC MEDICAL IMAGING	Unknown	Unknown	11/25/08 1420 - Present

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Medication Administration Record

(There are no med orders for this encounter)

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Care Plan Event Log

** None **

Multi-Disciplinary Problems (Active)

Care Plans

There are no active problems.

Multi-Disciplinary Problems (Resolved)

There are no resolved problems.

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Patient Education

Education

No education to display

Education Notes

No notes present for this patient.

All Flowsheet Data (06/07/14 0000--06/07/14 2359)

Labor

	06/07/14 1400	06/07/14 1324	06/07/14 1300
Vital Signs			
BP			105/61 mmHg -WB
BP Cuff Location			Right upper arm -WB
Patient Position			High-Fowlers -WB
Heart Rate			91 -WB
Resp			18 -WB
Pain Assessment			
Pain Level, Self-Report			0 -WB
Fetal Heart Rate			
Mode	External US -WB	External US -WB	
Baseline Rate	145 bpm -WB	135 bpm -WB	
Variability	6-25 BPM -WB	6-25 BPM -WB	
Pattern	A -WB	A -WB	
Uterine Activity			
Mode	Toco -WB	Toco -WB	
Contraction Frequency	occas -WB	0 -WB	
Contraction Quality	Mild -WB		
Resting Tone Palpated	Soft -WB	Soft -WB	
MD/Provider Notification			
Time of Attempt	1400 -WB		
How Attempted?	Present -WB		
Time of Conversation/Action	1400 -WB		
MD/Provider Name	Dr. Bray -WB		

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

User Key

Initials	Name	Effective Dates
WB	Burson, Wendy Lea, RN	02/03/14 -

END OF REPORT

SWEDISH

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Patient Demographics

Name	Patient ID	SSN	Sex	Birth Date
Nguyen, Loan Thi Kim	1001885381	xxx-xx-4229	Female	07/15/88 (25 yrs)

Address	Phone	EMail	Employer
20801 49TH AVE W LYNNWOOD WA 98036	425-501-4618 (H)		

Reg Status	PCP	Date Last Verified	Next Review Date
Verified	Bly, Eleanor Grace, MD425-789-2000	05/13/14	01/15/15

Admission Date	Discharge Date	Admitting Provider
06/09/14	06/11/14	Casey, Jillene, MD

Marital Status	Religion
Single	None

Emergency Contact 1	Emergency Contact 2
Vu Phan (SO) 206-229-1797 (H)	Per Pt None (NONE) 000-000-0000 (H)

Insurance as of 6/11/2014

Payor	Plan	Group	Member	Effective Dates
AUTO INS OTHER	AUTO INS OTHER [329001]		A101266328	-
Subscriber: NGUYEN,LOAN THI KIM [A101266328]				
Guarantor : NGUYEN,LOAN THI KIM				
COORDINATED CARE MEDICAID	MEDICAID-COORDINATED CARE-APPLE HLTH-HEALTHY OPT HMO [341101]		00083112201	12/1/2013 -
Subscriber: NGUYEN,LOAN THI KIM [00083112201]				
Guarantor : NGUYEN,LOAN THI KIM				

Patient Ethnicity & Race

Ethnic Group	Patient Race
Non-Hispanic or Latino	Asian

Admission Information

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
Casey, Jillene, MD	Casey, Jillene, MD	Elective	06/09/14 0653
Discharge Date/Time	**Hospital Service**	**Auth/Cert Status**	**Service Area**
06/11/14 1922	OB/Gyn	Complete	SWEDISH MEDICAL CENTER

Unit	Room/Bed	Admission Status
E 7 WEST	711/711-1	Discharged (Confirmed)

Admission Information - Hospital Account/Patient Record

Arrival Date/Time: 06/09/2014 6:53 Admit Date/Time: 06/09/2014 6:53 IP Adm. 06/10/2014 5:04

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Admission Information - Hospital Account/Patient Record (continued)

	AM		AM	Date/Time:	PM
Admission Type:	Elective	Point of Origin:	Physician Referral (Non-health Care Facility Point Of Origin)	Admit Category:	None
Means of Arrival:	None	Primary Service:	Ob/gyn	Secondary Service:	None
Transfer Source:	None	Service Area:	Swedish Medical Center	Unit:	E 7 West
Admit Provider:	Casey, Jillene, MD	Attending Provider:	Casey, Jillene, MD	Referring Provider:	None

Diagnosis Information

Primary Visit Diagnosis: None found
Principal Problem: None found

Visit Diagnoses	Problem List	ADT Coded Diagnoses	ADT Free Text Diagnoses
None found	None found		PREGNANCY INDUCTION

Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
06/11/2014 7:22 PM	*Home/self Care (Routine Discharge)	Home	Casey, Jillene, MD	E 7 West

Reviewed On: **6/11/2014** By: **Helm, Stacie C, RN**

Allergies as of 6/11/2014

No Known Allergies

Current Immunizations Reviewed on 6/10/2014

Name	Date	Dose	VIS Date	Route	Exp Date
FLU VACCINE SPLIT, PRESERV FREE, 6-35 MO	11/1/2013				
Documented By: Morrison, Jennifer T, RN					
External: Patient reported					
TDAP	4/1/2014				
Documented By: Morrison, Jennifer T, RN					
External: Patient reported					

Hospital Problems Date Reviewed: **6/3/2014**

None

Problem List Date Reviewed: **6/3/2014**

	Codes	Priority	Class	Noted - Resolved
Pelvic pain in pregnancy, antepartum, third trimester	ICD-10-CM: O26.893, R10.2 ICD-9-CM: 646.83, 625.9			6/3/2014 - Present
Supervision of normal intrauterine pregnancy in multigravida	ICD-10-CM: Z34.90 ICD-9-CM: V22.1			5/14/2014 - Present

Social History

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Tobacco Use	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Start Date	Smoking Quit Date	Smokeless Tobacco Status	Smokeless Tobacco Quit Date
as of 6/11/2014	Never Smoker	Provider		0.0	0.0				Never Used	

Alcohol Use	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
as of 6/11/2014	No	Provider			

Drug Use	Drug Use	Source	Types	Frequency	Comments
as of 6/11/2014	No	Provider		0.00	

Sexual Activity	Sexually Active	Source	Birth Control	Partners	Comments
as of 6/11/2014	Yes	Provider	None	Male	

Social ADL	ADL Question	Response	Comments	Source
as of 6/11/2014	**None**			

Social Doc as of 6/11/2014 **None**

Occupational as of 6/11/2014 **None**

Socioeconomic	Marital Status	Spouse Name	Num of Children	Years Education	Source
as of 6/11/2014	Single				

Preferred Language	Ethnicity	Race
English	Non-Hispanic or Latino	Asian

ED Records

ED Arrival Information

Patient not seen in ED

Diagnosis

None

ED Disposition

None

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IP-AVS

Visit Information

	Provider	Department
6/9/2014	Jillene M Casey, MD	E 7 West

Follow-up Information

Follow-up With	Details	Why	Contact Info
Bly, Eleanor Grace	Schedule an appointment as soon as possible for a visit in 6 weeks	for post-partum check	4111 194th ST SW Edmonds WA 98026 425-835-5200

User	Date/Time
Zeh, Catherine Anne, MD	Wed Jun 11, 2014 9:20 AM

Current Discharge Medication List

START taking these medications

Medication	AM	Noon	PM	Bedtime
HYDROcodone-acetaminophen (AKA NORCO) 5-325 mg Oral Tab Take 1-2 Tabs by mouth every four to six hours as needed for Pain. Qty: 20 Tab Refills: 0 Start date: 6/11/2014	[ ]	[ ]	[ ]	[ ]
docusate (AKA COLACE) 100 mg Oral Cap Take 2 Caps by mouth twice a day. Qty: 60 Cap Refills: 0 Start date: 6/11/2014	[ ]	[ ]	[ ]	[ ]
ibuprofen (AKA MOTRIN) 600 mg Oral Tab Take 1 Tab by mouth every six hours as needed for Pain. Qty: 30 Tab Refills: 0 Start date: 6/11/2014	[ ]	[ ]	[ ]	[ ]

CONTINUE these medications which have NOT CHANGED

Medication	AM	Noon	PM	Bedtime
prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab Take 1 Tab by mouth every day.	[ ]	[ ]	[ ]	[ ]

IP-AVS (continued)

If you use tobacco or have used tobacco in the past twelve months, it is critical for you to stop NOW. Your life AND the lives of your family and children are shortened by YOUR smoking through direct and second-hand smoke.

For help in quitting, review the Smoking Cessation Information Brochure, and call or visit the Washington State Quit Line at 1-877-270-7867 (STOP), <http://www.quitline.com/> .

Your loved ones will thank you.

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SWEDISH

IP-AVS (continued)

Discharge Instructions

MOTHER HOME CARE INSTRUCTIONS

- NUTRITION: Increase your intake of protein and calories. Drink plenty of fluids throughout the day, including before and after breast-feeding.

- ACTIVITY: Limit activity for first week to caring only for baby. Rest often – try to nap while baby is sleeping. Avoid heavy lifting, strenuous activity, and getting **very** tired. **Gradually** resume regular level of activity.

- ELIMINATION: Expect vaginal flow to gradually taper off, changing from red to pink-brown, and then finally yellow-white. Urinate at least every 2 to 3 hours. This helps keep the uterus contracted and decreases the risk of excessive bleeding. Report difficulty urinating, burning, or pain to your doctor. Drink plenty of liquids and eat high-fiber foods to prevent constipation. Follow your doctor's instructions about the use of stool softeners or laxatives.

- PERINEAL CARE: Clean vaginal area with peribottle each time after urinating and bowel movement; continue until vaginal flow stops. Avoid sitting for long periods of time. Don't place anything in vagina until allowed by M.D. – no tampons, douches, or intercourse.

- INCISION CARE: If cesarean birth or tubal ligation, keep incision clean and dry. Steri-strips will begin peeling off in 1-2 weeks and can be removed at that time. Incision doesn't need to be covered when taking a shower.

- BREAST CARE: **If breastfeeding**, take a hot shower or apply hot packs to breasts and massage them just before feeding baby to relieve engorgement. Also, feed baby frequently. If nipples are sore after feeding, express colostrum/breast milk and rub into nipple and areola. If nipples are tender, try feeding the baby in different positions (for example, switch from cradle hold to football hold). **If bottle feeding**, apply ice packs to breasts to relieve engorgement and wear a firm, supportive bra until breasts return to normal size.

- WARNING SIGNS: Call your doctor if
  - Temp: above 37.8 degrees Celsius (100.0 degrees Fahrenheit)
  - Increased abdominal incisional pain and/or redness or drainage from incision
  - Increased vaginal bleeding (more than first day of period) or passing clots
  - Vaginal flow with a foul odor
  - Constipation (no BM for 3 days)
  - Red, hot lump develops in breast.

For further questions, please call 206-386-6667 (MOMS) during the hours of: Monday through Friday 5 pm to 11 pm. Saturday and Sunday 8 am to 5 pm. Holidays 7 am to 11 pm. Or you may call your doctor.

For breastfeeding support call our Outpatient Lactation Clinic: Edmonds 425-640-4072.

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

H&P Summary Notes

H&P by Casey, Jillene, MD at 06/09/14 0844

Author: Casey, Jillene, MD Service: (none) Author Type: Physician
Filed: 06/09/14 0909 Note Time 06/09/14 0844 Status: Addendum
Editor: Casey, Jillene, MD (Physician)
Related Notes: Original Note by Casey, Jillene, MD (Physician) filed at 06/09/14 0854

OBG Interval Obstetrical History and Physical

Loan Thi Kim Nguyen

Age/Gender	**25 y.o. female**	Attending	**Casey, Jillene, MD**
MRN / DOB	**1001885381 7/15/1988**	Performing	**Jillene M Casey, MD**
Location	**EDMONDS 7 WEST**	PCP	**Bly, Eleanor Grace**
Hosp Day #	**1**		

Chief Complaint: postdates induction

HPI: Loan Thi Kim Nguyen is a 25 y.o. G2P1001 at 40w4d here for postdates induction. She did not want to wait until 41 wks because of scheduling conflict.
+FM, no LOF, no VB. She feels occ mild contractions only

Prenatal Course: uncomplicated

Gravida/Para:

OB History

Grav	Para	Term	Preterm	Abortions	TAB	SAB	Ect	Mult	Living
2	1	1							1

#	Outc	Date	GA	Lbr Len/2nd	Wgt	Sex	Del	Anes	PTL	Lv
1	**TRM**	12/09	39w0d		3kg(6lb9.8oz)	F	NORMAL SPONT	None	No	Yes
2	**CUR**									

Dating: 6/5/2014, by Last Menstrual Period

Problem List:

Patient Active Problem List

Diagnosis	Date Noted
• Pelvic pain in pregnancy, antepartum, third trimester	06/03/2014
• Supervision of normal intrauterine pregnancy in multigravida	05/14/2014

OB History: See above

GYN History: N/A

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H&P Summary Notes (continued)

H&P by Casey, Jillene, MD at 06/09/14 0844 (continued)

Past Medical History:

Past Medical History

Diagnosis	Date
• Medical history non-contributory	

Past Surgical History:

Past Surgical History

Procedure	Laterality	Date
• Knee surgery	Right	2011

Allergies:

No Known Allergies

Home Medication List

Outpatient Prescriptions as of 6/9/2014

Medication	Sig
• prenatal vit-folic acid 1mg (AKA PRENATAL RX) 27-1 mg Oral Tab	Take 1 Tab by mouth every day.

Internal Prenatal Labs

Maternal Blood Type and Hct

Lab results (within last 13 months/9480hours)

	06/09/14 0730	11/15/13
ABO	--	O
RH	--	Pos
ABORH	O POS	--
HCT	37.2	--

Maternal RPR, Hep B, Rubella and GBS

Lab results (within last 13 months/9480hours)

	05/08/14	11/15/13
HBSAG	--	Neg
RUBEL	--	immune
GBSDNA	Neg	--

glucola 132

Physical Exam

Vitals: BP: 110/66 mmHg, Heart Rate: 93, Temp: 36.6 °C (97.9 °F), Resp: 18 There is no weight on file to calculate BMI.
General Appearance: healthy, alert and in no distress
HEENT: WNL
Abdomen: soft, non-tender, with normal sounds and no masses, fundus appropriate for gestational age
Extremities: nontender

Membrane Status: membranes intact

Cervical Exam: 1.5/20/-2/mid position, medium. Bishops 4

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H&P Summary Notes (continued)

H&P by Casey, Jillene, MD at 06/09/14 0844 (continued)

Pelvis: adequate by exam

Presentation: vertex

Latest EFW: 7lb by exam

FHR: Baseline rate 135 bpm
Variability: Moderate
Accelerations: Present
Decelerations: None
FHR Interpretation: Category: I

Contractions: Yes: Frequency: irreg, Duration: 30-60 seconds, Strength: mild

Hemorrhage Risk: Low (Hold tube)=No previous uterine incision, Singleton pregnancy, Less than/equal to 4 previous births, No known bleeding disorder,No history of PPH

Assessment

Loan Thi Kim Nguyen is a 25 y.o. G2P1001 at 40w4d who presents for postdates induction. Cervix not favorable.

Plan

1. Labor: induction discussed and risk/benefits discussed. She understands that her cervix needs ripening. Place miso this AM. Will plan for pitocin when cervix favorable. Discussed that if cervix does not respond after several doses of miso, I will likely recommend d/c home and try again in a few days. Pt agreeable.
Pt asking questions about epis. She would like one. After education regarding standard of care NOT to cut epis, she is agreeable.
2. Membrane Status: Intact
3. MWB: desires no pain meds
4. FWB: cat 1 strip.
5. GBS negative.
6. Disposition: Expectant management

Jillene M Casey, MD

08:45; 6/9/2014

Face to face time spent in counseling and managing labor: 15 minutes. Start time 0825, end time 0840

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L&D Delivery Note

L&D Delivery Note by Erickson, Katrina Joanne, MD at 06/10/14 1749 Version 1 of 1

Author: Erickson, Katrina Joanne, MD Service: (none) Author Type: Physician
Filed: 06/10/14 1759 Note Time: 06/10/14 1749 Status: Signed
Editor: Erickson, Katrina Joanne, MD (Physician)

OB VAGINAL DELIVERY NOTE

ID: Loan Thi Kim Nguyen; 25 y.o. female

Location: 711/711-1 **Attending** Casey, Jillene, MD
Hospital Day # 1 **PCP** Bly, Eleanor Grace

Date of Delivery: 6/10/2014

Provider: Katrina Erickson, MD

Anesthesia: none

Exam: Confirmed vertex

Complete

Effacement: 100

Station: 2+

Position: oa

Catheter: NA

Delivery: NSVD

Cord Gases: Collected but not sent

EBL: 200ml estimated

Placenta to pathology: No

Complications:

Maternal: none

Neonatal: none

Condition: Satisfactory

Summary

Stage I Labor:

25 y.o. G2P1001 at 40w5d, GBS negative who presents for induction of labor due to post dates. She was initially placed on miso x2 but had too many contractions to continue despite no cervical change. A Cook's catheter was place overnight and when removed in the morning she was 5 cm. Pitocin started to continue induction. She progressed appropriately. SROM at 1601, clear fluid

Stage II Labor:

Upon reaching full dilation at 1653 she began to push. Baby delivered at 1717 and weighed 7lbs 7oz , with APGARS of 9 and 9 at 1 and 5 minutes, respectively. Infant was delivered to maternal abdomen and stimulated. Vigorous cry noted. Cord was clamped

Stage III Labor:

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L&D Delivery Note (continued)

L&D Delivery Note by Erickson, Katrina Joanne, MD at 06/10/14 1749 (continued) Version 1 of 1

Following delivery, pitocin was started with fundal massage. Placenta delivered, fully intact at 1704, 3 vessel cord, no apparent abnormalities. Pt had a firm fundus at the umbilicus immediately following delivery of the placenta. Bleeding was well controlled with pitocin and fundal massage. EBL was 200 ml. 2nd degree laceration and right periclitoral lacerations noted and repaired in standard fashion. Mom and baby were both in stable condition.

Delivery Note

Loan Thi Kim Nguyen
1001885381
25 y.o.
7/15/1988

Location: 711/711-1 **Attending:** Casey, Jillene, MD
Hospital Day #: 1 **PCP:** Bly, Eleanor Grace

Labor Events:	
Labor Onset date:	6/10/2014
Labor Onset time:	9:40 AM
Dilation Complete date:	6/10/2014
Dilation Complete time:	4:53 PM
Cervical Ripening date:	6/9/2014
Cervical Ripening time:	9:05 AM
Cervical Ripening type:	Misoprostol
Preterm labor:	No
Rupture date:	6/10/2014
Rupture time:	4:01 PM
Rupture type:	Spontaneous
Fluid color:	Clear
Labor type:	Induction
Induction:	Misoprostol;Foley/EASI;Oxytocin
Augmentation:	
Management of labor:	None
Reason for ABX:	
Additional management:	

Delivery:	
Episiotomy:	None
Perineal lacerations:	2nd degree
Laceration repair:	In usual fashion Other (Comment)
Additional lacerations:	Right periclitoral laceration
Complications:	
Blood loss (ml):	200.00 , Estimated

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L&D Delivery Note (continued)

L&D Delivery Note by Erickson, Katrina Joanne, MD at 06/10/14 1749 (continued) Version 1 of 1

Delivery Baby A
6/10/2014 5:04 PM by Vaginal, Spontaneous Delivery
Sex: male Gestational Age: 40w4d
Weight: 7 lb 6.9 oz (3371 g) Length: 20.08"
Living status: Yes

Attending at Delivery: ERICKSON, KATRINA JOANNE
Other Delivery Personnel: GANT, NICOLE A;MCCUMBER, JANET L;;;MARLOW, DARLENE

Delivery type: Vaginal, Spontaneous Delivery

Counts	
Initial sponge count:	5
Final sponge count:	5
Initial needle count:	0 + 5
Final needle count:	5

APGARS	*One Minute*	*Five Minute*	*Ten Minute*	*Fifteen Minute*	*Twenty Minute*
Skin Color:	1	1			
Heart Rate:	2	2			
Grimace:	2	2			
Muscle Tone:	2	2			
Breathing:	2	2			
Totals:	**9**	**9**			
Expanded:					

Presentation: Vertex
Position: Middle, Occiput, Anterior

Cord Information	
Vessels:	3 Vessels
Cord blood disposition:	Lab
Cord Comments:	loose x1
Cord gases drawn:	Anterial drawn
Cord gases sent?:	No
Complications:	Nuchal
If nuchal, number of loops:	
Delayed Cord Clamping:	Yes
Delay Time:	

Resuscitation method: None

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L&D Delivery Note (continued)

L&D Delivery Note by Erickson, Katrina Joanne, MD at 06/10/14 1749 (continued) Version 1 of 1

Placenta Information	
Date/Time:	6/10/2014 5:17 PM
Removal:	Spontaneous
Appearance:	Intact
Disposition:	Disposal

Labor anesthesia method: Local

Katrina J Erickson, MD
17:49; 6/10/2014

SWEDISH

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OR Case Log

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SWEDISH

Progress Notes

Progress Notes by Morrison, Jennifer T, RN at 06/09/14 0705

Author: Morrison, Jennifer T, RN Service: (none) Author Type: Registered Nurse
Filed: 06/09/14 0751 Note Time 06/09/14 0705 Status: Signed
Editor: Morrison, Jennifer T, RN (Registered Nurse)

Patient presents to Birth Center for scheduled induction. Patient states +FM, no vaginal bleeding or leaking of fluid. Patient states that she is having "some" uterine contractions that are not painful at this time. VS and UA obtained. EFM's applied. IV started and is patent infusing fluids per order. MD will be notified of patient's arrival and of results.

Progress Notes by Morrison, Jennifer T, RN at 06/09/14 0830

Author: Morrison, Jennifer T, RN Service: (none) Author Type: Registered Nurse
Filed: 06/09/14 0840 Note Time: 06/09/14 0830 Status: Signed
Editor: Morrison, Jennifer T, RN (Registered Nurse)

Dr. Casey at the bedside. Vaginal exam done by Dr. Casey and plan is to begin induction with misoprostol. POC discussed with patient. Questions were answered with no further questions at this time. Patient verbalizes understanding of POC. Induction consent signed.

Progress Notes by Casey, Jillene, MD at 06/09/14 1259

Author: Casey, Jillene, MD Service: (none) Author Type: Physician
Filed: 06/09/14 1301 Note Time: 06/09/14 1259 Status: Signed
Editor: Casey, Jillene, MD (Physician)

OB Labor Progress Note

Name:Loan Thi Kim Nguyen **Today's Date:** 6/9/2014
Age: 25 y.o. **Location:** 711/711-1
DOB: 7/15/1988 **Attending:** Casey, Jillene, MD
MRN: 1001885381 **Performing:** Jillene M Casey

Subjective
Pt rating contractions 4/10 now

Objective
Vital Signs:
BP: 120/66 mmHg, Heart Rate: 90, Temp: 36.6 °C (97.8 °F), Resp: 18

FHR: Baseline rate 125bpm
Variability: Moderate
Accelerations: Present
Decelerations: None

Contractions:Contractions q 6 minutes
Intensity: Mild
Oxytocin: 0 milliunits/min

Progress Notes (continued)

Progress Notes by Casey, Jillene, MD at 06/09/14 1259 (continued)

Cervical Exam: Dilatation: 2 cm
Effacement: 30 %
Station: -2
Head Position: unk

Assessment:
25 y.o. G2P1001 female at 40w4d here for postdates induction

Plan:
1. **Labor**: cervical ripening with miso. 2nd dose placed by me now.
2. **Membrane Status**: Intact
3. **MWB**: pt desires nat labor
4. **FWB:** cat 1 strip.
5. **GBS negative.**
6. **Disposition:** Expectant management

Jillene M Casey, MD
12:59; 6/9/2014

Face to face time spent in counseling and managing labor: 5 min. Start time 1258, end time 1253

Progress Notes by Morrison, Jennifer T, RN at 06/09/14 1255

Author: Morrison, Jennifer T, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/09/14 1303 | Note Time: 06/09/14 1255 | Status: Signed
Editor: Morrison, Jennifer T, RN (Registered Nurse)

Dr. Casey at the bedside, vaginal exam done, plan is to place a second dose of misoprostol. POC discussed with patient, questions were answered, patient verbalizes understanding of POC and agrees with POC.

Progress Notes by Morrison, Jennifer T, RN at 06/09/14 1445

Author: Morrison, Jennifer T, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/09/14 1457 | Note Time: 06/09/14 1445 | Status: Signed
Editor: Morrison, Jennifer T, RN (Registered Nurse)

Patient VSS. Paitient's pain is well managed and controlled. Patient is being induced with misoprostol and had second dose of 25mcg placed at 1300 by Dr. Casey. FHR has been a category one throughout the shift. Patient is currently having uterine contractions every 1-4 minutes apart. Patient has an IV that is patent and infusing fluids. Patient is voiding qs and is currently on a general diet and tolerating it well. Patient has been resting comfortably during the shift. Patient's husband is supportive and has been at the bedside during part of the shift.

Progress Notes by Morrison, Jennifer T, RN at 06/09/14 1455

Progress Notes (continued)

Progress Notes by Morrison, Jennifer T, RN at 06/09/14 1455 (continued)

Author: Morrison, Jennifer T, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/09/14 1458 | Note Time: 06/09/14 1455 | Status: Signed
Editor: Morrison, Jennifer T, RN (Registered Nurse)

Bedside report given to B. Dampac RNC, patient care relinquished.

Progress Notes by Dampac, Bennett, RN at 06/09/14 1517

Author: Dampac, Bennett, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/09/14 1519 | Note Time: 06/09/14 1517 | Status: Signed
Editor: Dampac, Bennett, RN (Registered Nurse)

Patient heplocked, feeling contractions, rating pain as 5-6/10. Will eat Now while not in labor yet.

Progress Notes by Dampac, Bennett, RN at 06/09/14 1540

Author: Dampac, Bennett, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/09/14 1541 | Note Time: 06/09/14 1540 | Status: Signed
Editor: Dampac, Bennett, RN (Registered Nurse)

Patient with 4.5 min of contraction, palpates mild to moderate. Encouraged to keep hydrating self.

Progress Notes by Dampac, Bennett, RN at 06/09/14 1905

Author: Dampac, Bennett, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/09/14 1912 | Note Time: 06/09/14 1905 | Status: Signed
Editor: Dampac, Bennett, RN (Registered Nurse)

Report given to night RN traveler Katie.

Progress Notes by Dampac, Bennett, RN at 06/09/14 1840

Author: Dampac, Bennett, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/09/14 1914 | Note Time: 06/09/14 1840 | Status: Signed
Editor: Dampac, Bennett, RN (Registered Nurse)

Patient feeling contractions less in intensity.Update given to Dr. Casey on SVE and contraction pattern. MD will see patient and make a plan.

Progress Notes by Casey, Jillene, MD at 06/09/14 2020

Author: Casey, Jillene, MD | Service: (none) | Author Type: Physician
Filed: 06/09/14 2024 | Note Time: 06/09/14 2020 | Status: Signed
Editor: Casey, Jillene, MD (Physician)

Progress Notes (continued)

Progress Notes by Casey, Jillene, MD at 06/09/14 2020 (continued)

OB Labor Progress Note

Name:Loan Thi Kim Nguyen **Today's Date:** 6/9/2014
Age: 25 y.o. **Location:** 711/711-1
DOB: 7/15/1988 **Attending:** Casey, Jillene, MD
MRN: 1001885381 **Performing:** Jillene M Casey

Subjective
Pt is s/p 2 doses of miso with little cervical change. She is contracting too frequently for another dose of miso.

Objective
Vital Signs:
BP: 128/86 mmHg, Heart Rate: 88, Temp: 36.7 °C (98.1 °F), Resp: 18

FHR: Baseline rate 140bpm
Variability: Moderate
Accelerations: Present
Decelerations: None

Contractions:Contractions q 2-4 minutes
Intensity: Mild
Oxytocin: 0 milliunits/min

Cervical Exam: Dilatation: 2.5 cm
Effacement: 50%
Station: -2
Head Position: unk

Assessment:
25 y.o. G2P1001 female at 40w4d here for postdates induction

Plan:
1. Labor: s/p miso x2, contracting too frequently for another dose of misoprostol and cervix not yet favorable. I discussed options at length w/pt and husband and after discussion, she elects trial of cook catheter rather than d/c home. We did discuss that d/c home with return to L&D in a few days is a viable option but she declines.
Cook catheter placed by me 80cc uterine balloon, 60cc in vaginal balloon. Pt tolerated procedure well.
She may have fentanyl prn pain.
2. Membrane Status: Intact
3. MWB: pt desires nat labor
4. FWB: cat 1 strip.
5. GBS negative.
6. Disposition: Expectant management

Jillene M Casey, MD
20:20; 6/9/2014

Face to face time spent in counseling and managing labor: 10 min. Start time 2012, end time 2022

Progress Notes by Allan, Catherine, RN at 06/09/14 2122

Progress Notes (continued)

Progress Notes by Allan, Catherine, RN at 06/09/14 2122 (continued)

Author: Allan, Catherine, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/09/14 2123 | Note Time: 06/09/14 2122 | Status: Signed
Editor: Allan, Catherine, RN (Registered Nurse)

2103-2105 patient up to bathroom during poor tracing, maternal HR suspected due to movement and maternal HR trends low 90s.

Progress Notes by Allan, Catherine, RN at 06/10/14 0701

Author: Allan, Catherine, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 0702 | Note Time: 06/10/14 0701 | Status: Signed
Editor: Allan, Catherine, RN (Registered Nurse)

0433-0445 RN at bedside adjusting FHR monitor, telemetry found to not be fully charged. Continuous monitoring maintained by switching to standard monitors, patient turned and readjusted.

Progress Notes by Allan, Catherine, RN at 06/10/14 0702

Author: Allan, Catherine, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 0702 | Note Time: 06/10/14 0702 | Status: Signed
Editor: Allan, Catherine, RN (Registered Nurse)

0650: Patient report provided to Nicole RN. Care of patient released

Progress Notes by Gant, Nicole A, RN at 06/10/14 0710

Author: Gant, Nicole A, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 0710 | Note Time: 06/10/14 0710 | Status: Signed
Editor: Gant, Nicole A, RN (Registered Nurse)

Report received, care assumed. Pt sleeping, will complete assessment later

Progress Notes by Gant, Nicole A, RN at 06/10/14 0800

Author: Gant, Nicole A, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 0813 | Note Time: 06/10/14 0800 | Status: Signed
Editor: Gant, Nicole A, RN (Registered Nurse)

Pt reports able to sleep throughout night, mild pain now, catheter remains in. Pt ordering light breakfast, will discuss with MD regarding POC

Progress Notes by Gant, Nicole A, RN at 06/10/14 0814

Progress Notes (continued)

Progress Notes by Gant, Nicole A, RN at 06/10/14 0814 (continued)

Author: Gant, Nicole A, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 0815 | Note Time: 06/10/14 0814 | Status: Signed
Editor: Gant, Nicole A, RN (Registered Nurse)

Dr Erickson enroute to hospital for cook's catheter removal and re-evaluate POC

Progress Notes by Gant, Nicole A, RN at 06/10/14 0825

Author: Gant, Nicole A, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 0841 | Note Time: 06/10/14 0825 | Status: Signed
Editor: Gant, Nicole A, RN (Registered Nurse)

Cook's catheter removed intact, Dr Erickson at bedside for SVE, 5/80/-2, plan for pt to shower and then start pitocin.

Progress Notes by Erickson, Katrina Joanne, MD at 06/10/14 0840

Author: Erickson, Katrina Joanne, MD | Service: (none) | Author Type: Physician
Filed: 06/10/14 0846 | Note Time: 06/10/14 0840 | Status: Signed
Editor: Erickson, Katrina Joanne, MD (Physician)

OBG Progress Note LABOR

Loan Thi Kim Nguyen

Age/Gender	**25 y.o. female**	Attending	**Casey, Jillene, MD**
MRN	**1001885381**	Performing	**Katrina J Erickson**
Location	**EDMONDS 7 WEST**	PCP	**Bly, Eleanor Grace**
Hosp Day #	**1**		

I am assuming care from Dr. Casey. Pt is a CHC pt who came in yesterday for IOL for post dates. She is a G2P1001 at 40w5d. She had an unfavorable cervix. She was given misoprostol x 2 and was contracting too much to continue with misoprostol.. Her cervix was unchanged and not ripe enough to start pitocin so a Cooks catheter was placed at 8pm last night. It did not come out overnight.

This morning we removed the catheter at the 12 hour mark and her cervix was soft 5/80%/-2.

Labor: Induction

Subjective

Pain Control: None
Oxytocin: No
Membrane Status: Intact

Objective

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Progress Notes (continued)

Progress Notes by Erickson, Katrina Joanne, MD at 06/10/14 0840 (continued)

Vitals: Temp: 36.7 °C (98 °F), BP: 118/76 mmHg, Heart Rate: 90, Resp: 18
O2 Sat:SpO2: 100 % on room air
FHR: **Category: 1**
Baseline rate 120 bpm
Variability: Moderate
Accelerations: Present
Decelerations: None

Contractions: Frequency q 4-9 minutes
Intensity: Mild
IUPC none

Cervical Exam: Dilatation: 5 cm
Effacement: 80 %
Station: -2

Assessment:
Reassuring maternal and fetal status

Plan:
We will allow her to get up and shower and then we will continue with a pitocin induction.
We discussed pain management and she would like to go without an epidural and use IV pain medication as needed.
We again discussed the risks of induction including failure to dilate and higher risk of section. She states understanding.

Katrina J Erickson, MD
08:40; 6/10/2014

Progress Notes by Gant, Nicole A, RN at 06/10/14 1245

Author: Gant, Nicole A, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 1246 | Note Time: 06/10/14 1245 | Status: Signed
Editor: Gant, Nicole A, RN (Registered Nurse)

Pt continues to do well with uc's, moving side to side in bed, denies wanting birthing ball or ambulating in room, will inform RN if changes mind, pt in good control, denies intervention

Progress Notes by Erickson, Katrina Joanne, MD at 06/10/14 1316

Progress Notes (continued)

Progress Notes by Erickson, Katrina Joanne, MD at 06/10/14 1316 (continued)

Author: Erickson, Katrina Joanne, MD | Service: (none) | Author Type: Physician
Filed: 06/10/14 1318 | Note Time 06/10/14 1316 | Status: Signed
Editor: Erickson, Katrina Joanne, MD (Physician)

OBG Progress Note LABOR

Loan Thi Kim Nguyen

Age/Gender	**25 y.o. female**	Attending	**Casey, Jillene, MD**
MRN	**1001885381**	Performing	**Katrina J Erickson**
Location	**EDMONDS 7 WEST**	PCP	**Bly, Eleanor Grace**
Hosp Day #	**1**		

Labor: Induction

Subjective

Pain Control: None
Oxytocin: Yes, dosage: 8 mU
Membrane Status: Intact

Objective

Vitals: Temp: 36.7 °C (98.1 °F), BP: 118/69 mmHg, Heart Rate: 83, Resp: 18, Weight: 61.236 kg (135 lb)
O2 Sat:SpO2: 100 % on room air
FHR: **Category: 1**
Baseline rate 130bpm
Variability: Moderate
Accelerations: Present
Decelerations: None

Contractions: Frequency q 2-4 minutes
Intensity: Moderate
IUPC none

Cervical Exam: Dilatation: 6 cm
Effacement: 80 %
Station: -2
Bulgy forebag.
Head resting on maternal right pelvis

Assessment:

Adequate progress of labor with contractions just beginning to become painful and more regular
Reassuring maternal and fetal status

Plan:

Continue current orders

Katrina J Erickson, MD
13:16; 6/10/2014

Progress Notes by Gant, Nicole A, RN at 06/10/14 1450

Author: Gant, Nicole A, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 1451 | Note Time 06/10/14 1450 | Status: Signed
Editor: Gant, Nicole A, RN (Registered Nurse)

Dr Erickson paged, pt remains unblocked, reports pain increasing and some pressure with uc's, 8/80/-1 with bulgy bag

Progress Notes by Gant, Nicole A, RN at 06/10/14 1542

Author: Gant, Nicole A, RN | Service (none) | Author Type Registered Nurse
Filed: 06/10/14 1542 | Note Time: 06/10/14 1542 | Status: Signed
Editor Gant, Nicole A, RN (Registered Nurse)

Pt continues to breathe well through uc's, in good control, reports pain and pressure about the same

Progress Notes by Gant, Nicole A, RN at 06/10/14 1606

Author: Gant, Nicole A, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 1607 | Note Time: 06/10/14 1606 | Status: Signed
Editor: Gant, Nicole A, RN (Registered Nurse)

Dr Erickson notified SROM, pt feeling pushy, asked to come for delivery

Progress Notes by Erickson, Katrina Joanne, MD at 06/10/14 1630

Author: Erickson, Katrina Joanne, MD | Service (none) | Author Type Physician
Filed 06/10/14 1646 | Note Time: 06/10/14 1630 | Status: Signed
Editor: Erickson, Katrina Joanne, MD (Physician)

OBG Progress Note LABOR

Loan Thi Kim Nguyen

Age/Gender **25 y.o. female** | Attending **Casey, Jillene, MD**
MRN **1001885381** | Performin **Katrina J Erickson**

FIRST HILL
747 Broadway
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NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Progress Notes (continued)

Progress Notes by Erickson, Katrina Joanne, MD at 06/10/14 1630 (continued)

g

Location	**EDMONDS 7 WEST**	PCP	**Bly, Eleanor Grace**
Hosp Day #	**1**		

Labor: Induction

Subjective

Pain Control: None
Oxytocin: Yes, dosage 9mU
Membrane Status: SROM and Clear

Objective

Vitals: Temp: 36.7 °C (98 °F), BP: 117/73 mmHg, Heart Rate: 99, Resp: 20, Weight: 61.236 kg (135 lb)
O2 Sat:SpO2: 100 % on room air
FHR: **Category: 1**
Baseline rate 120sbpm
Variability: Moderate
Accelerations: Present
Decelerations: Early
Recurrent:Yes

Contractions: Frequency q 2-3 minutes
Intensity: Firm
IUPC none

Cervical Exam: RN examined pt 5 minutes prior to arrival
Dilatation: 8 cm
Effacement: 80 %
Station: -1

Assessment:

Adequate progress of labor and Reassuring maternal and fetal status

Plan:

Continue current orders
Expectant management

Katrina J Erickson, MD
16:44; 6/10/2014

Progress Notes by Gant, Nicole A, RN at 06/10/14 1735

Progress Notes (continued)

Progress Notes by Gant, Nicole A, RN at 06/10/14 1735 (continued)

Author: Gant, Nicole A, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 1754 | Note Time: 06/10/14 1735 | Status: Signed
Editor: Gant, Nicole A, RN (Registered Nurse)

Repair complete

Progress Notes by Mellon, Kande L, RN, IBCLC at 06/10/14 1806

Author: Mellon, Kande L, RN, IBCLC | Service: (none) | Author Type: RN, Lactation Specialist
Filed: 06/10/14 1806 | Note Time: 06/10/14 1806 | Status: Signed
Editor: Mellon, Kande L, RN, IBCLC (RN, Lactation Specialist)

Baby Name: Brandon
Preferred Contact #: cell
Language: English
Social History: 2nd baby, vaginal delivery
Breastfeeding History: Stopped breastfeeding at 2 mos with 1st due to soreness and decreased supply

Observed feeding unwrapped baby and placed him skin to skin with mom with blankets over his back. Helped with position in cradle hold and getting baby open wider and latched more deeply. Mom has large nipples and very small areola. Mom did some hand expression with drops. Discussed size of baby's stomach and need for frequent feedings. Handouts and card given, teaching started, reviewed information from Postpartum Booklet.

Progress Notes by Gant, Nicole A, RN at 06/10/14 1842

Author: Gant, Nicole A, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/10/14 1844 | Note Time: 06/10/14 1842 | Status: Signed
Editor: Gant, Nicole A, RN (Registered Nurse)

NSG Shift Summary

Patient: Loan Thi Kim Nguyen

Pt has remained stable following vaginal delivery. C/o perineal pain due to laceration, tucks and ice to bottom and motrin given. FF@1 below the u, lochia light, no clots expressed, VS WNL, breastfeed infant with good to fair latch. Tolerating fluids and food without n/v. Denies urge to void, verbalized understanding to inform RN for urge to void. Report to Carla, RN

Gant, Nicole A, RN, 6/10/2014 6:42 PM

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Progress Notes (continued)

Progress Notes by Anda, Carla Sasse, RN at 06/10/14 2045

Author: Anda, Carla Sasse, RN Service: (none) Author Type: Registered Nurse
Filed: 06/10/14 2048 Note Time: 06/10/14 2045 Status: Signed
Editor: Anda, Carla Sasse, RN (Registered Nurse)

OBG NWWHC POSTPARTUM VAGINAL PROGRESS NOTE

ID: **Loan Thi Kim Nguyen**; 25 y.o. female

Location: 711/711-1 **Attending** Casey, Jillene, MD
Hospital Day # 2

Subjective

25 yrs patient postpartum day 0.5 after NSVD
Bleeding: Normal
Pain: controlled with medication
Breastfeeding: baby is nursing fair. Fussy and hard to get to latch.

Objective

Vital Signs:

Intake/Output Summary (Last 24 hours) at 06/10/14 2045
Last data filed at 06/10/14 1704

	Gross per 24 hour
Intake	1400 ml
Output	2350 ml
Net	-950 ml

BP: 91/51 mmHg, Heart Rate: 109, Temp: 36.8 °C (98.2 °F), Resp: 18, SpO2: 100 %, Height: 157.5 cm (5' 2"), Weight: 61.236 kg (135 lb)
Abdomen: soft
Fundus: Nontender @ U -1
Perineum: intact
Extremities: non tender
Labs:

Results for orders placed during the hospital encounter of 06/09/14 (from the past 48 hour(s))
CBC WITH DIFF (ABS-%)

Result	Value	Range
WBC	5.94	3.80 - 11.00 10*3/uL
RBC	4.13	3.70 - 5.10 10*6/uL
HGB	12.8	11.3 - 15.5 g/dL
HCT	37.2	34.0 - 46.0 %
MCV	90.2	80.0 - 100.0 fL
MCH	31.1	27.0 - 34.0 pg
MCHC	34.5	32.0 - 35.5 g/dL
RDW	13.2	11.0 - 15.5 %

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Progress Notes (continued)

Progress Notes by Anda, Carla Sasse, RN at 06/10/14 2045 (continued)

PLATELET CT	192	150 - 400 10*3/uL
POLYS-AUTO, ABSOLUTE	3.77	1.90 - 7.40 10*3/uL
LYMPHOCYTES, ABSOLUTE	1.48	1.00 - 3.90 10*3/uL
VARIANT LYMPHOCYTES, ABSOLUTE	0.12	0.00 - 0.40 10*3/uL
MONOCYTES, ABSOLUTE	0.33	0.00 - 0.80 10*3/uL
EOSINOPHILS, ABSOLUTE	0.14	0.00 - 0.50 10*3/uL
BASOPHILS, ABSOLUTE	0.09	0.00 - 0.10 10*3/uL
POLYS-AUTO %	63.5	
LYMPHOCYTES %	24.9	
VARIANT LYMPHOCYTES %	2.0	
MONOCYTES %	5.6	
EOSINOPHILS %	2.4	
BASOPHILS %	1.5	

TYPE AND RH WITH ANTIBODY SCREEN

Result	Value	Range
ABO AND RH	O POS	
ANTIBODY SCREEN (INDIRECT COOMBS)	NEG	

URINALYSIS DIPSTICK POCT

Result	Value	Range
COLOR-POCT	Yellow	
APPEARANCE-POCT	Clear	
GLUCOSE-POCT	Negative	Negative mg/dL
BILIRUBIN-POCT	Negative	Negative
KETONES-POCT	Negative	Negative
SPECIFIC GRAVITY-POCT	1.020	1.000 - 1.035
BLOOD-POCT	Trace-intact (*)	Negative
PH-POCT	7.0	5.0 - 9.0
PROTEIN-POCT	Negative	Negative mg/dL
UROBILINOGEN-POCT	1.0	0.2 - 1.0 EU/dL
NITRATE-POCT	Negative	Negative
ESTERASE-POCT	Small (*)	Negative

Assessment

Stable post partum course. Voided X's 1 Tol up well. No c/o. Family visiting

Plan:

Continue Postpartum orders.

Carla Sasse-Anda, RN
20:45; 6/10/2014

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Progress Notes (continued)

Progress Notes by Zeh, Catherine Anne, MD at 06/11/14 0917

Author: Zeh, Catherine Anne, MD Service: (none) Author Type: Physician
Filed: 06/11/14 0917 Note Time: 06/11/14 0917 Status: Signed
Editor: Zeh, Catherine Anne, MD (Physician)

BFC POSTPARTUM VAGINAL PROGRESS NOTE

ID: **Loan Thi Kim Nguyen**; 25 y.o. female

Location: 711/711-1 **Attending** Casey, Jillene, MD
Hospital Day # 2

Subjective
25 y.o. G2P1001 patient postpartum day 1 after NSVD.
Bleeding: Normal
Pain: controlled with medication
Breastfeeding: No Problems

Objective
BP: 101/48 mmHg, Heart Rate: 87, Temp: 36.7 °C (98.1 °F), Resp: 20, SpO2: 100 %, Height: 62" (157.5 cm), Weight: 61.236 kg (135 lb)
Abdomen: soft
Fundus: Nontender @ U -3
Extremities: non tender

Assessment
Stable post partum course

Patient Active Problem List

Diagnosis	Code
• Supervision of normal intrauterine pregnancy in multigravida	V22.1
• Pelvic pain in pregnancy, antepartum, third trimester	646.83

Plan:
Discharge to home., Instructions given. and Follow up 6 weeks.

Catherine A Zeh, MD
09:17; 6/11/2014

Progress Notes by Chewning, Teryl H, RN, IBCLC at 06/11/14 1732

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Progress Notes (continued)

Progress Notes by Chewning, Teryl H, RN, IBCLC at 06/11/14 1732 (continued)

Author: Chewning, Teryl H, RN, IBCLC | Service: (none) | Author Type: RN, Lactation Specialist
Filed: 06/11/14 1732 | Note Time 06/11/14 1732 | Status: Signed
Editor: Chewning, Teryl H, RN, IBCLC (RN, Lactation Specialist)

Chewning, Teryl H, RN, IBCLC	RN, Lactation Specialist	**Signed**	Progress Notes	Service date: 06/11/2014 1705

Lactation Notes: Mom states My baby slept all night with out eating. Mom has a history of her milk drying up with er first child at 2 months. She tends to let the baby sleep all the time. Recommended she feed her baby every 1-3 hours and to wake him up every 3 hours if necessary.Mom shown how to use and clean hospital pump. She pumped 1ml of colostrum. Pt has provider one insurance. She can get a pump from Nurturing Expressions if they call Provider One" and request one.

Progress Notes by Helm, Stacie C, RN at 06/11/14 1755

Author: Helm, Stacie C, RN | Service: (none) | Author Type: Registered Nurse
Filed: 06/11/14 1756 | Note Time: 06/11/14 1755 | Status: Signed
Editor: Helm, Stacie C, RN (Registered Nurse)

NSG Shift Summary

Patient: Loan Thi Kim Nguyen

Pt stable this shift. Progressing well towards discharge. VSS. Pain well controlled with current regime. Encouraged to breastfeed baby more frequently. Lactation RN set pt up with breast pump to help with milk supply. Appropriate bonding noted. No other concerns this shift.

Helm, Stacie C, RN, 6/11/2014 5:55 PM

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DOB: 7/15/1988, Sex: F

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All Orders (06/11/14 - 06/09/14)

DISCHARGE PATIENT FROM HOSPITAL - CONTINGENCIES: None [156409439]

Electronically signed by: **Zeh, Catherine Anne, MD on 06/11/14 0920** Status: **Active**
Ordering user: Zeh, Catherine Anne, MD 06/11/14 0920 Ordering provider: Zeh, Catherine Anne, MD
Comments:
CONTINGENCIES: None

docusate (AKA COLACE) 100 mg Oral Cap [156409358]

Electronically signed by: **Zeh, Catherine Anne, MD on 06/11/14 0919** Status: **Active**
Ordering user: Zeh, Catherine Anne, MD 06/11/14 0919 Ordering provider: Zeh, Catherine Anne, MD

ibuprofen (AKA MOTRIN) 600 mg Oral Tab [156409359]

Electronically signed by **Zeh, Catherine Anne, MD on 06/11/14 0919** Status: **Active**
Ordering user: Zeh, Catherine Anne, MD 06/11/14 0919 Ordering provider: Zeh, Catherine Anne, MD

HYDROcodone-acetaminophen (AKA NORCO) 5-325 mg Oral Tab [156409357]

Electronically signed by **Zeh, Catherine Anne, MD on 06/11/14 0919** Status: **Active**
Ordering user: Zeh, Catherine Anne, MD 06/11/14 0919 Ordering provider Zeh, Catherine Anne, MD

VITAL SIGNS [156366485]

Electronically signed by **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Epic, Batchjobs 06/12/14 0804 [Patient Discharge]
Comments
Temp, HR, RR, BP q 1 hour x 2, q 4 hours x 2, then twice daily (every AM and every PM) until discharge.

STRAIGHT CATH PRN INABILITY TO VOID. [156366487]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Epic, Batchjobs 06/12/14 0804 [Patient Discharge]
Comments:
If second cath is required, insert dwelling catheter to straight drainage. Remove indwelling catheter after 6-12 hours.

UP AD LIB [156366488]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Epic, Batchjobs 06/12/14 0804 [Patient Discharge]
Comments:
Per Vaginal Delivery Ongoing Postpartum Care Orders.

RN may order lactation consult PRN breastfeeding difficulty [156366489]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Discontinued**

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All Orders (06/11/14 - 06/09/14) (continued)

RN may order lactation consult PRN breastfeeding difficulty [156366489] (continued)

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider: Erickson, Katrina Joanne, MD

Discontinued by: Epic, Batchjobs 06/12/14 0804 [Patient Discharge]

Comments

Per Vaginal Delivery Ongoing Postpartum Care Orders.

Tucks PRN [156366495]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Discontinued**

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider: Erickson, Katrina Joanne, MD

Discontinued by: Epic, Batchjobs 06/12/14 0804 [Patient Discharge]

Comments:

Tucks PRN inflamed perineal and/or hemorrhoidal tissues

tet tox/dip tox/acel pertuss. (PF)(Tdap) (aka BOOSTRIX) 2.5-8-5 Lf-mcg-Lf/0.5mL vaccine syringe 0.5 mL [156366497]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Discontinued**

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider Erickson, Katrina Joanne, MD

Discontinued by: Epic, Batchjobs 06/12/14 0804 [End of Encounter]

measles,mumps and rubella (PF) vaccine (aka M-M-R II) 1,000-12,500 TCID50/0.5 mL injection 0.5 mL [156366498]

Electronically signed by **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status **Discontinued**

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider: Erickson, Katrina Joanne, MD

Discontinued by: Epic, Batchjobs 06/12/14 0804 [End of Encounter]

rho D immune globulin (full dose) (aka RHOPHYLAC) syringe 300 mcg [156366499]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Discontinued**

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider: Erickson, Katrina Joanne, MD

Discontinued by: Epic, Batchjobs 06/12/14 0804 [End of Encounter]

If RH negative and infant is RH positive or unknown administer rhogam within 48 hours as ordered [156366490]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Discontinued**

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider: Erickson, Katrina Joanne, MD

Discontinued by: Epic, Batchjobs 06/12/14 0804 [Patient Discharge]

magnesium hydroxide (aka MOM) suspension 30-60 mL [156366493]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**

All Orders (06/11/14 - 06/09/14) (continued)

magnesium hydroxide (aka MOM) suspension 30-60 mL [156366493] (continued)

1747
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider: Erickson, Katrina Joanne, MD 1747
Discontinued by: Epic, Batchjobs 06/12/14 0804 [End of Encounter]

hydrocortisone (aka ANUSOL HC) 2.5 % rectal cream 1 application [156366486]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**
1747
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider: Erickson, Katrina Joanne, MD 1747
Discontinued by: Epic, Batchjobs 06/12/14 0804 [End of Encounter]

ibuprofen (aka MOTRIN) tablet 600 mg [156366501]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**
1747
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider: Erickson, Katrina Joanne, MD 1747
Discontinued by: Epic, Batchjobs 06/12/14 0804 [End of Encounter]

Continue Postpartum Management protocol [156366484]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**
1747
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider Erickson, Katrina Joanne, MD 1747
Discontinued by: Epic, Batchjobs 06/12/14 0804 [Patient Discharge]
Comments:
Per Vaginal Delivery Ongoing Postpartum Care Orders.

DIET GENERAL [156366486]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**
1747
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider: Erickson, Katrina Joanne, MD 1747
Discontinued by: Epic, Batchjobs 06/12/14 0804 [Patient Discharge]

DISCONTINUE IV WHEN NO LONGER NEEDED [156366491]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**
1747
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider Erickson, Katrina Joanne, MD 1747
Discontinued by: Epic, Batchjobs 06/12/14 0804 [Patient Discharge]
Comments:
Discontinue or saline lock IV if bleeding WNL, VS stable, and no continuing IV orders. Flush with NS 5-10 mL Q 8h prn to maintain patency of saline lock.

docusate (aka COLACE) capsule 200 mg [156366492]

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All Orders (06/11/14 - 06/09/14) (continued)

docusate (aka COLACE) capsule 200 mg [156366492] (continued)

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Epic, Batchjobs 06/12/14 0804 [End of Encounter]

dibucaine (aka NUPERCAINAL) 1 % rectal ointment 1 application [156366494]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Epic, Batchjobs 06/12/14 0804 [End of Encounter]

HYDROcodone-acetaminophen (aka NORCO) 5-325 mg per tablet 1-2 Tab [156366500]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider Erickson, Katrina Joanne, MD
Discontinued by: Epic, Batchjobs 06/12/14 0804 [End of Encounter]

DISCHARGE PATIENT FROM HOSPITAL - Discharge at 24-36 hours post vaginal delivery if maternal postpartum discharge criteria met. Discharge criteria as follows: 1. Mother is considered low risk medically and obstetrically (i.e., has no medical or obste [156366502]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 1747** Status: **Active**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 1747 Ordering provider Erickson, Katrina Joanne, MD
Comments:
Discharge at 24-36 hours post vaginal delivery if maternal postpartum discharge criteria met. Discharge criteria as follows: 1. Mother is considered low risk medically and obstetrically (i.e., has no medical or obstetric problems, or such problems are controlled). 2. Physical/Functional parameters are met as follows: a. Vital signs: -Temp is less than 99.5° F (37.5° C) prior to discharge -Pulse is less than 100 beats/minute -BP is greater than 90/60 (unless clearly documented as less prenatally), less than 140/90, and consistent with prenatal course b. No signs or symptoms of hypovolemia c. Fundus is firm, lochia amount is within normal limits d. No signs or symptoms of infection 3. Mother is able to: a. Ambulate b. Void spontaneously and feel that bladder is empty c. Manage pain effectively d. Care for herself and the baby, including management of infant feeding 4. Rhogam, MMR vaccine, and/or TdaP vaccine have been given if indicated 5. Discharge instructions have been reviewed with copy given to patient, and postpartum follow-up plan established (i.e., appointment with health care provider)

CLEAR LIQUID DIET [156291488]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0849** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0849 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

ADMINISTER OXYGEN [156291333]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**

All Orders (06/11/14 - 06/09/14) (continued)

ADMINISTER OXYGEN [156291333] (continued)

0848
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider: Erickson, Katrina Joanne, MD
0848
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
ADMINISTER OXYGEN at 10L/min via non-rebreather mask (limit 15-30 minutes per event).

NOTIFY LIP [156291334]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**
0848
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider Erickson, Katrina Joanne, MD
0848
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
NOTIFY LIP.

RESUMPTION OF OXYTOCIN [156291335]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**
0848
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider: Erickson, Katrina Joanne, MD
0848
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
If the infusion has been discontinued for less than 30 minutes, and the fetal heartrate is normal, and the uterine activity has returned to normal, Oxytocin may be started at one half the rate of the time of discontinuation. If the infusion has been discontinued for greater than 30 minutes, restart the Oxytocin at the initial dose.

NOTIFY LIP [156291336]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**
0848
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider: Erickson, Katrina Joanne, MD
0848
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
NOTIFY LIP if: - Inadequate fetal heart rate recording or inadequate uterine contraction recording by external monitor. - Unable to establish adequate uterine contractions OR if Oxytocin dose greater than 36 milliunits/minute is required. - Tachysystole continues after standard interventions for treatment of tachysystole.

IV FLUID BOLUS [156291316]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14** Status: **Discontinued**
0847
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 Ordering provider: Erickson, Katrina Joanne, MD
0847
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
IV FLUID BOLUS 500-1000 ml x1 of lactated ringers for FHR patterns with minimal variability and recurrent

All Orders (06/11/14 - 06/09/14) (continued)

IV FLUID BOLUS [156291316] (continued)

decelerations, prolonged decelerations and/or bradycardia.

FHR PATTERNS [156291317]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD

Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

Comments

For FHR PATTERNS with minimal variability and recurrent decelerations, prolonged decelerations and/or bradycardia, discontinue Oxytocin.

ADMINISTER OXYGEN [156291318]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD

Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

Comments

ADMINISTER OXYGEN at 10L/min via non-rebreather mask (limit 15-30 minutes per event).

IF FHR DOES NOT RETURN TO NORMAL [156291319]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD

Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

Comments:

IF FHR DOES NOT RETURN TO NORMAL after 15 minutes, notify LIP for additional management orders.

DISCONTINUE OXYTOCIN [156291321]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD

Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

Comments:

DISCONTINUE OXYTOCIN for abnormal fetal heart rate.

MATERNAL REPOSITIONING [156291322]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD

Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

Comments

MATERNAL REPOSITIONING (right or left lateral).

FIRST HILL
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DOB: 7/15/1988, Sex: F

SWEDISH

All Orders (06/11/14 - 06/09/14) (continued)

MATERNAL REPOSITIONING [156291322] (continued)

IV FLUID BOLUS [156291323]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
IV FLUID BOLUS 500-1000 ml of LR.

ADMINISTER OXYGEN [156291324]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
ADMINISTER OXYGEN at 10L/min via non-rebreather mask (limit 15-30 minutes per event).

NOTIFY LIP [156291325]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
NOTIFY LIP.

MATERNAL REPOSITIONING [156291326]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
MATERNAL REPOSITIONING (right or left lateral).

IV FLUID BOLUS [156291327]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
IV FLUID BOLUS 500 ml of LR.

UTERINE ACTIVITY AFTER 15 MINUTES [156291328]

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All Orders (06/11/14 - 06/09/14) (continued)

UTERINE ACTIVITY AFTER 15 MINUTES [1562891328] (continued)

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
If UTERINE ACTIVITY has not returned to normal after 15 minutes, decrease Oxytocin by half.

UTERINE ACTIVITY AFTER ANOTHER 15 MINUTES [1562891329]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments
If UTERINE ACTIVITY has not returned to normal after another 15 minutes, discontinue Oxytocin until contractions are less than or equal to 5 contractions in 10 minutes averaged over 30 minutes.

DISCONTINUE OXYTOCIN [1562891330]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments
DISCONTINUE OXYTOCIN for indeterminate fetal heart rate with minimal variability and recurrent variables, lates and prolonged deceleration.

MATERNAL REPOSITIONING [1562891331]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
MATERNAL REPOSITIONING (right or left lateral).

IV FLUID BOLUS [1562891332]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
IV FLUID BOLUS 500-1000 ml of LR.

oxytocin (aka PITOCIN) 30 units (PYXIS/FS) in Lactated Ringers Solution 500mL [1562891310]

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All Orders (06/11/14 - 06/09/14) (continued)

oxytocin (aka PITOCIN) 30 units (PYXIS/FS) in Lactated Ringers Solution 500mL [156291310] (continued)

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

Continuous EFM [156291311]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

CALL MD/PROVIDER [156291312]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
-Inadequate fetal heart rate recording or inadequate uterine contraction recording by external monitor. -Unable to establish adequate uterine contractions OR if Oxytocin dose greater than 36 milliunits/minute is required. -Tachysystole continues after standard interventions for treatment of tachysystole.

INCREASE OXYTOCIN [156291313]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments
INCREASE OXYTOCIN 1-2 mU/min no more frequently than every 30 minutes to achieve contractions every 2-3 minutes, moderate to firm palpation or less than 240 MVUs in 10 minutes.

INDETERMINATE FHR PATTERNS [156291314]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**
Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
For INDETERMINATE FHR PATTERNS with moderate variability and intermittent variable and/or late decelerations decrease Oxytocin by half of the current rate.

MATERNAL REPOSITIONING [156291315]

Electronically signed by: **Erickson, Katrina Joanne, MD on 06/10/14 0847** Status: **Discontinued**

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All Orders (06/11/14 - 06/09/14) (continued)

MATERNAL REPOSITIONING [156291315] (continued)

Ordering user: Erickson, Katrina Joanne, MD 06/10/14 0847 Ordering provider: Erickson, Katrina Joanne, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments
MATERNAL REPOSITIONING (right or left lateral).

promethazine (aka PHENERGAN) tablet 12.5 mg [156259146]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 2037** Status: **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Allan, Catherine, RN
Ordering user: Allan, Catherine, RN 06/09/14 1948 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

GENERAL DIET [156216626]

Electronically signed by **Casey, Jillene, MD on 06/09/14 1309** Status **Discontinued**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Morrison, Jennifer T, RN
Ordering user: Morrison, Jennifer T, RN 06/09/14 1303 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 0847

misoprostol (aka CYTOTEC) capsule 25 mcg [156177027]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 0847 [Alternate therapy]

FULL CODE/ FULL RESUSCITATION [156177015]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Epic, Batchjobs 06/12/14 0804 [Patient Discharge]

ELECTRONIC FETAL MONITORING PER PROTOCOL [156177016]

Electronically signed by **Casey, Jillene, MD on 06/09/14 0848** Status **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
Confirm FHR rate pattern meets NST criteria prior to cervical ripening. Notify LIP if FHR does not meet NST criteria prior to placement

MANAGEMENT of Abnormal FHR Patterns [156177017]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
-Remove the balloon catheter if present -Maternal repositioning (right or left lateral) -Administer oxygen at 10 LPM via non-rebreather mask (15-30 minutes per event) -Start IV if not already in place and administer 500-1000 ml bolus Lactated Ringers solution (use with caution for fluid restricted patients) -Assess patient for uterine

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All Orders (06/11/14 - 06/09/14) (continued)

MANAGEMENT of Abnormal FHR Patterns [156177017] (continued)

tachysystole/hyperstinulation by evaluating contraction frequency and duration -Tachysystole/hyperstimulation in conjunction with an Abnormal FHR pattern may require obtaining a LIP order for terbutaline -Concurrently or immediately after emergency resuscitation, notify the LIP

MANAGEMENT of Indeterminate FHR Patterns [156177018]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments
-Maternal repositioning (right or left lateral) -Assess patient for uterine tachsystole/hyperstimulation by evaluating contraction frequency and duration -Tachysystole/hyperstimulation in conjunction with an Indeterminate FHR pattern may require obtaining an additional order for terbutaline -Start IV if not already in place and administer 500-1000 ml bolus lactated ringers for FHR patterns with minimal variability and recurrent decelerations, prolonged decelerations and/or bradycardia -Administer oxygen at 10 LPM via non-rebreather mask for Indeterminate FHR patterns with minimal variability and recurrent decelerations (15-30 minutes per event) -Notify LIP concurrently or immediately after emergency resuscitation

VAGINAL EXAMINATION [156177020]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
Confirm vertex presentation and for Bishop score. Contact LIP if Bishop score is greater than 6 and or uterine contractions more than 2 in 10 minutes.

Notify LIP for: [156177021]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments
- Category II or III FHR pattern - Unresolved tachysystole - Inability to place subsquent misoprostol dose in ordered time frame - B/P 140/90 or greater for new onset or 160/110 or greater - Maternal pulse 120 or greater - Temp 100.4F or 38C - Spontaneous rupture of membranes - Vaginal bleeding more than bloody show - Abnormal maternal or fetal status

VITAL SIGNS [156177022]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments
On admit, then q 4 hours unless maternal condition warrants closer observation (i.e. hypertension, maternal fever)

CONTINUOUS FETAL MONITORING FOR A MINIMUM OF 4 HOURS POST INSERTION. [156177023]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:

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All Orders (06/11/14 - 06/09/14) (continued)

CONTINUOUS FETAL MONITORING FOR A MINIMUM OF 4 HOURS POST INSERTION. [156177023] (continued)

Continuous fetal monitoring for 4 hours post insertion

ACTIVITY AS TOLERATED [156177024]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
Patient may ambulate with continuous EFM via telemetry

VAGINAL EXAMINATION [156177025]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
Repeat vaginal exam 4 hours after administration of misoprostol or prn s/s of labor

Repeat misoprostol as ordered [156177026]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0848** Status: **Discontinued**
Ordering user: Casey, Jillene, MD 06/09/14 0848 Ordering provider: Casey, Jillene, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 0847
Comments:
If the patient meets the following criteria: Normal FHR pattern Two or less contractions in 10 minutes averaged over 30 minutes Bishop score is less than or equal to 5 At least 4 hours has elapsed since last dose

URINALYSIS DIPSTICK POCT [156169343]

Electronically signed by: **Intf, Pamllabin on 06/09/14 0755** Status: **Completed**
Ordering user: Intf, Pamllabin 06/09/14 0755 Ordering provider: Casey, Jillene, MD

CBC WITH DIFF (ABS-%) [156168836]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0814** Status: **Completed**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Morrison, Jennifer T, RN
Ordering user: Morrison, Jennifer T, RN 06/09/14 0738 Ordering provider: Casey, Jillene, MD

TYPE AND RH WITH ANTIBODY SCREEN [156168838]

Electronically signed by: **Casey, Jillene, MD on 06/09/14 0814** Status: **Completed**
Mode: Ordering in VORB/TORB (Co-sign required) mode Communicated by: Morrison, Jennifer T, RN
Ordering user: Morrison, Jennifer T, RN 06/09/14 0738 Ordering provider: Casey, Jillene, MD
Comments:
Type & screen for known abruption, placenta previa, or VBAC

oxytocin (aka PITOCIN) injection 10 Units [156146410]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

CBC WITH DIFF (ABS-%) [156146421]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**

All Orders (06/11/14 - 06/09/14) (continued)

CBC WITH DIFF (ABS-%) [156146421] (continued)

1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Additional signing events:
Casey, Jillene, MD 06/09/14 0814, for Discontinuing in VORB/TORB (Co-sign required) mode, Communicator - Morrison, Jennifer T, RN
Discontinued by: Morrison, Jennifer T, RN 06/09/14 0738

TYPE AND RH WITH ANTIBODY SCREEN [156146422]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Additional signing events
Casey, Jillene, MD 06/09/14 0814, for Discontinuing in VORB/TORB (Co-sign required) mode, Communicator - Morrison, Jennifer T, RN
Discontinued by: Morrison, Jennifer T, RN 06/09/14 0738
Comments:
Type & screen for known abruption, placenta previa, or VBAC

After Delivery: After delivery bed rest until fully recovered from anesthesia, then progressive ambulation as tolerated. [156146404]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

After Delivery: Discontinue or saline lock IV if bleeding WNL, VS stable, and no continuing IV orders. [156146405]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
Flush with NS 5-10 mL Q 8h prn to maintain patency of saline lock.

After Delivery: Transfer to postpartum when patient status does not require 1:1 care and the following criteria is met: [156146406]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
- Pain controlled to patient satisfaction - Fundus firm, midline, and lochia within normal limits - Bromage scale is 0-1 - Bladder - voiding or bladder is not palpable

lidocaine (PF) 1% (aka XYLOCAINE) injection [156146407]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14

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All Orders (06/11/14 - 06/09/14) (continued)

lidocaine (PF) 1% (aka XYLOCAINE) injection [156146407] (continued)
1753

dibucaine (aka NUPERCAINAL) 1 % rectal ointment 1 application [156146408]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

oxytocin (aka PITOCIN) 30 units (PYXIS/FS) in Lactated Ringers Solution 500mL [156146409]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

HYDROcodone-acetaminophen (aka NORCO) 5-325 mg per tablet 1-2 Tab [156146424]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

ibuprofen (aka MOTRIN) tablet 600 mg [156146425]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

MANAGEMENT of Indeterminate FHR Patterns [156146386]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
-Maternal repositioning (right or left lateral) -Assess patient for uterine tachsystole/hyperstimulation by evaluating contraction frequency and duration -Tachysystole/hyperstimulation in conjunction with an Indeterminate FHR pattern may require obtaining an additional order for terbutaline -Start IV if not already in place and administer 500-1000 ml bolus lactated ringers for FHR patterns with minimal variability and recurrent decelerations, prolonged decelerations and/or bradycardia -Administer oxygen at 10 LPM via non-rebreather mask for Indeterminate FHR patterns with minimal variability and recurrent decelerations (15-30 minutes per event) -Notify LIP concurrently or immediately after emergency resuscitation

MANAGEMENT of Abnormal FHR Patterns [156146387]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:

FIRST HILL
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NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

All Orders (06/11/14 - 06/09/14) (continued)

MANAGEMENT of Abnormal FHR Patterns [156146387] (continued)

-Remove the balloon catheter if present -Maternal repositioning (right or left lateral) -Administer oxygen at 10 LPM via non-rebreather mask (15-30 minutes per event) -Start IV if not already in place and administer 500-1000 ml bolus Lactated Ringers solution (use with caution for fluid restricted patients) -Assess patient for uterine tachysystole/hyperstinulation by evaluating contraction frequency and duration -Tachysystole/hyperstimulation in conjunction with an Abnormal FHR pattern may require obtaining a LIP order for terbutaline -Concurrently or immediately after emergency resuscitation, notify the LIP

If GBS status unknown or culture results greater than 5 weeks from date of last culture, obtain GBS culture, if penicillin allergic order culture and sensitivity. [156146388]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

If GBS status unknown or culture results greater than 5 weeks from date of last culture notify LIP for prophylactic antibiotics if any of the following risk factors are present: [156146389]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments
- Intrapartum fever (100.4° F (38 °C) or greater) or - Preterm labor less than 37 weeks of gestation or - Prolonged rupture of membranes 18 hours or greater

For 2 consecutive blood pressures 140/90 or greater one hour apart draw pre-eclamptic panel [156146390]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

HCT - COMMUNICATE TO NURSE [156146391]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
If HCT less than 28% at 28 weeks or HCT unknown draw HCT.

Manage per Labor Management Protocol [156146392]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

Notify LIP for the following conditions: [156146393]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**

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All Orders (06/11/14 - 06/09/14) (continued)

Notify LIP for the following conditions: [156146393] (continued)

Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
- Vaginal bleeding more than bloody show - B/P 140/90 or greater and any B/P of 160/110 - Maternal pulse 120 bpm or greater - Temp 100.4 or greater and or any subsequent temperature of 101F or higher - Ruptured membranes 12 hours or greater - Lack of labor progress in active labor after 2 hours - Patient is complete - Any abnormal maternal condition

Verify OB Hemorrhage risk category [156146394]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
For low risk category draw hold tube, for medium risk category draw Type and Screen, for high risk category Type and Crossmatch for 2 unit RBCs, for extreme risk category Type and Crossmatch for 2 units and check with LIP for further orders.

Verify Hep B status. If unknown draw Hep B surface antigen [156146396]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

Verify HIV result from prenatal labs. [156146397]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
If unknown draw HIV rapid profile.

Obtain urine toxicology (UTOX) Birth-Associated Drug Screen on patients with the following risk factors: [156146398]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
1. Little or no prenatal care (less than three visits) 2. Late prenatal care (initiated after 28 weeks) 3. Inappropriate behavior (e.g., disorientation, somnolence, loose associations, unfocused anger) 4. Physical signs of substance abuse or withdrawal 5. Smell of alcohol or chemicals 6. Recent history of substance abuse or treatment.

Obtain cord gases on newborns less than 37 weeks, IUGR, operative vaginal delivery, apgars less than 5 at 1 minute, emergency c-section, abnormal fetal heart rate, or chorioamnionitis [156146399]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837

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All Orders (06/11/14 - 06/09/14) (continued)

Obtain cord gases on newborns less than 37 weeks, IUGR, operative vaginal delivery, apgars less than 5 at 1 minute, emergency c-section, abnormal fetal heart rate, or chorioamnionitis [156146398] (continued)

Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

After delivery notify LIP for: [156146401]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
- Abnormal vaginal bleeding - Signs and symptoms of hematoma - B/P 140/90 or greater or 90/60 or less - Maternal pulse 120 bpm or greater - Pain not controlled by ordered pain meds - Temperature 100.4 or greater

After Delivery: After delivery of placenta initiate VS and uterine assessment q 15 minutes x 2 hours [156146402]

Electronically signed by **Nelson, Marci Michele, MD on 06/08/14** Status **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

After Delivery: After delivery straight cath prn inability to void. If second cath is required, insert foley catheter [156146403]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

LOW RISK VITAL SIGNS: [156146412]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
BP, P, R q 2-4 hours

SHOWER [156146415]

Electronically signed by **Nelson, Marci Michele, MD on 06/08/14** Status **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

JACUZZI PRN [156146416]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

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All Orders (06/11/14 - 06/09/14) (continued)

JACUZZI PRN [156146416] (continued)

IV START/RESTART [156146418]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
May use 0.1-0.2 mLs of buffered lidocaine to numb the area prior to cannula placement.

lactated ringer's (LR) IV solution 1,000 mL [156146419]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753

AFTER DELIVERY: ADVANCE DIET AS TOLERATED to General Diet after delivery and stable [156146423]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
Per Labor and Delivery: Third and Immediate Fourth Stage orders.

FULL CODE/ FULL RESUSCITATION [156146384]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Casey, Jillene, MD 06/09/14 0848

Admit inpatient at time of delivery [156146385]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status **Completed**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD

Evaluate for development of additional risk factors in labor. [156146395]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14 1837** Status: **Discontinued**
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14 1753
Comments:
For 2nd stage greater than 4 hours, labor greater than 24 hours (with or without oxytocin), active bleeding, chorioamnionitis or Magnesium Sulfate therapy during labor. Increase current OB Hemorrhage risk level and convert hold tube to Type and Screen, or Type and Screen to Type and Crossmatch. If OB hemorrhage is HIGH notify LIP.

Draw CBC with differential for 2 maternal temperatures of 100.4° F (38° C) or greater or any single temperature of 101°F (38.3°C). [156146400]

Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**

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All Orders (06/11/14 - 06/09/14) (continued)

Draw CBC with differential for 2 maternal temperatures of 100.4° F (38° C) or greater or any single temperature of 101°F (38.3°C). [156146400] (continued)

1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

DIET CLEAR LIQUID [156146411]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Morrison, Jennifer T, RN 06/09/14 1303

ELECTRONIC FETAL MONITORING PER PROTOCOL (Continuous) [156146413]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

AMBULATE [156146414]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

FOLEY CATHETER TO STRAIGHT DRAINAGE -- *DC per nurse protocol [156146417]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753
Comments:
~ Insert Foley catheter to gravity drainage; reassess daily to determine if patient continues to meet criteria for urinary catheter placement; if not, discuss with LIP ~ Send urine for UA and culture if indicated ~ For male patients use 10cc 2% Lidocaine gel for Foley insertion; PRN patient comfort ~ Implement Urinary Catheter (Indwelling) Infection Prevention Bundle

fentanyl (PF) (aka SUBLIMAZE) injection 50-100 mcg [156146420]
Electronically signed by: **Nelson, Marci Michele, MD on 06/08/14** Status: **Discontinued**
1837
Ordering user: Nelson, Marci Michele, MD 06/08/14 1837 Ordering provider: Nelson, Marci Michele, MD
Discontinued by: Erickson, Katrina Joanne, MD 06/10/14
1753

Best Practice Advisory-HIV Consent
Click to view BestPractice Advisory history

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Lab Results (06/09/14 - 06/09/14)

Resulted: 06/09/14 0744, Result status: Final result

URINALYSIS DIPSTICK POCT [156169344] (Abnormal)

Ordering provider: Casey, Jillene, MD 06/09/14 0755 Resulting lab: SWEDISH LABORATORY SERVICES EDMONDS

Specimen Information

Type	Source	Collected On
		06/09/14 0755

Components

	Value	Reference Range	Flag	Lab
COLOR (UA) POCT	Yellow			1249
APPEARANCE (UA) POCT	Clear			1249
GLUCOSE (UA) POCT	Negative	Negative mg/dL		1249
BILIRUBIN (UA) POCT	Negative	Negative		1249
KETONES (UA) POCT	Negative	Negative		1249
SPECIFIC GRAVITY (UA) POCT	1.020	1.000 - 1.035		1249
BLOOD (UA) POCT	Trace-intact	Negative	A	1249
PH (UA) POCT	7.0	5.0 - 9.0		1249
PROTEIN (UA) POCT	Negative	Negative mg/dL		1249
UROBILINOGEN (UA) POCT	1.0	0.2 - 1.0 EU/dL		1249
NITRITE (UA) POCT	Negative	Negative		1249
LEUKOCYTE ESTERASE (UA) POCT	Small	Negative	A	1249

Resulted: 06/09/14 0746, Result status: Final result

CBC WITH DIFF (ABS-%) [156168848]

Ordering provider: Casey, Jillene, MD 06/09/14 0738 Resulting lab: SWEDISH LABORATORY SERVICES EDMONDS

Specimen Information

Type	Source	Collected On
Blood, Lav Top		06/09/14 0730

Components

	Value	Reference Range	Flag	Lab
WBC	5.94	3.80 - 11.00 10*3/uL		1249
RBC	4.13	3.70 - 5.10 10*6/uL		1249
HGB	12.8	11.3 - 15.5 g/dL		1249
HCT	37.2	34.0 - 46.0 %		1249
MCV	90.2	80.0 - 100.0 fL		1249
MCH	31.1	27.0 - 34.0 pg		1249
MCHC	34.5	32.0 - 35.5 g/dL		1249
RDW	13.2	11.0 - 15.5 %		1249
PLATELET CT	192	150 - 400 10*3/uL		1249
POLYS-AUTO, ABSOLUTE	3.77	1.90 - 7.40 10*3/uL		1249
LYMPHOCYTES, ABSOLUTE	1.48	1.00 - 3.90 10*3/uL		1249
VARIANT LYMPHOCYTES, ABSOLUTE	0.12	0.00 - 0.40		1249

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Lab Results (06/09/14 - 06/09/14) (continued)

Resulted: 06/09/14 0746, Result status: Final result

CBC WITH DIFF (ABS-%) [156168848] (continued)

MONOCYTES, ABSOLUTE	0.33	10*3/uL 0.00 - 0.80 10*3/uL	1249
EOSINOPHILS, ABSOLUTE	0.14	0.00 - 0.50 10*3/uL	1249
BASOPHILS, ABSOLUTE	0.09	0.00 - 0.10 10*3/uL	1249
POLYS-AUTO %	63.5	%	1249
LYMPHOCYTES %	24.9	%	1249
VARIANT LYMPHOCYTES %	2.0	%	1249
MONOCYTES %	5.6	%	1249
EOSINOPHILS %	2.4	%	1249
BASOPHILS %	1.5	%	1249

Resulted: 06/09/14 0825, Result status: Final result

TYPE AND RH WITH ANTIBODY SCREEN [156168849]

Ordering provider: Casey, Jillene, MD 06/09/14 0738 Resulting lab: SWEDISH LABORATORY SERVICES EDMONDS

Specimen Information

Type	Source	Collected On
Blood, Pink Top		06/09/14 0730

Components

	Value	Reference Range	Flag	Lab
ABO AND RH	O POS			1249
Comment: @06/09/14 08:25 by KLAFO: **********A SECOND PINK TOP SAMPLE IS NEEDED TO ISSUE BLOOD PRODUCTS ON THIS PATIENT. @06/10/14 19:22 by LAWOL: BABY = B POSITIVE. BABY DIRECT COOMBS (DAT) = NEGATIVE				
ANTIBODY SCREEN (INDIRECT COOMBS)	NEG			1249

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1249 - Unknown	SWEDISH LABORATORY SERVICES EDMONDS	Unknown	21601 76TH Ave W Edmonds WA 98026	04/11/14 1145 - 10/20/14 0958

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SWEDISH

Radiology Reports

Radiology Results

No matching results found

SWEDISH

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Medication Administration Record

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DOB: 7/15/1988, Sex: F

SWEDISH

Medication Administration Record (continued)

lidocaine (PF) 1% (aka XYLOCAINE) injection [156146407] Status: Discontinued (Past End Date/Time)

Ordering Provider: Nelson, Marci Michele, MD
Ordered On: 06/09/14 0708
Dose (Remaining/Total): 0.1-30 mL (-/-)
Route: Subcutaneous
Admin Instructions: For perineal repair as requested by provider at delivery.

Starts/Ends: 06/09/14 0708 - 06/10/14 1753
Frequency: PRN
Rate/Duration: - / -
Comments:

Administration	Status	Dose	Route	Site	Given by
06/10/14 1711	Given	30 mL	Subcutaneous		Gant, Nicole A, RN
	Comments: per Dr Erickson for repair				

dibucaine (aka NUPERCAINAL) 1 % rectal ointment 1 application [156146408] Status: Discontinued (Past End Date/Time)

Ordering Provider: Nelson, Marci Michele, MD
Ordered On: 06/09/14 0708
Dose (Remaining/Total): 1 application (-/-)
Route: Topical
Admin Instructions: Apply topically QID to inflamed hemorrhoidal tissues. If 3-4 degree laceration: no rectals, enemas, or suppositories until ordered by MD. Patient may keep at bedside.

Starts/Ends: 06/09/14 0708 - 06/10/14 1753
Frequency: QID PRN
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

oxytocin (aka PITOCIN) 30 units (PYXIS/FS) in Lactated Ringers Solution 500mL [156146409] Status: Discontinued (Past End Date/Time)

Ordering Provider: Nelson, Marci Michele, MD
Ordered On: 06/09/14 0708
Dose (Remaining/Total): 150 milli-units/min (-/-)
Route: Intravenous
Admin Instructions: Start with delivery of baby: increase rate to keep fundus firm. Repeat x 2 as necessary, call provider for excessive bleeding. Final Concentration = 0.06units/mL

Starts/Ends: 06/09/14 0708 - 06/10/14 1753
Frequency: PRN-TITRATE
Rate/Duration: 150 mL/hr / -
Comments:

(No admins scheduled or recorded for this medication)

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SWEDISH

Medication Administration Record (continued)

oxytocin (aka PITOCIN) injection 10 Units [156146410] Status: Discontinued (Past End Date/Time)

Ordering Provider: Nelson, Marci Michele, MD
Ordered On: 06/09/14 0708
Dose (Remaining/Total): 10 Units (-/-)
Route: Intramuscular
Admin Instructions: After delivery of infant. PRN if IV is not in place at delivery.
Starts/Ends: 06/09/14 0708 - 06/10/14 1753
Frequency: PRN
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

lactated ringer's (LR) IV solution 1,000 mL [156146419] Status: Discontinued (Past End Date/Time)

Ordering Provider: Nelson, Marci Michele, MD
Ordered On: 06/09/14 0708
Dose (Remaining/Total): 1,000 mL (-/-)
Route: Intravenous
Admin Instructions: start at 125 mL/hr bolus as ordered for epidural or abnormal FHR, per Labor; First and Second Stage orders.
Starts/Ends: 06/09/14 0715 - 06/10/14 1753
Frequency: TITRATE
Rate/Duration: 50-500 mL/hr / -
Comments:

Administration	Status	Dose	Route	Site	Given by
06/10/14 0940	New Bag Rate: 100 mL/hr Comments: 1	1,000 mL	Intravenous		Gant, Nicole A, RN
06/09/14 0730	New Bag Rate: 125 mL/hr Comments: LR#1	1,000 mL	Intravenous		Morrison, Jennifer T, RN

fentanyl (PF) (aka SUBLIMAZE) injection 50-100 mcg [156146420] Status: Discontinued (Past End Date/Time)

Ordering Provider: Nelson, Marci Michele, MD
Ordered On: 06/09/14 0708
Dose (Remaining/Total): 50-100 mcg (2/3)
Route: Intravenous
Admin Instructions: Reorder required after 3 doses for laboring patients.
Starts/Ends: 06/09/14 0708 - 06/10/14 1753
Frequency: Q1H PRN
Rate/Duration - / -
Comments:

Administration	Status	Dose	Route	Site	Given by
06/09/14 2118	Given	50 mcg	Intravenous		Allan, Catherine, RN

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SWEDISH

Medication Administration Record (continued)

HYDROcodone-acetaminophen (aka NORCO) 5-325 mg per tablet 1-2 Tab [156146424] — Status: Discontinued (Past End Date/Time)

Ordering Provider: Nelson, Marci Michele, MD
Ordered On: 06/09/14 0708
Dose (Remaining/Total): 1-2 Tab (-/-)
Route: Oral
Admin Instructions: Do not exceed 4 g of acetaminophen from all sources in 24 hours.
Starts/Ends: 06/09/14 0708 - 06/10/14 1753
Frequency: Q3H PRN
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

ibuprofen (aka MOTRIN) tablet 600 mg [156146425] — Status: Discontinued (Past End Date/Time)

Ordering Provider: Nelson, Marci Michele, MD
Ordered On: 06/09/14 0708
Dose (Remaining/Total): 600 mg (-/-)
Route: Oral
Admin Instructions: DO NOT CRUSH, SPLIT, OR CHEW.
Starts/Ends: 06/09/14 0708 - 06/10/14 1753
Frequency: Q6H PRN
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

misoprostol (aka CYTOTEC) capsule 25 mcg [156177027] — Status: Discontinued (Past End Date/Time), Reason: Alternate therapy

Ordering Provider: Casey, Jillene, MD
Ordered On: 06/09/14 0848
Dose (Remaining/Total): 25 mcg (-/-)
Route: Vaginal
Admin Instructions: per Perinatal Cervical Ripening Orders, up to a maximum of 150 mcg.
Starts/Ends: 06/09/14 0848 - 06/10/14 0847
Frequency: Q4-6H PRN
Rate/Duration: - / -
Comments:

Administration	Status	Dose	Route	Site	Given by
06/09/14 1300	Given	25 mcg	Vaginal		Morrison, Jennifer T, RN
06/09/14 0905	Given	25 mcg	Vaginal		Morrison, Jennifer T, RN

promethazine (aka PHENERGAN) tablet 12.5 mg [156259146] — Status: Discontinued (Past End Date/Time)

Ordering Provider: Casey, Jillene, MD
Ordered On: 06/09/14 1948
Dose (Remaining/Total): 12.5 mg (-/-)
Route: Oral
Admin Instructions: PO for nausea and/or sleep. # RN to split tablet #
Starts/Ends: 06/09/14 1947 - 06/10/14 1753
Frequency: Q6H PRN
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

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Medication Administration Record (continued)

oxytocin (aka PITOCIN) 30 units (PYXIS/FS) in Lactated Ringers Solution 500mL [156291310] Status: Discontinued (Past End Date/Time)

Ordering Provider: Erickson, Katrina Joanne, MD
Ordered On: 06/10/14 0847
Dose (Remaining/Total) 1-36 milli-units/min (-/-)
Route: Intravenous
Admin Instructions: Administer per Induction or Augmentation of Labor with Oxytocin Protocol.

Begin Oxytocin at 1 milli-units/minute. Piggyback standard concentration Oxytocin solution (30 units Oxytocin in 500 ml Lactated Ringers) to primary IV and administer with infusion pump. Set pump at 1 ml to administer 1 milliunit Oxytocin per minute. Complete Pre-Oxytocin Checklist prior to initiation of Oxytocin for induction or augmentation. Complete Oxytocin In-Use Checklist every 30 minutes
while Oxytocin is infusing.

DO NOT exceed oxytocin dosage of 36 milli-units/minute without additional care provider's orders (see Induction or Augmentation protocol).

Titrate oxytocin as follows:

------NORMAL FHR-------
Increase Oxytocin 1-2 mU/min no more frequently than every 30 minutes to achieve contractions every 2-3 minutes, moderate to firm to palpation or less than 240 MVUs in 10 minutes.

------INDETERMINATE FHR--------
For indeterminate FHR patterns with moderate variability and recurrent variables, and/or late decelerations:
-Decrease Oxytocin by half the current rate
-Maternal repositioning (right or left side)
-If FHR pattern does not return to normal after 15 minutes, notify LIP for additional management orders.

FHR patterns with minimal variability and recurrent variables, late or prolonged decelerations:
-Discontinue Oxytocin
-Maternal repositioning (right or left side)
-IV fluid bolus 500-1000 ml lactated ringers
-Oxygen via non-rebreather mask at 10 L (limit oxygen to 15-30 minutes per event)
-If FHR pattern does not return to normal after 15-minutes, notify LIP for additional management orders.

For FHR patterns with intermittent decelerations maintain oxytocin at current rate if unable to increase

Starts/Ends: 06/10/14 0900 - 06/10/14 1753
Frequency: TITRATE
Rate/Duration: 1-36 mL/hr / -
Comments:

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Medication Administration Record (continued)

oxytocin in 30 minutes notify LIP for further orders.

------ABNORMAL FHR-------
-Discontinue Oxytocin.
-Maternal repositioning (right or left lateral).
-IV fluid bolus 500-1000 ml of LR.
-Administer oxygen @ 10 L/min via nonrebreather mask (limit 15-30 minutes per event).
-Notify LIP.

MANAGEMENT OF OXYTOCIN-INDUCED TACHYSYSTOLE/HYPERSTIMULATION

----------NORMAL FHR with uterine tachysystole/hyperstimulation----------
-Maternal repositioning (right or left lateral).
-IV fluid bolus 500 ml of LR.

If uterine activity has not returned to normal after 15 minutes, decrease Oxytocin by half.

If uterine activity has not returned to normal after another 15 minutes, discontinue Oxytocin until contractions are less than or equal to 5 contractions in 10 minutes averaged over 30 minutes.

----------INDETERMINATE OR ABNORMAL FHR with uterine tachysystole/hyperstimulation----------
-Discontinue Oxytocin.
-Maternal repositioning (right or left lateral).
-IV fluid bolus 500 ml-1000 ml of LR.
-Administer oxygen @ 10 L/min via non-rebreather mask (limit 15-30 minutes per event).
-Notify LIP.

----------RESUMPTION OF OXYTOCIN ADMINISTRATION AFTER CONTINUATION-------
If the infusion has been discontinued for less than 30 minutes, and the fetal heart rate is normal, and uterine activity has returned to normal, Oxytocin may be started at one half the rate at the time of discontinuation. If the infusion has been discontinued for greater than 30 minutes, restart the Oxytocin at the initial dose.

Notify LIP if:
-Inadequate fetal heart rate recording or inadequate uterine contraction recording by external monitor.
-Unable to establish adequate uterine contractions OR if Oxytocin dose greater than 36 milliunits/minute is required.

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Medication Administration Record (continued)

-Tachysystole/Hyperstimulation continues after standard interventions for treatment of tachysystole/hyperstimulation.

Final Concentration = 0.06units/mL

Administration	Status	Dose	Route	Site	Given by
06/10/14 1322	Rate Change Rate: 9 mL/hr	9 milli-units/min	Intravenous		Gant, Nicole A, RN
06/10/14 1250	Rate Change Rate: 8 mL/hr	8 milli-units/min	Intravenous		Gant, Nicole A, RN
06/10/14 1218	Rate Change Rate: 7 mL/hr	7 milli-units/min	Intravenous		Gant, Nicole A, RN
06/10/14 1139	Rate Change Rate: 6 mL/hr	6 milli-units/min	Intravenous		Gant, Nicole A, RN
06/10/14 1111	Rate Change Rate: 4 mL/hr	4 milli-units/min	Intravenous		Gant, Nicole A, RN
06/10/14 1040	Rate Change Rate: 3 mL/hr	3 milli-units/min	Intravenous		Gant, Nicole A, RN
06/10/14 1011	Rate Change Rate: 2 mL/hr	2 milli-units/min	Intravenous		Gant, Nicole A, RN
06/10/14 0940	New Bag Rate: 1 mL/hr Comments: sign off with L. Messerly, RN	1 milli-units/min	Intravenous		Gant, Nicole A, RN

docusate (aka COLACE) capsule 200 mg [156366492]

Status: Discontinued (Past End Date/Time), Reason: End of Encounter

Ordering Provider: Erickson, Katrina Joanne, MD
Ordered On: 06/10/14 1753
Dose (Remaining/Total): 200 mg (-/-)
Route: Oral
Admin Instructions: DO NOT CRUSH, SPLIT, OR CHEW.

Starts/Ends: 06/10/14 2100 - 06/12/14 0804
Frequency: BID
Rate/Duration - / -
Comments:

Administration	Status	Dose	Route	Site	Given by
06/11/14 0834	Given	200 mg	Oral		Helm, Stacie C, RN
06/10/14 2323	Given	200 mg	Oral		Reed, Sarah A, RN

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Medication Administration Record (continued)

magnesium hydroxide (aka MOM) suspension 30-60 mL [156366493] — Status: Discontinued (Past End Date/Time), Reason: End of Encounter

Ordering Provider: Erickson, Katrina Joanne, MD
Ordered On: 06/10/14 1753
Dose (Remaining/Total): 30-60 mL (-/-)
Route: Oral
Admin Instructions: Start with 30 ml. MR x 1. SHAKE WELL BEFORE USING
Starts/Ends: 06/10/14 1752 - 06/12/14 0804
Frequency: DAILY PRN
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

dibucaine (aka NUPERCAINAL) 1 % rectal ointment 1 application [156366494] — Status: Discontinued (Past End Date/Time), Reason: End of Encounter

Ordering Provider: Erickson, Katrina Joanne, MD
Ordered On: 06/10/14 1753
Dose (Remaining/Total): 1 application (-/-)
Route: Topical
Admin Instructions: Apply topically QID to inflamed hemorrhoidal tissues. If 3 - 4 degree laceration: no rectals, enemas, or suppositories until ordered by MD. Patient may keep at bedside.
Starts/Ends: 06/10/14 1752 - 06/12/14 0804
Frequency: QID PRN
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

hydrocortisone (aka ANUSOL HC) 2.5 % rectal cream 1 application [156366496] — Status: Discontinued (Past End Date/Time), Reason: End of Encounter

Ordering Provider: Erickson, Katrina Joanne, MD
Ordered On: 06/10/14 1753
Dose (Remaining/Total): 1 application (-/-)
Route: Rectal
Admin Instructions: Apply to rectal area. If 3 - 4 degree laceration: no rectals, enemas, or suppositories until ordered by MD
Starts/Ends: 06/10/14 1752 - 06/12/14 0804
Frequency: PRN
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

tet tox/dip tox/acel pertuss. (PF)(Tdap) (aka BOOSTRIX) 2.5-8-5 Lf-mcg-Lf/0.5mL vaccine syringe 0.5 mL [156366497] — Status: Discontinued (Past End Date/Time), Reason: End of Encounter

Ordering Provider Erickson, Katrina Joanne, MD
Ordered On: 06/10/14 1753
Dose (Remaining/Total): 0.5 mL (1/1)
Route: Intramuscular
Admin Instructions: Hold if patient received T-dap vaccine with current pregnancy
Starts/Ends: 06/10/14 1752 - 06/12/14 0804
Frequency: PRIOR TO DISCHARGE
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

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Medication Administration Record (continued)

measles,mumps and rubella (PF) vaccine (aka M-M-R II) 1,000-12,500 TCID50/0.5 mL injection 0.5 mL [156366498] — Status: Discontinued (Past End Date/Time), Reason: End of Encounter

Ordering Provider: Erickson, Katrina Joanne, MD
Ordered On: 06/10/14 1753
Dose (Remaining/Total) 0.5 mL (-/-)
Route: Subcutaneous
Admin Instructions: If the patient qualifies for MMR, request a dose from pharmacy. Give prior to discharge (adjust schedule as necessary) if not immune by Rubella titer. Notify Practitioner if patient refuses vaccine.

Starts/Ends: 06/11/14 0000 - 06/12/14 0804
Frequency: PRN
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

rho D immune globulin (full dose) (aka RHOPHYLAC) syringe 300 mcg [156366499] — Status: Discontinued (Past End Date/Time), Reason: End of Encounter

Ordering Provider: Erickson, Katrina Joanne, MD
Ordered On: 06/10/14 1753
Dose (Remaining/Total): 300 mcg (-/-)
Route: Intramuscular
Admin Instructions: If mother is Rh neg, and infant is Rh positive or unknown, administer Rhogam within 48hrs of delivery. If Rosette positive and calculated Rhogam dose exceeds 300mcg, contact LIP for additional order. Note: Rhophylac may be given IV or IM. HyperRHO is IM administration ONLY

Starts/Ends: 06/10/14 1752 - 06/12/14 0804
Frequency: PRN
Rate/Duration: - / -
Comments:

(No admins scheduled or recorded for this medication)

HYDROcodone-acetaminophen (aka NORCO) 5-325 mg per tablet 1-2 Tab [156366500] — Status: Discontinued (Past End Date/Time), Reason: End of Encounter

Ordering Provider: Erickson, Katrina Joanne, MD
Ordered On: 06/10/14 1753
Dose (Remaining/Total): 1-2 Tab (-/-)
Route: Oral
Admin Instructions: (max 12 tabs/24 h). Do not exceed 4G Acetaminophen per 24 hours (consider all sources).

Starts/Ends: 06/10/14 1752 - 06/12/14 0804
Frequency: Q3H PRN
Rate/Duration: - / -
Comments:

Administration	Status	Dose	Route	Site	Given by
06/11/14 1832	Given	2 Tab	Oral		Helm, Stacie C, RN
06/11/14 0834	Given	2 Tab	Oral		Helm, Stacie C, RN
06/11/14 0440	Given	2 Tab	Oral		Kinzer, Catherine Rose, RN
06/10/14 2323	Given	2 Tab	Oral		Reed, Sarah A, RN

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Medication Administration Record (continued)

ibuprofen (aka MOTRIN) tablet 600 mg [156366501]

Status: Discontinued (Past End Date/Time),
Reason: End of Encounter

Ordering Provider: Erickson, Katrina Joanne, MD
Ordered On: 06/10/14 1753
Dose (Remaining/Total) 600 mg (-/-)
Route: Oral
Admin Instructions: DO NOT CRUSH, SPLIT, OR CHEW.

Starts/Ends: 06/10/14 1752 - 06/12/14 0804
Frequency: Q6H PRN
Rate/Duration: - / -
Comments:

Administration	Status	Dose	Route	Site	Given by
06/11/14 1833	Given	600 mg	Oral		Helm, Stacie C, RN
06/11/14 0716	Given	600 mg	Oral		Helm, Stacie C, RN
06/10/14 1830	Given	600 mg	Oral		Gant, Nicole A, RN

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Care Plan Event Log

Problem: **Goal:** **Intervention:** **Variance:**

Date/Time	Action	Problem/Goal/Intervention/Variance	User
06/09/14 0747	Added	BIRTH - VAGINAL/CESAREAN SECTION	Morrison, Jennifer T, RN
06/09/14 0747	Added	Fetal and maternal status remain reassuring during the birth process	Morrison, Jennifer T, RN
06/09/14 0747	Added	POSTPARTUM	Morrison, Jennifer T, RN
06/09/14 0747	Added	Experiences normal postpartum course	Morrison, Jennifer T, RN
06/09/14 0747	Added	Appropriate maternal - newborn bonding	Morrison, Jennifer T, RN
06/09/14 0747	Added	Establishment of infant feeding pattern	Morrison, Jennifer T, RN
06/09/14 0747	Added	Incision(s), wounds(s) or drain site(s) healing without S/S of infection	Morrison, Jennifer T, RN
06/09/14 1005	Outcome: PROGRESSING AS EXPECTED	Fetal and maternal status remain reassuring during the birth process	Morrison, Jennifer T, RN
06/10/14 1717	Resolved	BIRTH - VAGINAL/CESAREAN SECTION	Gant, Nicole A, RN
06/10/14 1717	Details Edited	Fetal and maternal status remain reassuring during the birth process	Gant, Nicole A, RN
06/11/14 1756	Resolved	POSTPARTUM	Helm, Stacie C, RN
06/11/14 1756	Details Edited	Experiences normal postpartum course	Helm, Stacie C, RN
06/11/14 1756	Details Edited	Appropriate maternal - newborn bonding	Helm, Stacie C, RN
06/11/14 1756	Details Edited	Establishment of infant feeding pattern	Helm, Stacie C, RN
06/11/14 1756	Details Edited	Incision(s), wounds(s) or drain site(s) healing without S/S of infection	Helm, Stacie C, RN

Date/Time	Action	User
06/09/14 1005	Documented	Morrison, Jennifer T, RN
06/09/14 1516	Reviewed	Dumpig, Bennett, RN
06/09/14 1855	Reviewed	Allan, Catherine, RN
06/09/14 1855	Reviewed	Allan, Catherine, RN
06/09/14 1855	Reviewed	Allan, Catherine, RN
06/10/14 0725	Reviewed	Gant, Nicole A, RN
06/10/14 1717	Reviewed	Gant, Nicole A, RN

Multi-Disciplinary Problems (Active)

Care Plans

There are no active problems.

Multi-Disciplinary Problems (Resolved)

Problem: BIRTH - VAGINAL/CESAREAN SECTION

Dates: Start: 06/09/14 Resolved: 06/10/14
Disciplines: NURSING, RESPIRATORY CARE, SOCIAL WORK, SPIRITUAL CARE, CLINICAL CARE ASSOCIATE, CLINICAL

Goal: Fetal and maternal status remain reassuring during the birth process (Resolved)

Dates: Start: 06/09/14 End: 06/10/14
Description: INTERVENTIONS:
1. Monitor vital signs
2. Monitor fetal heart rate
3. Monitor uterine activity
4. Monitor labor progression (vaginal delivery)
5. DVT prophylaxis (C/S delivery)
6. Surgical antibiotic prophylaxis (C/S delivery)

Disciplines: NURSING, RESPIRATORY CARE, SOCIAL WORK, SPIRITUAL CARE, CLINICAL CARE ASSOCIATE, CLINICAL

Problem: POSTPARTUM

Dates: Start: 06/09/14 Resolved: 06/11/14
Disciplines: NURSING, RESPIRATORY CARE, SOCIAL WORK, SPIRITUAL CARE, CLINICAL CARE ASSOCIATE, CLINICAL

Goal: Experiences normal postpartum course (Resolved)

Dates: Start: 06/09/14 End: 06/11/14

Care Plans (continued)

Problem: POSTPARTUM (continued)

Description: INTERVENTIONS:
1. Monitor maternal vital signs
2. Assess uterine involution

Disciplines: NURSING, RESPIRATORY CARE, SOCIAL WORK, SPIRITUAL CARE, CLINICAL CARE ASSOCIATE, CLINICAL

Goal: Appropriate maternal - newborn bonding (Resolved)

Dates: Start: 06/09/14 End: 06/11/14

Description: INTERVENTIONS:
1. Identify family support
2. Referral to social worker or case manager as needed

Disciplines: NURSING, RESPIRATORY CARE, SOCIAL WORK, SPIRITUAL CARE, CLINICAL CARE ASSOCIATE, CLINICAL

Goal: Establishment of infant feeding pattern (Resolved)

Dates: Start: 06/09/14 End: 06/11/14

Description: INTERVENTIONS:
1. Assess breast/bottle feeding
2. Refer to lactation as needed

Disciplines: NURSING, RESPIRATORY CARE, SOCIAL WORK, SPIRITUAL CARE, CLINICAL CARE ASSOCIATE, CLINICAL

Goal: Incision(s), wounds(s) or drain site(s) healing without S/S of infection (Resolved)

Dates: Start: 06/09/14 End: 06/11/14

Description: INTERVENTIONS
1. ADMISSION & DAILY: Assess and document risk factors for pressure ulcer development
2. TWICE DAILY: Assess and document skin integrity
3. TWICE DAILY: Assess and document dressing/incision, wound bed, drain sites and surrounding tissue
4. Implement wound care per orders
5. Initiate isolation precautions as appropriate
6. Initiate Pressure Ulcer prevention bundle as indicated

Disciplines: NURSING, RESPIRATORY CARE, SOCIAL WORK, SPIRITUAL CARE, CLINICAL CARE ASSOCIATE, CLINICAL

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Patient Education

Education

Title: PERINATAL (Resolved)

Topic: LABOR AND DELIVERY (Resolved)

Point: Bottle feeding (Resolved)

Description: Instruct learner(s) on the appropriate nipple selection, frequency of feeding, positioning the infant, and burping. Instruct on the pacing of the infant and suck/swallow/breathe coordination. Instruct learner(s) on the cues for readiness.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation	Communicated Understanding		JM 06/09/14 1005	Done

Point: Breast-feeding (Resolved)

Description: Discussed with learner(s):
* Benefits of Skin to Skin
* Hunger cues
* Encouraged breastfeeding on demand
* Mother shown how to position and attach newborn
* Hand breast expression shown
* Avoid artificial nipples
* Exclusive breastfeeding for six months
* Community breastfeeding resources

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation	Communicated Understanding		JM 06/09/14 1005	Done
	Ready	Explanation	Communicated Understanding		NG 06/10/14 1013	Done

Point: Fall precautions (Resolved)

Description: Instruct learner(s) on the following safety measures as appropriate: Call for assistance before getting up, change positions slowly, dangle before standing, wear non-skid footwear, use handrails, and proper use of hospital equipment.
FOR PEDIATRIC PATIENTS: Instruct on keeping crib side rails up when toddler/infant/baby unattended or not within arms reach.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation	Communicated Understanding		JM 06/09/14 1005	Done

Patient Education (continued)

Education (continued)

	Ready	Explanation	Communicated Understanding	NG 06/10/14 1013	Done

Point: Pain management (Resolved)
Description: Instruct learner(s) on how to use pain intensity rating scale, importance of reporting pain, the effectiveness of medications and treatments, and possible side effects to report. Encourage learner(s) to notify staff early when pain levels are beginning to rise.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation	Communicated Understanding		JM 06/09/14 1005	Done
	Ready	Explanation	Communicated Understanding		NG 06/10/14 1013	Done

Point: Isolation precautions (Resolved)
Description: Educate learner(s) on type of isolation precautions and reason isolation is required. Instruct them on requirements for staff, patient, and visitors for the specific isolation type ordered. Instruct on the importance of hand hygiene by visitors when leaving the room. Provide verbal instruction and handout specific to isolation type.
Summary: Learning progress - not on file.

Point: Infection control (Resolved)
Description: Instruct learner(s) on how they can reduce the risk of infections. Educate learner(s) to avoid touching wounds, dressings or tubes. Ask care providers about their hand hygiene. Instruct on the importance of washing hands and how to sanitize hands frequently with the hand sanitizer gel. Instruct learner(s) to screen their potential visitors for illness. If applicable, inform learner(s) that MRSA testing will be done on each admission or transfers to all ICUs.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation	Communicated Understanding		JM 06/09/14 1005	Done
	Ready	Explanation	Communicated Understanding		NG 06/10/14 1013	Done

Point: Condition for admission - Perinatal (Resolved)
Description: Instruct learner(s) on nature of her/fetus specific condition for admission, treatments and expected course (if appropriate), signs and symptoms to report, and activities she can do to assist the

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Patient Education (continued)

Education (continued)

recovery process.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation	Communicated Understanding		JM 06/09/14 1005	Done
	Ready	Explanation	Communicated Understanding		NG 06/10/14 1013	Done

Point: Orientation to labor and delivery (Resolved)
Description: Instruct learner(s) on how to use call light, equipment in room (bed controls, lights, TV etc), unit routines, and a la carte ordering procedure, infant identification and security.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation	Communicated Understanding		JM 06/09/14 1005	Done
	Ready	Explanation	Communicated Understanding		NG 06/10/14 1013	Done

Point: Vascular access device (Resolved)
Description: Instruct learner(s) on the purpose for and specific type of vascular device the patient has, signs and symptoms to report, and any safety measures to follow.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation	Communicated Understanding		JM 06/09/14 1005	Done
	Ready	Explanation	Communicated Understanding		NG 06/10/14 1013	Done

Point: Advanced directives (Resolved)
Description: Offer learner(s) "Your Life Your Decisions" Booklet if there are no advance directives.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation	Communicat		JM 06/09/14	Done

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Patient Education (continued)

Education (continued)

			ed Understandin g	1005	
	Ready	Explanation	Communicat ed Understandin g	NG 06/10/14 1013	Done

Topic POSTPARTUM (Resolved)

Point: Bottle feeding (Resolved)
Description: Instruct learner(s) on the appropriate nipple selection, frequency of feeding, positioning the infant, and burping. Instruct on the pacing of the infant and suck/swallow/breathe coordination. Instruct learner(s) on the cues for readiness.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation, Handout	Communicat ed Understandin g		SH 06/11/14 1756	Done

Point: Breast pumping (Resolved)
Description: Instruct learner(s) on the use/availability of breast pumps, proper sanitization of the machines, how to store breast milk, and proper labeling of storage containers for milk.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation, Handout	Communicat ed Understandin g		SH 06/11/14 1756	Done

Point: Breast-feeding (Resolved)
Description: Discussed with learner(s):
* Benefits of Skin to Skin
* Hunger cues
* Encouraged breastfeeding on demand
* Mother shown how to position and attach newborn
* Hand breast expression shown
* Avoid artificial nipples
* Exclusive breastfeeding for six months
* Community breastfeeding resources

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation, Handout	Communicat ed Understandin g		SH 06/11/14 1756	Done

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Patient Education (continued)

Education (continued)

Point: The Period of PURPLE Crying (Resolved)
Description: Instruct parent/caregiver about The Period of PURPLE Crying and give them DVD/Booklet. For INFANTS less than 6 months old

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation, Handout	Communicated Understanding		SH 06/11/14 1756	Done

Point: Fall precautions (Resolved)
Description: Instruct learner(s) on the following safety measures as appropriate: Call for assistance before getting up, change positions slowly, dangle before standing, wear non-skid footwear, use handrails, and proper use of hospital equipment.
FOR PEDIATRIC PATIENTS: Instruct on keeping crib side rails up when toddler/infant/baby unattended or not within arms reach.
Summary: Learning progress - not on file.

Point: Pain management (Resolved)
Description: Instruct learner(s) on how to use pain intensity rating scale, importance of reporting pain, the effectiveness of medications and treatments, and possible side effects to report. Encourage learner(s) to notify staff early when pain levels are beginning to rise.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation, Handout	Communicated Understanding		SH 06/11/14 1756	Done

Point: Isolation precautions (Resolved)
Description: Educate learner(s) on type of isolation precautions and reason isolation is required. Instruct them on requirements for staff, patient, and visitors for the specific isolation type ordered. Instruct on the importance of hand hygiene by visitors when leaving the room. Provide verbal instruction and handout specific to isolation type.
Summary: Learning progress - not on file.

Point: Infection control (Resolved)
Description: Instruct learner(s) on how they can reduce the risk of infections. Educate learner(s) to avoid touching wounds, dressings or tubes. Ask care providers about their hand hygiene. Instruct on the importance of washing hands and how to sanitize hands frequently with the hand sanitizer gel. Instruct learner(s) to screen their potential visitors for illness. If applicable, inform learner(s) that MRSA testing will be done on each admission or transfers to all ICUs.
Summary: Learning progress - not on file.

Point: Condition for admission - Perinatal (Resolved)
Description: Instruct learner(s) on nature of her/fetus specific condition for admission, treatments and

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Patient Education (continued)

Education (continued)

expected course (if appropriate), signs and symptoms to report, and activities she can do to assist the recovery process.
Summary: Learning progress - not on file.

Point: Medications (Resolved)
Description: Instruct learner(s) on name and purpose of medication(s) and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation, Handout	Communicated Understanding		SH 06/11/14 1756	Done

Point: Nutrition / Diet (Resolved)
Description: Instruct learner(s) on importance of nutrition in the recovery process, information and purpose of specific diets and/or restrictions, and availability of dietary counseling.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation, Handout	Communicated Understanding		SH 06/11/14 1756	Done

Point: Breast care - Perinatal (Resolved)
Description: Instruct learner(s) on the treatment of sore nipples, engorgement, and s/s of mastitis.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation, Handout	Communicated Understanding		SH 06/11/14 1756	Done

Point: Equipment (Resolved)
Description: Instruct learner(s) on what equipment is used for, how to use equipment (if appropriate), and any safety measures required.
Summary: Learning progress - not on file.

Point: Vascular access device (Resolved)
Description: Instruct learner(s) on the purpose for and specific type of vascular device the patient has, signs and symptoms to report, and any safety measures to follow.
Summary: Learning progress - not on file.

Point: Test/results (Resolved)
Description: Instruct learner(s) on nature and purpose of procedural tests/specimens and when results will be available. Learner(s) may be encouraged to discuss results with LIP.

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Patient Education (continued)

Education (continued)

Summary: Learning progress - not on file.

Point: Orientation to postpartum (Resolved)
Description: Instruct learner(s) regarding Postpartum Guide, infant identification and security.
Instruct learner(s) on how to use the call light, equipment in the room (bed controls, lights, TV, etc), unit routines and a la carte ordering procedure.
Summary: Learning progress - not on file.

Point: Bowel care (Resolved)
Description: Instruct learner(s) on risks of constipation related to medication/activity level, medications used to promote bowel function, need to maintain/increase activity level and fluid intake as appropriate to patient's condition.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation, Handout	Communicated Understanding		SH 06/11/14 1756	Done

Point: Nausea management (Resolved)
Description: Instruct learner(s) to inform staff of any nausea or vomiting and treatment options. Instruct learner(s) to report efficacy of treatment.
Summary: Learning progress - not on file.

Point: Activity/positioning (Resolved)
Description: Instruct learner(s) on ordered activity, activity restrictions, use of assistive devices, need for frequent re-positioning, and proper body position, as appropriate, to prevent injury or damage.

Learning Progress Summary

Learner	Readiness	Method	Response	Comment	Documented by	Status
Patient	Ready	Explanation, Handout	Communicated Understanding		SH 06/11/14 1756	Done

Point: Wound/incision care (Resolved)
Description: Instruct learner(s) on care of wounds/incision, cleansing, re-dressing as needed or as ordered. Educate for signs and symptoms of infection to report.
Summary: Learning progress - not on file.

User Key

Initials	Effective Dates	Name	Provider Type	Discipline
SH	02/03/14 -	Helm, Stacie C, RN	Registered Nurse	NURSING
JM	02/03/14 -	Morrison, Jennifer T, RN	Registered Nurse	NURSING
NG	02/03/14 -	Gant, Nicole A, RN	Registered Nurse	NURSING

Education Notes

No notes present for this patient.

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Patient Education (continued)

Education (continued)

All Flowsheet Data (06/08/14 0000--06/11/14 2359)

I/O-Drains

	06/10/14 1704	06/10/14 1500	06/10/14 1400	06/10/14 1322	06/10/14 1250
Oral					
Oral Intake			400 ml -NG		
Oxytocin Drip					
Dose				9 milli-units/min -NG	8 milli-units/min -NG
Rate ml/hr				* There are multiple administrations at this time. Please see the MAR for detailed information. -NG	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG
Concentration				* There are multiple administrations at this time. Please see the MAR for detailed information. -NG	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG
Urine					
Voided Amount		600 ml -NG	450 ml -NG		
Color		Yellow/Straw -NG	Light yellow -NG		
Appearance		Clear -NG	Clear -NG		
Unmeasurable Output		Voiding qs -NG	Voiding qs -NG		
OB Blood Output					
Do Not Use-Estimated Blood Loss	200 ml Filed from Delivery Summary -KE				

	06/10/14 1218	06/10/14 1200	06/10/14 1139	06/10/14 1111	06/10/14 1040
Oral					
Oral Intake		600 ml -NG			400 ml -NG
Oxytocin Drip					
Dose	7 milli-units/min -NG		6 milli-units/min -NG	4 milli-units/min -NG	3 milli-units/min -NG
Rate ml/hr	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		* There are multiple administrations at this time. Please see the MAR for detailed information. -NG	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG
Concentration	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		* There are multiple administrations at this time. Please see the MAR for detailed information. -NG	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG	* There are multiple administrations at this time. Please see the MAR for detailed information.

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

I/O-Drains (continued)

	06/10/14 1218	06/10/14 1200	06/10/14 1139	06/10/14 1111	06/10/14 1040
Urine					-NG
Voided Amount		1100 ml -NG			
Color		Light yellow -NG			
Appearance		Clear -NG			
Unmeasurable Output		Voiding qs -NG			

	06/10/14 1011	06/10/14 0940	06/10/14 0800	06/09/14 2030	06/09/14 1650
lactated ringer's (LR) IV solution 1,000 mL Start: 06/09/14 0715					
Rate		100 mL/hr 1 -NG			
Oxytocin Drip					
Dose	2 milli-units/min -NG	1 milli-units/min sign off with L. Messerly, RN -NG			
Rate ml/hr	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG			
Concentration	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG			
Urine					
Voided Amount					400 ml -BD
Color				Light yellow -CA	Light yellow -BD
Appearance				Clear;Mucous bloody show -CA	Clear -BD
Unmeasurable Output	Voiding qs -NG				
Stool					
Date of Last BM			06/09/14 -NG		

	06/09/14 1510	06/09/14 1245	06/09/14 1100	06/09/14 0800	06/09/14 0730
lactated ringer's (LR) IV solution 1,000 mL Start: 06/09/14 0715					
Rate					125 mL/hr LR#1 -JM
Urine					
Voided Amount	600 ml -BD	350 ml -JM	550 ml -JM		
Color	Light yellow -BD	Yellow/Straw -JM	Yellow/Straw -JM		
Appearance	Clear -BD	Clear -JM	Clear -JM		
Stool					
Date of Last BM				06/09/14 -JM	

VS Acute Care

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/11/14 1833	06/11/14 1832	06/11/14 1000	06/11/14 0834	06/11/14 0716
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Coccyx -SH	Coccyx -SH	Coccyx -SH	Coccyx -SH
Pain Orientation		Lower -SH	Lower -SH	Lower -SH	Lower -SH
Pain Quality		Aching;Sore -SH	Aching;Sore -SH	Aching;Sore -SH	Aching;Sore -SH
Pain Assessment					
Pain Level, Self-Report		4 -SH	2;Pain tolerable (incl. pain level) -SH	3 -SH	4 -SH
Sedation Level		3 -SH	3 -SH	3 -SH	3 -SH
Resp Rate		20 Breaths/Min -SH	18 Breaths/Min -SH	18 Breaths/Min -SH	20 Breaths/Min -SH
Pain Management					
Hydrocod-APAP 5-325		2 Tab -SH (r) 156366500 (c)		2 Tab -SH (r) 156366500 (c)	
Ibuprofen Tablet	600 mg -SH (r) 156366501 (c)				600 mg -SH (r) 156366501 (c)
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periolitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				

	06/11/14 0700	06/11/14 0443	06/11/14 0440	06/10/14 2323	06/10/14 2312
Vital Signs					
Temp	36.7 °C (98.1 °F) -SH	36.6 °C (97.9 °F) -SR			37 °C (98.6 °F) -SR
Temp Source	Oral -SH	Oral -SR			Oral -SR
Heart Rate	87 -SH	116 -SR			99 -SR
BP	101/48 mmHg -SH	97/58 mmHg -SR			106/62 mmHg -SR
BP Cuff Location	Left upper arm -SH	Left upper arm -SR			Right upper arm -SR
Patient Position	Flat -SH	Standing -SR			Semi-Fowlers -SR
Resp	20 -SH	16 -SR			16 -SR
Oxygen Therapy?	No-Room Air -SH				
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Coccyx -CK		Perineum;Coccyx -SR
Pain Orientation			Lower -CK		
Pain Quality			Aching;Sore -CK		Aching;Sore -SR
Pain Assessment					
Pain Level, Self-Report			5 -CK		4 -SR
Sedation Level			3 -CK		3 -SR

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/11/14 0700	06/11/14 0443	06/11/14 0440	06/10/14 2323	06/10/14 2312
Resp Rate			18 Breaths/Min -CK		16 Breaths/Min -SR
Pain Management					
Hydrocod-APAP 5-325			2 Tab -CK (r) 156366500 (c)	2 Tab -SR (r) 156366500 (c)	
Mobility and Safety					
Keep Turning / Repositioning	Turns self -SH				
Specialty Bed / Surface	VersaCare P500 -SH				
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periolitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment	Intact -SH				
Drainage Character	No Drainage -SH				
Wound Covering	Peripad;Tucks -SH				

	06/10/14 2125	06/10/14 1930	06/10/14 1900	06/10/14 1846	06/10/14 1831
Vital Signs					
Heart Rate		109 -CAA	108 -CAA	120 -CAA	110 -NG
BP		91/51 mmHg -CAA	119/84 mmHg -CAA	103/72 mmHg -CAA	117/72 mmHg -NG
BP Cuff Location				Right upper arm -CAA	Right upper arm -NG
Patient Position				Semi-Fowlers -CAA	Semi-Fowlers -NG
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Perineum -CAA			Perineum -NG
Pain Orientation		Lower -CAA			Lower -NG
Pain Quality		Aching;Tender -CAA			Aching;Tender -NG
Pain Assessment					
Pain Level, Self-Report		2 -CAA			3 -NG
Sedation Level		3 -CAA			3 -NG
Resp Rate		18 Breaths/Min -CAA			18 Breaths/Min -NG
Add'l Pain Documentation?					No -NG
Mobility and Safety					
Activity	Bathroom	Bathroom		Bedrest -CAA	

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/10/14 2125	06/10/14 1930	06/10/14 1900	06/10/14 1845	06/10/14 1831
	privileges -CAA	privileges -CAA			
Activity Tolerance	Well -CAA	Well -CAA			
Activity Assistance	1 Person -CAA	1 Person -CAA			
Specialty Bed / Surface	(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -CAA	(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -CAA			
Safety Measures	Standard safety measures -CAA	Standard safety measures -CAA		Standard safety measures -CAA	
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periclitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment		Intact -CAA			Intact -NG
Drainage Character		No Drainage -CAA			No Drainage -NG
Wound Covering		Peripad;Tucks -CAA			Peripad;Tucks -NG
Interventions		Ice applied;Dressing change -CAA			

	06/10/14 1830	06/10/14 1817	06/10/14 1802	06/10/14 1747	06/10/14 1732
Vital Signs					
Temp					36.8 °C (98.2 °F) -NG
Temp Source					Oral -NG
Heart Rate		109 -NG	147 -NG	145 -NG	102 -NG
BP		125/67 mmHg -NG	133/66 mmHg -NG	118/67 mmHg -NG	126/71 mmHg -NG
BP Cuff Location		Right upper arm -NG	Right upper arm -NG	Right upper arm -NG	Right upper arm -NG
Patient Position		Semi-Fowlers -NG	Semi-Fowlers -NG	Semi-Fowlers -NG	Semi-Fowlers -NG
Resp					18 -NG
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Perineum -NG	Perineum -NG	Perineum -NG	Perineum -NG
Pain Orientation		Lower -NG	Lower -NG	Lower -NG	Lower -NG
Pain Quality		Aching;Tender -NG	Aching;Tender -NG	Aching;Tender -NG	Aching;Tender -NG
Pain Assessment					

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/10/14 1830	06/10/14 1817	06/10/14 1802	06/10/14 1747	06/10/14 1732
Pain Level, Self-Report		3 -NG	3;Pain tolerable (incl. pain level);Patient declined pain meds (incl. pain level) -NG	3;Pain tolerable (incl. pain level) -NG	3 -NG
Sedation Level		3 -NG	3 -NG	3 -NG	3 -NG
Resp Rate		18 Breaths/Min -NG	18 Breaths/Min -NG	18 Breaths/Min -NG	18 Breaths/Min -NG
Add'l Pain Documentation?		No -NG	No -NG	No -NG	No -NG
Pain Management					
Ibuprofen Tablet	600 mg -NG (r) 156366501 (c)				
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right pericitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment		Intact -NG	Intact -NG	Intact -NG	Intact -NG
Drainage Character		No Drainage -NG	No Drainage -NG	No Drainage -NG	No Drainage -NG
Wound Covering		Peripad;Tucks -NG	Peripad;Tucks -NG	Peripad;Tucks -NG	Peripad;Tucks -NG
Interventions					Ice applied;Dressing change -NG

	06/10/14 1717	06/10/14 1704	06/10/14 1703	06/10/14 1658	06/10/14 1646
Vital Signs					
Heart Rate	99 -NG		152 -NG		
BP	114/59 mmHg -NG		**(!)** 161/127 mmHg -NG		
Mobility and Safety					
Keep Turning / Repositioning					L Exaggerated Sims -NG
MD/Provider Notification					
Time of Attempt				1657 -NG	
How Attempted?				Present -NG	
MD/Provider Name				erickson -NG	
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time:				

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VS Acute Care (continued)

	06/10/14 1717	06/10/14 1704	06/10/14 1703	06/10/14 1658	06/10/14 1646
	1840 -SH				
OTHER					
Do Not Use-Estimated Blood Loss		200 ml Filed from Delivery Summary -KE			

	06/10/14 1632	06/10/14 1630	06/10/14 1622	06/10/14 1618	06/10/14 1617
Vital Signs					
Heart Rate	99 -NG	99 -NG			
BP	117/73 mmHg -NG	117/73 mmHg -NG			
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site				Contractions-Uterine;Abdomen -NG	
Pain Orientation				Lower;Mid -NG	
Pain Quality				Aching;Pressure -NG	
Pain Assessment					
Pain Level, Self-Report				8;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG	
Sedation Level				3 -NG	
Resp Rate				20 Breaths/Min -NG	
Add'l Pain Documentation?				No -NG	
Mobility and Safety					
Keep Turning / Repositioning		R Exaggerated Sims -NG			L Exaggerated Sims -NG
MD/Provider Notification					
Time of Attempt			1622 -NG		
How Attempted?			Present -NG		
MD/Provider Name			Erickson -NG		
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				

	06/10/14 1604	06/10/14 1559	06/10/14 1546	06/10/14 1532	06/10/14 1522
Vital Signs					
Temp		36.7 °C (98 °F) -NG			
Temp Source		Oral -NG			
Heart Rate				88 -NG	
BP				110/73 mmHg -NG	
Resp		20 -NG			

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/10/14 1604	06/10/14 1559	06/10/14 1546	06/10/14 1532	06/10/14 1522
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Contractions-Uterine;Abdomen -NG		
Pain Orientation			Lower;Mid -NG		
Pain Quality			Cramping;Pressure -NG		
Pain Assessment					
Pain Level, Self-Report			8 -NG		
Sedation Level			3 -NG		
Resp Rate			20 Breaths/Min -NG		
Add'l Pain Documentation?			No -NG		
Mobility and Safety					
Activity		Stand at bedside -NG			Bed in chair position -NG
MD/Provider Notification					
Time of Attempt	1604 -NG				
How Attempted?	Routine page -NG				
MD/Provider Name	Erickson -NG				
Action	Other(Comment); See progress note -NG				
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				

	06/10/14 1506	06/10/14 1450	06/10/14 1432	06/10/14 1402	06/10/14 1400
Vital Signs					
Heart Rate			97 -NG	85 -NG	
BP			98/58 mmHg -NG	109/63 mmHg -NG	
BP Cuff Location				Right upper arm -NG	
Patient Position				Semi-Fowlers -NG	
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site	Contractions-Uterine;Abdomen -NG			Contractions-Uterine;Abdomen -NG	
Pain Orientation	Lower;Mid -NG			Lower;Mid -NG	
Pain Quality	Cramping;Pressure -NG			Cramping -NG	
Pain Assessment					
Pain Level, Self-Report	7;6;Patient declined pain			6;Patient declined pain meds (incl.	

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MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/10/14 1506	06/10/14 1450	06/10/14 1432	06/10/14 1402	06/10/14 1400
	meds (incl. pain level);Pain tolerable (incl. pain level) -NG			pain level);Pain tolerable (incl. pain level) -NG	
Sedation Level	3 -NG			3 -NG	
Resp Rate	20 Breaths/Min -NG			18 Breaths/Min -NG	
Add'l Pain Documentation?	No -NG			No -NG	
MD/Provider Notification					
Time of Attempt		1450 -NG			
How Attempted?		Routine page -NG			
MD/Provider Name		Erickson -NG			
Action		See progress note;Other(Comment) -NG			
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Drsg Type					Transparent -NG
Drsg Status					C, D & I -NG
Site Condition					WDL -NG
Securing Device					Yes;Taped -NG
Status					Patent;Fluids infusing -NG
Interventions					N/A -NG
	06/10/14 1332	06/10/14 1302	06/10/14 1258	06/10/14 1232	06/10/14 1202
Vital Signs					
Temp		36.7 °C (98.1 °F) -NG			36.6 °C (97.9 °F) -NG
Temp Source		Oral -NG			Oral -NG
Heart Rate	86 -NG	83 -NG		82 -NG	82 -NG
BP	98/60 mmHg -NG	118/69 mmHg -NG		103/66 mmHg -NG	99/58 mmHg -NG
BP Cuff Location		Right upper arm -NG			Right upper arm -NG
Patient Position		Semi-Fowlers -NG			Semi-Fowlers -NG
Resp		18 -NG			16 -NG
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Contractions-Uterine;Abdomen -NG		Contractions-Uterine;Abdomen -NG	
Pain Orientation		Lower;Mid -NG		Lower;Mid -NG	
Pain Quality		Cramping -NG		Cramping -NG	

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/10/14 1332	06/10/14 1302	06/10/14 1258	06/10/14 1232	06/10/14 1202
Pain Assessment					
Pain Level, Self-Report		4;Pain tolerable (incl. pain level);Patient declined pain meds (incl. pain level) -NG		4;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG	
Sedation Level		3 -NG		3 -NG	
Resp Rate		18 Breaths/Min -NG		18 Breaths/Min -NG	
Add'l Pain Documentation?		No -NG		No -NG	
MD/Provider Notification					
Time of Attempt			1258 -NG		
How Attempted?			Present -NG		
MD/Provider Name			Erickson -NG		
Action			Other(Comment); See progress note strip eval, sve -NG		

[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga

Properties: Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH

	06/10/14 1132	06/10/14 1108	06/10/14 1102	06/10/14 1040	06/10/14 1032
Vital Signs					
Temp			36.7 °C (98 °F) -NG		
Temp Source			Oral -NG		
Heart Rate	75 -NG		85 -NG		90 -NG
BP	91/51 mmHg -NG		111/62 mmHg -NG		120/78 mmHg -NG
BP Cuff Location	Right upper arm -NG		Right upper arm -NG		
Patient Position	Lying Right Side -NG		Semi-Fowlers -NG		
Resp			18 -NG		
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site	Contractions-Uterine;Abdomen -NG			Contractions-Uterine;Abdomen -NG	
Pain Orientation	Lower;Mid -NG			Lower;Mid -NG	
Pain Quality	Cramping -NG			Cramping -NG	
Pain Assessment					
Pain Level, Self-Report	4;Pain tolerable (incl. pain level);Patient declined pain			4;Pain tolerable (incl. pain level);Patient declined pain	

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/10/14 1132	06/10/14 1108	06/10/14 1102	06/10/14 1040	06/10/14 1032
	meds (incl. pain level) -NG			meds (incl. pain level) -NG	
Sedation Level	2 -NG			3 -NG	
Resp Rate	16 Breaths/Min -NG			18 Breaths/Min -NG	
Add'l Pain Documentation?	No -NG			No -NG	
Height and Weight					
Height		157.5 cm (5' 2") -NG			
Weight		61.236 kg (135 lb) -NG			
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				

	06/10/14 1002	06/10/14 0940	06/10/14 0939	06/10/14 0800	06/10/14 0446
Vital Signs					
Temp			36.5 °C (97.7 °F) -NG	36.7 °C (98 °F) -NG	36.8 °C (98.3 °F) -CA
Temp Source			Axillary -NG	Oral -NG	Oral -CA
Heart Rate	86 -NG		92 -NG	90 -NG	77 -CA
BP	138/63 mmHg -NG		115/71 mmHg -NG	118/76 mmHg -NG	106/64 mmHg -CA
BP Cuff Location			Right upper arm -NG	Right upper arm -NG	
Patient Position			Semi-Fowlers -NG	Semi-Fowlers -NG	
Resp			18 -NG	18 -NG	16 -CA
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Abdomen -NG	Abdomen -NG	
Pain Orientation			Lower;Mid -NG	Lower;Mid -NG	
Pain Quality			Cramping -NG	Cramping -NG	
Pain Assessment					
Pain Level, Self-Report			3;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG	2;3;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG	
Sedation Level			3 -NG	3 -NG	
Resp Rate			18 Breaths/Min -NG	18 Breaths/Min -NG	
Add'l Pain Documentation?			No -NG	No -NG	
Mobility and Safety					
Keep Turning / Repositioning				Turns self -NG	
Specialty Bed /				(PU Bundle)	

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/10/14 1002	06/10/14 0940	06/10/14 0939	06/10/14 0800	06/10/14 0446
Surface				Cleared tubing & wrinkles from patient's lying surface -NG	
Safety Measures				Standard safety measures -NG	
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Drsg Type		Transparent -NG			
Drsg Status		C, D & I -NG			
Site Condition		WDL -NG			
Securing Device		Yes;Taped -NG			
Status		Patent;Fluids infusing -NG			
Interventions		N/A -NG			
	06/09/14 2331	06/09/14 2326	06/09/14 2321	06/09/14 2316	06/09/14 2311
Vital Signs					
Heart Rate	87 -CA	84 -CA	83 -CA	77 -CA	80 -CA
SpO2	100 % -CA	100 % -CA	98 % -CA	98 % -CA	98 % -CA
	06/09/14 2306	06/09/14 2301	06/09/14 2300	06/09/14 2256	06/09/14 2251
Vital Signs					
Heart Rate	81 -CA	84 -CA		83 -CA	81 -CA
SpO2	98 % -CA	98 % -CA		98 % -CA	97 % -CA
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Contractions-Uterine -CA		
Pain Orientation			Lower;Mid -CA		
Pain Quality			Cramping -CA		
Pain Assessment					
Pain Level, Self-Report			2 -CA		
Sedation Level			3 -CA		
Resp Rate			16 Breaths/Min -CA		
Add'l Pain Documentation?			No -CA		
	06/09/14 2246	06/09/14 2241	06/09/14 2236	06/09/14 2231	06/09/14 2226
Vital Signs					
Heart Rate	95 -CA	79 -CA	70 -CA	74 -CA	76 -CA
SpO2	98 % -CA	97 % -CA	98 % -CA	97 % -CA	97 % -CA
	06/09/14 2221	06/09/14 2216	06/09/14 2211	06/09/14 2206	06/09/14 2201
Vital Signs					
Heart Rate	74 -CA	75 -CA	77 -CA	72 -CA	80 -CA
SpO2	97 % -CA	97 % -CA	97 % -CA	97 % -CA	97 % -CA
	06/09/14 2156	06/09/14 2151	06/09/14 2146	06/09/14 2141	06/09/14 2136
Vital Signs					

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/09/14 2156	06/09/14 2151	06/09/14 2146	06/09/14 2141	06/09/14 2136
Heart Rate	82 -CA	76 -CA	80 -CA	79 -CA	84 -CA
SpO2	97 % -CA	98 % -CA	98 % -CA	97 % -CA	98 % -CA
	06/09/14 2131	06/09/14 2126	06/09/14 2121	06/09/14 2116	06/09/14 2117
Vital Signs					
Temp					36.7 °C (98.1 °F) -CA
Temp Source					Oral -CA
Heart Rate	81 -CA	92 -CA	80 -CA		86 -CA
BP					124/69 mmHg -CA
SpO2	98 % -CA	98 % -CA	98 % -CA		
Pain Management					
Fentanyl Injection				50 mcg -CA (r) 156146420 (c)	
	06/09/14 2116	06/09/14 2111	06/09/14 2030	06/09/14 2029	06/09/14 1645
Vital Signs					
Heart Rate	87 -CA	95 -CA		88 -CA	88 -BD
BP				119/68 mmHg -CA	128/86 mmHg -BD
SpO2	99 % -CA	97 % -CA			
Mobility and Safety					
Keep Turning / Repositioning			Turns self -CA		
Specialty Bed / Surface			(PU Bundle) Friction and shearing prevented during repositioning & transferring -CA		
Safety Measures			Standard safety measures -CA		
	06/09/14 1510	06/09/14 1400	06/09/14 1245	06/09/14 1100	06/09/14 1000
Vital Signs					
Temp	36.7 °C (98.1 °F) -BD		36.6 °C (97.8 °F) -JM		
Temp Source	Oral -BD		Oral -JM		
Heart Rate	82 -BD		90 -JM		
BP	127/90 mmHg -BD		120/66 mmHg -JM		
BP Cuff Location			Right upper arm -JM		
Patient Position			Semi-Fowlers -JM		
Resp	18 -BD		18 -JM		
Oxygen Therapy?	No-Room Air -BD		No-Room Air -JM		
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Contractions-Uterine -JM		
Pain Orientation			Mid;Lower -JM		

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

VS Acute Care (continued)

	06/09/14 1510	06/09/14 1400	06/09/14 1245	06/09/14 1100	06/09/14 1000
Pain Quality			Cramping -JM		
Pain Assessment					
Pain Level, Self-Report		Normal sleep (N/A for PACU) -JM	4;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -JM	Normal sleep (N/A for PACU) -JM	Normal sleep (N/A for PACU) -JM
Sedation Level		3 -JM	3 -JM	3 -JM	
Resp Rate		18 Breaths/Min -JM	18 Breaths/Min -JM	18 Breaths/Min -JM	
Add'l Pain Documentation?		No -JM	No -JM	No -JM	
Mobility and Safety					
Safety Measures	Standard safety measures -BD				

	06/09/14 0800	06/09/14 0711
Vital Signs		
Temp		36.6 °C (97.9 °F) -JM
Temp Source		Oral -JM
Heart Rate		93 -JM
BP		110/66 mmHg -JM
BP Cuff Location		Left upper arm -JM
Patient Position		Semi-Fowlers -JM
Resp		18 -JM
Oxygen Therapy?		No-Room Air -JM
Pain Assessment		
Pain Level, Self-Report		0 -JM
Sedation Level		3 -JM
Resp Rate		18 Breaths/Min -JM
Add'l Pain Documentation?		No -JM
Mobility and Safety		
Keep Turning / Repositioning	Turns self -JM	
Specialty Bed / Surface	(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -JM	
Safety Measures	Standard safety measures -JM	

Lines/Airways

	06/10/14 1400	06/10/14 0940	06/10/14 0930	06/10/14 0800	06/09/14 0730
[REMOVED] Peripheral Line - Adult 06/09/14 0730 Left;Hand 18ga					

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

Lines/Airways (continued)

	06/10/14 1400	06/10/14 0940	06/10/14 0930	06/10/14 0800	06/09/14 0730
Properties	Placement Date: **06/09/14** -JM Placement Time: **0730** -JM Location: **Left;Hand** -JM Size: **18ga** -JM Anesthetic: **None** -JM Attempts: **x1** -JM Removal Date: **06/10/14** -NG Removal Time: **0940** -NG				
Drsg Type	-- -NG		Transparent -NG	Transparent -NG	Transparent;Securing Drsg -JM
Drsg Status	-- -NG		C, D & I -NG	C, D & I -NG	C, D & I -JM
Site Condition	-- -NG		Painful -NG	WDL -NG	WDL -JM
Securing Device	-- -NG		Yes;Taped -NG	Yes;Taped -NG	Yes;Taped -JM
Status	-- -NG		Occluded -NG	Patent;Saline Locked -NG	Patent;Fluids infusing -JM
Interventions	-- -NG			Saline flushed/protocol -NG	Lab draw -JM
[REMOVED] Peripheral Line - Adult 06/10/14 0930 Right;Hand 18ga					
Properties	Placement Date: **06/10/14** -NG Placement Time: **0930** -NG Location: **Right;Hand** -NG Size: **18ga** -NG Anesthetic: **None** -NG Attempts: **x1** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Drsg Type	Transparent -NG	Transparent -NG			
Drsg Status	C, D & I -NG	C, D & I -NG			
Site Condition	WDL -NG	WDL -NG			
Securing Device	Yes;Taped -NG	Yes;Taped -NG			
Status	Patent;Fluids infusing -NG	Patent;Fluids infusing -NG			
Interventions	N/A -NG	N/A -NG			

OB Assessment

	06/11/14 0700	06/11/14 0443	06/10/14 2312	06/10/14 2125	06/10/14 1930
Cardiac					
Heart Rate	87 -SH	116 -SR	99 -SR		109 -CAA
Skin / Wound (Every Shift)					
Skin Color	Appropriate for Race -SH				
Skin Character	Warm;Dry -SH				
Braden Scale - Pressure Ulcer Prevention Bundle needs to be initiated if the Braden score is 18 or less, or if the assessment reveals 2 or more areas scoring 2 or less					
Sensory Perception	4 -SH				
Moisture	4 -SH				
Activity	4 -SH				
Mobility	4 -SH				
Nutrition	4 -SH				
Friction and Shear	3 -SH				
Total Score	23 -SH				
Pressure Ulcer Prevention Bundle					
Specialty Bed / Surface	VersaCare P500 -SH			(PU Bundle) Cleared tubing & wrinkles from	(PU Bundle) Cleared tubing & wrinkles from

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB Assessment (continued)

	06/11/14 0700	06/11/14 0443	06/10/14 2312	06/10/14 2125	06/10/14 1930
				patient's lying surface -CAA	patient's lying surface -CAA
Keep Turning / Repositioning	Turns self -SH				
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periclitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment	Intact -SH				Intact -CAA
Drainage Character	No Drainage -SH				No Drainage -CAA
Wound Covering	Peripad;Tucks -SH				Peripad;Tucks -CAA
Interventions					Ice applied;Dressing change -CAA
Musculoskeletal					
Musculoskeletal (WDL)	WDL -SH				
Safety					
Safety Measures				Standard safety measures -CAA	Standard safety measures -CAA
Fall Risk-Johns Hopkins Screen © Category 2 (Modified) - Assess on admission and Q12H for patient not deemed High Risk in Category 1 (Moderate Risk=5-11; High risk=12 or above)					
Fall History	0 -SH				
Elimination - Bowel and Bladder	0 -SH				
Medications	0 -SH				
Patient Care Equipment	0 -SH				
Mobility - Requires Assistance	0 -SH				
Mobility- Unsteady Gait	0 -SH				
Mobility- Visual/Auditory Impairment	0 -SH				
Cognition- Altered Awareness	0 -SH				
Cognition- Impulsivity	0 -SH				
Cognition-Short Term Mem Loss	0 -SH				
Total Fall Risk	0 -SH				

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB Assessment (continued)

	06/11/14 0700	06/11/14 0443	06/10/14 2312	06/10/14 2125	06/10/14 1930
Factor Score					
Smart Moves					
Smart Moves Class (by RN)	Green -SH				
Infection Risk Screen (Daily)					
Elevated Infection Risk?	No -SH				
	06/10/14 1900	06/10/14 1845	06/10/14 1831	06/10/14 1817	06/10/14 1802
Cardiac					
Heart Rate	108 -CAA	120 -CAA	110 -NG	109 -NG	147 -NG
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periclitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment			Intact -NG	Intact -NG	Intact -NG
Drainage Character			No Drainage -NG	No Drainage -NG	No Drainage -NG
Wound Covering			Peripad;Tucks -NG	Peripad;Tucks -NG	Peripad;Tucks -NG
Safety					
Safety Measures		Standard safety measures -CAA			
	06/10/14 1747	06/10/14 1732	06/10/14 1717	06/10/14 1703	06/10/14 1646
Cardiac					
Heart Rate	145 -NG	102 -NG	99 -NG	152 -NG	
Pressure Ulcer Prevention Bundle					
Keep Turning / Repositioning					L Exaggerated Sims -NG
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periclitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment	Intact -NG	Intact -NG			
Drainage Character	No Drainage -NG	No Drainage -NG			
Wound Covering	Peripad;Tucks -NG	Peripad;Tucks -NG			
Interventions		Ice applied;Dressing change -NG			
	06/10/14 1632	06/10/14 1630	06/10/14 1617	06/10/14 1532	06/10/14 1500
Cardiac					
Heart Rate	99 -NG	99 -NG		88 -NG	
Urine Evaluation					
Color					Yellow/Straw -

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB Assessment (continued)

	06/10/14 1632	06/10/14 1630	06/10/14 1617	06/10/14 1532	06/10/14 1500
					-NG
Appearance					Clear -NG
Pressure Ulcer Prevention Bundle					
Keep Turning / Repositioning		R Exaggerated Sims -NG	L Exaggerated Sims -NG		
	06/10/14 1432	06/10/14 1402	06/10/14 1400	06/10/14 1332	06/10/14 1302
Cardiac					
Heart Rate	97 -NG	85 -NG		86 -NG	83 -NG
Urine Evaluation					
Color			Light yellow -NG		
Appearance			Clear -NG		
	06/10/14 1232	06/10/14 1202	06/10/14 1200	06/10/14 1132	06/10/14 1102
Cardiac					
Heart Rate	82 -NG	82 -NG		75 -NG	85 -NG
Urine Evaluation					
Color			Light yellow -NG		
Appearance			Clear -NG		
	06/10/14 1032	06/10/14 1002	06/10/14 0939	06/10/14 0800	06/10/14 0446
Pregnancy Assessment					
Pregnancy (WDL)				WDL -NG	
Neuro					
Neuro (WDL)				WDL -NG	
Reflexes				L Leg + 2;R Leg +2 -NG	
Clonus (Beats)				L 0;R 0 -NG	
Extremity Sensory/Motor					
Extremity Sensory/Motor (WDL)				WDL -NG	
Peripheral Vascular					
Peripheral Vascular				WDL -NG	
Cardiac					
Heart Rate	90 -NG	86 -NG	92 -NG	90 -NG	77 -CA
Cardiac (WDL)				WDL -NG	
Respiratory					
Respiratory (WDL)				WDL -NG	
Breath Sounds Rt				Clear -NG	
Breath Sounds Lt				Clear -NG	
GI					
Gastrointestinal (WDL)				WDL -NG	
Date of Last BM				06/09/14 -NG	

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB Assessment (continued)

	06/10/14 1032	06/10/14 1002	06/10/14 0939	06/10/14 0800	06/10/14 0446
Nutrition					
Nutrition (WDL)				WDL -NG	
GU					
GenitoUrinary (WDL)				WDL -NG	
Skin / Wound (Every Shift)					
Skin Color				Appropriate for Race -NG	
Skin Character				Warm;Dry -NG	
Braden Scale - Pressure Ulcer Prevention Bundle needs to be initiated if the Braden score is 18 or less, or if the assessment reveals 2 or more areas scoring 2 or less					
Sensory Perception				4 -NG	
Moisture				4 -NG	
Activity				4 -NG	
Mobility				4 -NG	
Nutrition				4 -NG	
Friction and Shear				3 -NG	
Total Score				23 -NG	
Pressure Ulcer Prevention Bundle					
Specialty Bed / Surface				(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -NG	
Keep Turning / Repositioning				Turns self -NG	
Nutrition Consult				N/A -NG	
Musculoskeletal					
Musculoskeletal (WDL)				WDL -NG	
Safety					
Safety Measures				Standard safety measures -NG	
Fall Risk-Johns Hopkins Screen © Category 2 (Modified) - Assess on admission and Q12H for patient not deemed High Risk in Category 1 (Moderate Risk=5-11; High risk=12 or above)					
Fall History				0 -NG	
Elimination - Bowel and Bladder				0 -NG	
Medications				0 -NG	
Patient Care Equipment				1 -NG	
Mobility - Requires				0 -NG	

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB Assessment (continued)

	06/10/14 1032	06/10/14 1002	06/10/14 0939	06/10/14 0800	06/10/14 0446
Assistance					
Mobility-Unsteady Gait				0 -NG	
Mobility-Visual/Auditory Impairment				0 -NG	
Cognition-Altered Awareness				0 -NG	
Cognition-Impulsivity				0 -NG	
Cognition-Short Term Mem Loss				0 -NG	
Total Fall Risk Factor Score				1 -NG	
Smart Moves					
Smart Moves Class (by RN)				Green -NG	
Infection Risk Screen (Daily)					
Elevated Infection Risk?				No -NG	
Comfort					
Comfort (WDL)				WDL -NG	
Coping					
Coping (WDL)				WDL -NG	
	06/09/14 2331	06/09/14 2326	06/09/14 2321	06/09/14 2316	06/09/14 2311
Cardiac					
Heart Rate	87 -CA	84 -CA	83 -CA	77 -CA	80 -CA
	06/09/14 2306	06/09/14 2301	06/09/14 2256	06/09/14 2251	06/09/14 2246
Cardiac					
Heart Rate	81 -CA	84 -CA	83 -CA	81 -CA	95 -CA
	06/09/14 2241	06/09/14 2236	06/09/14 2231	06/09/14 2226	06/09/14 2221
Cardiac					
Heart Rate	79 -CA	70 -CA	74 -CA	76 -CA	74 -CA
	06/09/14 2216	06/09/14 2211	06/09/14 2206	06/09/14 2201	06/09/14 2156
Cardiac					
Heart Rate	75 -CA	77 -CA	72 -CA	80 -CA	82 -CA
	06/09/14 2151	06/09/14 2146	06/09/14 2141	06/09/14 2136	06/09/14 2131
Cardiac					
Heart Rate	76 -CA	80 -CA	79 -CA	84 -CA	81 -CA
	06/09/14 2126	06/09/14 2121	06/09/14 2117	06/09/14 2116	06/09/14 2111
Cardiac					
Heart Rate	92 -CA	80 -CA	86 -CA	87 -CA	95 -CA
	06/09/14 2030	06/09/14 2029	06/09/14 1650	06/09/14 1645	06/09/14 1510
Pregnancy Assessment					
Pregnancy (WDL)	WDL -CA				WDL -BD

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB Assessment (continued)

	06/09/14 2030	06/09/14 2029	06/09/14 1650	06/09/14 1545	06/09/14 1510
Neuro					
Neuro (WDL)	WDL -CA				WDL -BD
Reflexes	R Arm +2;L Arm +2;R Leg +1;L Leg +1 -CA				L Leg +1;R Leg +1 -BD
Clonus (Beats)	L 0;R 0 -CA				L 0;R 0 -BD
Extremity Sensory/Motor					
Extremity Sensory/Motor (WDL)	WDL -CA				WDL -BD
Peripheral Vascular					
Peripheral Vascular	WDL -CA				WDL -BD
Cardiac					
Heart Rate		88 -CA		88 -BD	82 -BD
Cardiac (WDL)	WDL -CA				WDL -BD
Respiratory					
Respiratory (WDL)	WDL -CA				WDL -BD
Breath Sounds Rt	Clear -CA				
Breath Sounds Lt	Clear -CA				
GI					
GastroIntestinal (WDL)	WDL -CA				WDL -BD
Nutrition					
Nutrition (WDL)	WDL -CA				WDL -BD
GU					
GenitoUrinary (WDL)	WDL -CA				WDL -BD
Urine Evaluation					
Color	Light yellow -CA		Light yellow -BD		Light yellow -BD
Appearance	Clear;Mucous bloody straw -CA		Clear -BD		Clear -BD
Skin / Wound (Every Shift)					
Skin Color	Appropriate for Race -CA				Appropriate for Race -BD
Skin Character	Warm;Dry -CA				Warm;Dry -BD
Braden Scale - Pressure Ulcer Prevention Bundle needs to be initiated if the Braden score is 18 or less, or if the assessment reveals 2 or more areas scoring 2 or less					
Sensory Perception	4 -CA				4 -BD
Moisture	4 -CA				4 -BD
Activity	3 -CA				4 -BD
Mobility	4 -CA				4 -BD
Nutrition	4 -CA				4 -BD

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OB Assessment (continued)

	06/09/14 2030	06/09/14 2029	06/09/14 1650	06/09/14 1545	06/09/14 1510
Friction and Shear	3 -CA				3 -BD
Total Score	22 -CA				23 -BD
Pressure Ulcer Prevention Bundle					
Specialty Bed / Surface	(PU Bundle) Friction and shearing prevented during repositioning & transferring -CA				
Keep Turning / Repositioning	Turns self -CA				
Nutrition Consult	N/A -CA				
Musculoskeletal					
Musculoskeletal (WDL)	WDL -CA				WDL -BD
Safety					
Safety Measures	Standard safety measures -CA				Standard safety measures -BD
Fall Risk-Johns Hopkins Screen © Category 2 (Modified) - Assess on admission and Q12H for patient not deemed High Risk in Category 1 (Moderate Risk=5-11; High risk=12 or above)					
Fall History	0 -CA				
Elimination - Bowel and Bladder	0 -CA				
Medications	0 -CA				
Patient Care Equipment	0 -CA				
Mobility - Requires Assistance	0 -CA				
Mobility- Unsteady Gait	0 -CA				
Mobility- Visual/Auditory Impairment	0 -CA				
Cognition- Altered Awareness	0 -CA				
Cognition- Impulsivity	0 -CA				
Cognition-Short Term Mem Loss	0 -CA				
Total Fall Risk Factor Score	0 -CA				
Smart Moves					
Smart Moves	Green -CA				Green -BD

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB Assessment (continued)

	06/09/14 2030	06/09/14 2029	06/09/14 1650	06/09/14 1545	06/09/14 1510
Class (by RN)					
Infection Risk Screen (Daily)					
Elevated Infection Risk?	No -CA				No -BD
Comfort					
Comfort (WDL)	WDL -CA				WDL -BD
Coping					
Coping (WDL)	WDL -CA				WDL -BD

	06/09/14 1245	06/09/14 1100	06/09/14 0800	06/09/14 0711
Pregnancy Assessment				
Pregnancy (WDL)			WDL -JM	
Neuro				
Neuro (WDL)			WDL -JM	
Reflexes			L Leg +1;R Leg +1 -JM	
Clonus (Beats)			L 0;R 0 -JM	
Extremity Sensory/Motor				
Extremity Sensory/Motor (WDL)			WDL -JM	
Peripheral Vascular				
Peripheral Vascular			WDL -JM	
Cardiac				
Heart Rate	90 -JM			93 -JM
Cardiac (WDL)			WDL -JM	
Respiratory				
Respiratory (WDL)			WDL -JM	
Breath Sounds Rt			Clear -JM	
Breath Sounds Lt			Clear -JM	
GI				
Gastrointestinal (WDL)			WDL -JM	
Date of Last BM			06/09/14 -JM	
Nutrition				
Nutrition (WDL)			WDL -JM	
GU				
GenitoUrinary (WDL)			WDL -JM	
Urine Evaluation				
Color	Yellow/Straw -JM	Yellow/Straw -JM		
Appearance	Clear -JM	Clear -JM		
Skin / Wound (Every Shift)				

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB Assessment (continued)

06/09/14 1245	06/09/14 1100	06/09/14 0800	06/09/14 0711
Skin Color		Appropriate for Race -JM	
Skin Character		Warm;Dry -JM	
Braden Scale - Pressure Ulcer Prevention Bundle needs to be initiated if the Braden score is 18 or less, or if the assessment reveals 2 or more areas scoring 2 or less			
Sensory Perception		4 -JM	
Moisture		4 -JM	
Activity		4 -JM	
Mobility		4 -JM	
Nutrition		4 -JM	
Friction and Shear		3 -JM	
Total Score		23 -JM	
Pressure Ulcer Prevention Bundle			
Specialty Bed / Surface		(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -JM	
Keep Turning / Repositioning		Turns self -JM	
Musculoskeletal			
Musculoskeletal (WDL)		WDL -JM	
Safety			
Safety Measures		Standard safety measures -JM	
Fall Risk-Johns Hopkins Screen © Category 2 (Modified) - Assess on admission and Q12H for patient not deemed High Risk in Category 1 (Moderate Risk=5-11; High risk=12 or above)			
Fall History		0 -JM	
Elimination - Bowel and Bladder		0 -JM	
Medications		0 -JM	
Patient Care Equipment		2 -JM	
Mobility - Requires Assistance		0 -JM	
Mobility- Unsteady Gait		0 -JM	
Mobility- Visual/Auditory Impairment		0 -JM	
Cognition- Altered Awareness		0 -JM	

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB Assessment (continued)

	06/09/14 1245	06/09/14 1100	06/09/14 0800	06/09/14 0711
Cognition-Impulsivity			0 -JM	
Cognition-Short Term Mem Loss			0 -JM	
Total Fall Risk Factor Score			2 -JM	
Smart Moves				
Smart Moves Class (by RN)			Green -JM	
Infection Risk Screen (Daily)				
Elevated Infection Risk?			No -JM	
Comfort				
Comfort (WDL)			WDL -JM	
Coping				
Coping (WDL)			WDL -JM	

OB PP Vital Signs

	06/11/14 1833	06/11/14 1832	06/11/14 1000	06/11/14 0834	06/11/14 0716
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Coccyx -SH	Coccyx -SH	Coccyx -SH	Coccyx -SH
Pain Orientation		Lower -SH	Lower -SH	Lower -SH	Lower -SH
Pain Quality		Aching;Sore -SH	Aching;Sore -SH	Aching;Sore -SH	Aching;Sore -SH
Pain Assessment					
Pain Level, Self-Report		4 -SH	2;Pain tolerable (incl. pain level) -SH	3 -SH	4 -SH
Sedation Level		3 -SH	3 -SH	3 -SH	3 -SH
Resp Rate		20 Breaths/Min -SH	18 Breaths/Min -SH	18 Breaths/Min -SH	20 Breaths/Min -SH
Pain Management					
Hydrocod-APAP 5-325		2 Tab -SH (r) 156366500 (c)		2 Tab -SH (r) 156366500 (c)	
Ibuprofen Tablet	600 mg -SH (r) 156366501 (c)				600 mg -SH (r) 156366501 (c)
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periclitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
DC Checklist					
DC Instructions	Given to Patient -SH				
DC Meds	Prescription(s) Given -SH				
Birth Certificate	Info Completed -SH				
Paternity Papers	N/A -SH				

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OB PP Vital Signs (continued)

	06/11/14 1833	06/11/14 1832	06/11/14 1000	06/11/14 0834	06/11/14 0716
D/C Order	Yes -SH				
Charges	Yes -SH				
Vaccines	Done -SH				
Staples out	Not needed -SH				
	06/11/14 0700	06/11/14 0443	06/11/14 0440	06/10/14 2323	06/10/14 2312
Vital Signs					
BP	101/48 mmHg -SH	97/58 mmHg -SR			106/62 mmHg -SR
BP Cuff Location	Left upper arm -SH	Left upper arm -SR			Right upper arm -SR
Patient Position	Flat -SH	Standing -SR			Semi-Fowlers -SR
Heart Rate	87 -SH	116 -SR			99 -SR
Resp	20 -SH	16 -SR			16 -SR
Temp	36.7 °C (98.1 °F) -SH	36.6 °C (97.9 °F) -SR			37 °C (98.6 °F) -SR
Temp Source	Oral -SH	Oral -SR			Oral -SR
Oxygen Therapy?	No-Room Air -SH				
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Coccyx -CK		Perineum;Coccyx -SR
Pain Orientation			Lower -CK		
Pain Quality			Aching;Sore -CK		Aching;Sore -SR
Pain Assessment					
Pain Level, Self-Report			5 -CK		4 -SR
Sedation Level			3 -CK		3 -SR
Resp Rate			18 Breaths/Min -CK		16 Breaths/Min -SR
Pain Management					
Hydrocod-APAP 5-325			2 Tab -CK (r) 156366500 (c)	2 Tab -SR (r) 156366500 (c)	
Bladder Assessment					
Bladder	Non distended -SH	Voided -SR			
Fundal Assessment					
Fundal Tone	Firm -SH	Firm -SR			
Fundal Position	Midline -SH	Midline -SR			
Fundus (Location)	U/1 -SH	U/1 -SR			
Lochia					
Lochia Color	Rubra -SH	Rubra -SR			
Lochia Amount	Light -SH	Light -SR			
Lochia Odor	None -SH	None -SR			
Clots	None -SH	None -SR			
Perineum					
Perineal (WDL)	WDL -SH	WDL -SR			

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB PP Vital Signs (continued)

	06/11/14 0700	06/11/14 0443	06/11/14 0440	06/10/14 2323	06/10/14 2312
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periclitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment	Intact -SH				
Drainage Character	No Drainage -SH				
Wound Covering	Peripad;Tucks -SH				
Mobility and Safety					
Keep Turning / Repositioning	Turns self -SH				
Specialty Bed / Surface	VersaCare P500 -SH				
	06/10/14 2125	06/10/14 1930	06/10/14 1900	06/10/14 1845	06/10/14 1831
Vital Signs					
BP		91/51 mmHg -CAA	119/84 mmHg -CAA	103/72 mmHg -CAA	117/72 mmHg -NG
BP Cuff Location				Right upper arm -CAA	Right upper arm -NG
Patient Position				Semi-Fowlers -CAA	Semi-Fowlers -NG
Heart Rate		109 -CAA	108 -CAA	120 -CAA	110 -NG
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Perineum -CAA			Perineum -NG
Pain Orientation		Lower -CAA			Lower -NG
Pain Quality		Aching;Tender -CAA			Aching;Tender -NG
Pain Assessment					
Pain Level, Self-Report		2 -CAA			3 -NG
Sedation Level		3 -CAA			3 -NG
Resp Rate		18 Breaths/Min -CAA			18 Breaths/Min -NG
Add'l Pain Documentation?					No -NG
Bladder Assessment					
Bladder	Voided -CAA	Voided -CAA			Non distended -NG
Fundal Assessment					
Fundal Tone	Firm -CAA	Firm -CAA			Firm -NG
Fundal Position	Midline -CAA	Midline -CAA			Midline -NG
Fundus (Location)	U/1 -CAA	U/1 -CAA			U/1 -NG
Lochia					
Lochia Color	Rubra -CAA	Rubra -CAA			Rubra -NG
Lochia Amount	Light -CAA	Moderate -CAA			Light -NG

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB PP Vital Signs (continued)

	06/10/14 2125	06/10/14 1930	06/10/14 1900	06/10/14 1845	06/10/14 1831
Lochia Odor	None -CAA	None -CAA			None -NG
Clots	None -CAA	None -CAA			None -NG
Perineum					
Perineal (WDL)	WDL -CAA	WDL -CAA			WDL -NG
Do Not Use - Intervention	Medicated pads -CAA	Medicated pads -CAA			
Perineal appearance	Intact -CAA				
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periclitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment		Intact -CAA			Intact -NG
Drainage Character		No Drainage -CAA			No Drainage -NG
Wound Covering		Peripad;Tucks -CAA			Peripad;Tucks -NG
Interventions		Ice applied;Dressing change -CAA			
Mobility and Safety					
Activity	Bathroom privileges -CAA	Bathroom privileges -CAA		Bedrest -CAA	
Activity Tolerance	Well -CAA	Well -CAA			
Activity Assistance	1 Person -CAA	1 Person -CAA			
Specialty Bed / Surface	(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -CAA	(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -CAA			
Safety Measures	Standard safety measures -CAA	Standard safety measures -CAA		Standard safety measures -CAA	
	06/10/14 1830	06/10/14 1817	06/10/14 1802	06/10/14 1747	06/10/14 1732
Vital Signs					
BP		125/67 mmHg -NG	133/66 mmHg -NG	118/67 mmHg -NG	126/71 mmHg -NG
BP Cuff Location		Right upper arm -NG	Right upper arm -NG	Right upper arm -NG	Right upper arm -NG
Patient Position		Semi-Fowlers -NG	Semi-Fowlers -NG	Semi-Fowlers -NG	Semi-Fowlers -NG
Heart Rate		109 -NG	147 -NG	145 -NG	102 -NG
Resp					18 -NG
Temp					36.8 °C (98.2 °F) -NG
Temp Source					Oral -NG

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB PP Vital Signs (continued)

	06/10/14 1830	06/10/14 1817	06/10/14 1802	06/10/14 1747	06/10/14 1732
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Perineum -NG	Perineum -NG	Perineum -NG	Perineum -NG
Pain Orientation		Lower -NG	Lower -NG	Lower -NG	Lower -NG
Pain Quality		Aching;Tender -NG	Aching;Tender -NG	Aching;Tender -NG	Aching;Tender -NG
Pain Assessment					
Pain Level, Self-Report		3 -NG	3;Pain tolerable (incl. pain level);Patient declined pain meds (incl. pain level) -NG	3;Pain tolerable (incl. pain level) -NG	3 -NG
Sedation Level		3 -NG	3 -NG	3 -NG	3 -NG
Resp Rate		18 Breaths/Min -NG	18 Breaths/Min -NG	18 Breaths/Min -NG	18 Breaths/Min -NG
Add'l Pain Documentation?		No -NG	No -NG	No -NG	No -NG
Pain Management					
Ibuprofen Tablet	600 mg -NG (r) 156366501 (e)				
Bladder Assessment					
Bladder		Non distended -NG	Non distended -NG	Non distended -NG	Non distended -NG
Fundal Assessment					
Fundal Tone		Firm -NG	Firm -NG	Firm -NG	Firm -NG
Fundal Position		Midline -NG	Midline -NG	Midline -NG	Midline -NG
Fundus (Location)		U/1 -NG	U/2;U/1 -NG	U/1;U/2 -NG	U/1;U/2 -NG
Lochia					
Lochia Color		Rubra -NG	Rubra -NG	Rubra -NG	Rubra -NG
Lochia Amount		Light -NG	Light -NG	Light -NG	Light -NG
Lochia Odor		None -NG	None -NG	None -NG	None -NG
Clots		None -NG	None -NG	None -NG	Few -NG
Perineum					
Perineal (WDL)		WDL -NG	WDL -NG	WDL -NG	NWDL -NG
Do Not Use - Intervention					Medicated pads -NG
Perineal appearance					Intact;Well-approximated -NG
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right pericilitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment		Intact -NG	Intact -NG	Intact -NG	Intact -NG
Drainage Character		No Drainage -NG	No Drainage -NG	No Drainage -NG	No Drainage -NG

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB PP Vital Signs (continued)

	06/10/14 1830	06/10/14 1817	06/10/14 1802	06/10/14 1747	06/10/14 1732
Wound Covering		Peripad;Tucks -NG	Peripad;Tucks -NG	Peripad;Tucks -NG	Peripad;Tucks -NG
Interventions					Ice applied;Dressing change -NG
OB Mobility Scale					
James Bromage Scale (Vaginal Deliveries)					0 -NG

	06/10/14 1717	06/10/14 1704	06/10/14 1703	06/10/14 1658	06/10/14 1646
Vital Signs					
BP	114/59 mmHg -NG		**(!)** 161/127 mmHg -NG		
Heart Rate	99 -NG		152 -NG		
Lochia					
Do Not Use-Estimated Blood Loss		200 ml Filed from Delivery Summary -KE			
Mobility and Safety					
Keep Turning / Repositioning					L Exaggerated Sims -NG
MD/Provider Notification					
Time of Attempt				1657 -NG	
How Attempted?				Present -NG	
MD/Provider Name				erickson -NG	

	06/10/14 1632	06/10/14 1630	06/10/14 1622	06/10/14 1618	06/10/14 1617
Vital Signs					
BP	117/73 mmHg -NG	117/73 mmHg -NG			
Heart Rate	99 -NG	99 -NG			
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site				Contractions-Uterine;Abdomen -NG	
Pain Orientation				Lower;Mid -NG	
Pain Quality				Aching;Pressure -NG	
Pain Assessment					
Pain Level, Self-Report				8;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG	
Sedation Level				3 -NG	
Resp Rate				20 Breaths/Min -NG	
Add'l Pain				No -NG	

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB PP Vital Signs (continued)

	06/10/14 1632	06/10/14 1630	06/10/14 1622	06/10/14 1618	06/10/14 1617
Documentation?					
Mobility and Safety					
Keep Turning / Repositioning		R Exaggerated Sims -NG			L Exaggerated Sims -NG
MD/Provider Notification					
Time of Attempt			1622 -NG		
How Attempted?			Present -NG		
MD/Provider Name			Erickson -NG		

	06/10/14 1604	06/10/14 1559	06/10/14 1546	06/10/14 1532	06/10/14 1522
Vital Signs					
BP				110/73 mmHg -NG	
Heart Rate				88 -NG	
Resp		20 -NG			
Temp		36.7 °C (98 °F) -NG			
Temp Source		Oral -NG			
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Contractions-Uterine;Abdomen -NG		
Pain Orientation			Lower;Mid -NG		
Pain Quality			Cramping;Pressure -NG		
Pain Assessment					
Pain Level, Self-Report			8 -NG		
Sedation Level			3 -NG		
Resp Rate			20 Breaths/Min -NG		
Add'l Pain Documentation?			No -NG		
Mobility and Safety					
Activity		Stand at bedside -NG			Bed in chair position -NG
MD/Provider Notification					
Time of Attempt	1604 -NG				
How Attempted?	Routine page -NG				
MD/Provider Name	Erickson -NG				
Action	Other(Comment); See progress note -NG				

	06/10/14 1506	06/10/14 1450	06/10/14 1432	06/10/14 1402	06/10/14 1332
Vital Signs					
BP			98/58 mmHg -NG	109/63 mmHg -NG	98/60 mmHg -

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB PP Vital Signs (continued)

	06/10/14 1506	06/10/14 1450	06/10/14 1432	06/10/14 1402	06/10/14 1332
					-NG
BP Cuff Location				Right upper arm -NG	
Patient Position				Semi-Fowlers -NG	
Heart Rate			97 -NG	85 -NG	86 -NG
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site	Contractions-Uterine;Abdomen -NG			Contractions-Uterine;Abdomen -NG	
Pain Orientation	Lower;Mid -NG			Lower;Mid -NG	
Pain Quality	Cramping;Pressure -NG			Cramping -NG	
Pain Assessment					
Pain Level, Self-Report	7;6;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG			6;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG	
Sedation Level	3 -NG			3 -NG	
Resp Rate	20 Breaths/Min -NG			18 Breaths/Min -NG	
Add'l Pain Documentation?	No -NG			No -NG	
MD/Provider Notification					
Time of Attempt		1450 -NG			
How Attempted?		Routine page -NG			
MD/Provider Name		Erickson -NG			
Action		See progress note;Other(Comment) -NG			

	06/10/14 1302	06/10/14 1258	06/10/14 1232	06/10/14 1202	06/10/14 1132
Vital Signs					
BP	118/69 mmHg -NG		103/66 mmHg -NG	99/58 mmHg -NG	91/51 mmHg -NG
BP Cuff Location	Right upper arm -NG			Right upper arm -NG	Right upper arm -NG
Patient Position	Semi-Fowlers -NG			Semi-Fowlers -NG	Lying Right Side -NG
Heart Rate	83 -NG		82 -NG	82 -NG	75 -NG
Resp	18 -NG			16 -NG	
Temp	36.7 °C (98.1 °F) -NG			36.6 °C (97.9 °F) -NG	
Temp Source	Oral -NG			Oral -NG	
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site	Contractions-Uterine;Abdomen -		Contractions-Uterine;Abdomen -		Contractions-Uterine;Abdome

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OB PP Vital Signs (continued)

	06/10/14 1302	06/10/14 1258	06/10/14 1232	06/10/14 1202	06/10/14 1132
	NG		NG		n -NG
Pain Orientation	Lower;Mid -NG		Lower;Mid -NG		Lower;Mid -NG
Pain Quality	Cramping -NG		Cramping -NG		Cramping -NG
Pain Assessment					
Pain Level, Self-Report	4;Pain tolerable (incl. pain level);Patient declined pain meds (incl. pain level) -NG		4;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG		4;Pain tolerable (incl. pain level);Patient declined pain meds (incl. pain level) -NG
Sedation Level	3 -NG		3 -NG		2 -NG
Resp Rate	18 Breaths/Min -NG		18 Breaths/Min -NG		16 Breaths/Min -NG
Add'l Pain Documentation?	No -NG		No -NG		No -NG
MD/Provider Notification					
Time of Attempt		1258 -NG			
How Attempted?		Present -NG			
MD/Provider Name		Erickson -NG			
Action		Other(Comment); See progress note strip eval, sve -NG			

	06/10/14 1108	06/10/14 1102	06/10/14 1040	06/10/14 1032	06/10/14 1002
Vital Signs					
BP		111/62 mmHg -NG		120/78 mmHg -NG	138/63 mmHg -NG
BP Cuff Location		Right upper arm -NG			
Patient Position		Semi-Fowlers -NG			
Heart Rate		85 -NG		90 -NG	86 -NG
Resp		18 -NG			
Temp		36.7 °C (98 °F) -NG			
Temp Source		Oral -NG			
Weight	61.236 kg (135 lb) -NG				
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Contractions-Uterine;Abdomen -NG		
Pain Orientation			Lower;Mid -NG		
Pain Quality			Cramping -NG		
Pain Assessment					
Pain Level, Self-Report			4;Pain tolerable (incl. pain level);Patient declined pain		

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB PP Vital Signs (continued)

	06/10/14 1108	06/10/14 1102	06/10/14 1040	06/10/14 1032	06/10/14 1002
			meds (incl. pain level) -NG		
Sedation Level			3 -NG		
Resp Rate			18 Breaths/Min -NG		
Add'l Pain Documentation?			No -NG		
	06/10/14 0939	06/10/14 0800	06/10/14 0446	06/09/14 2331	06/09/14 2326
Vital Signs					
BP	115/71 mmHg -NG	118/76 mmHg -NG	106/64 mmHg -CA		
BP Cuff Location	Right upper arm -NG	Right upper arm -NG			
Patient Position	Semi-Fowlers -NG	Semi-Fowlers -NG			
Heart Rate	92 -NG	90 -NG	77 -CA	87 -CA	84 -CA
Resp	18 -NG	18 -NG	16 -CA		
Temp	36.5 °C (97.7 °F) -NG	36.7 °C (98 °F) -NG	36.8 °C (98.3 °F) -CA		
Temp Source	Axillary -NG	Oral -NG	Oral -CA		
SpO2				100 % -CA	100 % -CA
Reflexes		L Leg + 2;R Leg +2 -NG			
Clonus (Beats)		L 0;R 0 -NG			
Breath Sounds Rt		Clear -NG			
Breath Sounds Lt		Clear -NG			
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site	Abdomen -NG	Abdomen -NG			
Pain Orientation	Lower;Mid -NG	Lower;Mid -NG			
Pain Quality	Cramping -NG	Cramping -NG			
Pain Assessment					
Pain Level, Self-Report	3;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG	2;3;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG			
Sedation Level	3 -NG	3 -NG			
Resp Rate	18 Breaths/Min -NG	18 Breaths/Min -NG			
Add'l Pain Documentation?	No -NG	No -NG			
Mobility and Safety					
Keep Turning / Repositioning		Turns self -NG			
Specialty Bed / Surface		(PU Bundle) Cleared tubing & wrinkles from			

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

OB PP Vital Signs (continued)

	06/10/14 0939	06/10/14 0800	06/10/14 0446	06/09/14 2331	06/09/14 2326
		patient's lying surface -NG			
Safety Measures		Standard safety measures -NG			
	06/09/14 2321	06/09/14 2316	06/09/14 2311	06/09/14 2306	06/09/14 2301
Vital Signs					
Heart Rate	83 -CA	77 -CA	80 -CA	81 -CA	84 -CA
SpO2	98 % -CA	98 % -CA	98 % -CA	98 % -CA	98 % -CA
	06/09/14 2300	06/09/14 2256	06/09/14 2251	06/09/14 2246	06/09/14 2241
Vital Signs					
Heart Rate		83 -CA	81 -CA	95 -CA	79 -CA
SpO2		98 % -CA	97 % -CA	98 % -CA	97 % -CA
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site	Contractions-Uterine -CA				
Pain Orientation	Lower;Mid -CA				
Pain Quality	Cramping -CA				
Pain Assessment					
Pain Level, Self-Report	2 -CA				
Sedation Level	3 -CA				
Resp Rate	16 Breaths/Min -CA				
Add'l Pain Documentation?	No -CA				
	06/09/14 2236	06/09/14 2231	06/09/14 2226	06/09/14 2221	06/09/14 2216
Vital Signs					
Heart Rate	70 -CA	74 -CA	76 -CA	74 -CA	75 -CA
SpO2	98 % -CA	97 % -CA	97 % -CA	97 % -CA	97 % -CA
	06/09/14 2211	06/09/14 2206	06/09/14 2201	06/09/14 2156	06/09/14 2151
Vital Signs					
Heart Rate	77 -CA	72 -CA	80 -CA	82 -CA	76 -CA
SpO2	97 % -CA	97 % -CA	97 % -CA	97 % -CA	98 % -CA
	06/09/14 2146	06/09/14 2141	06/09/14 2136	06/09/14 2131	06/09/14 2126
Vital Signs					
Heart Rate	80 -CA	79 -CA	84 -CA	81 -CA	92 -CA
SpO2	98 % -CA	97 % -CA	98 % -CA	98 % -CA	98 % -CA
	06/09/14 2121	06/09/14 2118	06/09/14 2117	06/09/14 2116	06/09/14 2111
Vital Signs					
BP			124/69 mmHg -CA		
Heart Rate	80 -CA		86 -CA	87 -CA	95 -CA
Temp			36.7 °C (98.1 °F) -CA		
Temp Source			Oral -CA		
SpO2	98 % -CA			99 % -CA	97 % -CA
Pain Management					
Fentanyl		50 mcg -CA (i) 156146420 (c)			

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OB PP Vital Signs (continued)

	06/09/14 2121	06/09/14 2119	06/09/14 2117	06/09/14 2116	06/09/14 2111
Injection					
	06/09/14 2030	**06/09/14 2029**	**06/09/14 1645**	**06/09/14 1510**	**06/09/14 1400**
Vital Signs					
BP		119/68 mmHg -CA	128/86 mmHg -BD	127/90 mmHg -BD	
Heart Rate		88 -CA	88 -BD	82 -BD	
Resp				18 -BD	
Temp				36.7 °C (98.1 °F) -BD	
Temp Source				Oral -BD	
Oxygen Therapy?				No-Room Air -BD	
Reflexes	R Arm +2;L Arm +2;R Leg +1;L Leg +1 -CA			L Leg +1;R Leg +1 -BD	
Clonus (Beats)	L 0;R 0 -CA			L 0;R 0 -BD	
Breath Sounds Rt	Clear -CA				
Breath Sounds Lt	Clear -CA				
Pain Assessment					
Pain Level, Self-Report					Normal sleep (N/A for PACU) -JM
Sedation Level					3 -JM
Resp Rate					18 Breaths/Min -JM
Add'l Pain Documentation?					No -JM
Mobility and Safety					
Keep Turning / Repositioning	Turns self -CA				
Specialty Bed / Surface	(PU Bundle) Friction and shearing prevented during repositioning & transferring -CA				
Safety Measures	Standard safety measures -CA			Standard safety measures -BD	
	06/09/14 1245	**06/09/14 1100**	**06/09/14 1000**	**06/09/14 0800**	**06/09/14 0711**
Vital Signs					
BP	120/66 mmHg -JM				110/66 mmHg -JM
BP Cuff Location	Right upper arm -JM				Left upper arm -JM
Patient Position	Semi-Fowlers -JM				Semi-Fowlers -JM
Heart Rate	90 -JM				93 -JM

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OB PP Vital Signs (continued)

	06/09/14 1245	06/09/14 1100	06/09/14 1000	06/09/14 0800	06/09/14 0711
Resp	18 -JM				18 -JM
Temp	36.6 °C (97.8 °F) -JM				36.6 °C (97.9 °F) -JM
Temp Source	Oral -JM				Oral -JM
Oxygen Therapy?	No-Room Air -JM				No-Room Air -JM
Reflexes				L Leg +1;R Leg +1 -JM	
Clonus (Beats)				L 0;R 0 -JM	
Breath Sounds Rt				Clear -JM	
Breath Sounds Lt				Clear -JM	
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site	Contractions-Uterine -JM				
Pain Orientation	Mid;Lower -JM				
Pain Quality	Cramping -JM				
Pain Assessment					
Pain Level, Self-Report	4;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -JM	Normal sleep (N/A for PACU) -JM	Normal sleep (N/A for PACU) -JM		0 -JM
Sedation Level	3 -JM	3 -JM			3 -JM
Resp Rate	18 Breaths/Min -JM	18 Breaths/Min -JM			18 Breaths/Min -JM
Add'l Pain Documentation?	No -JM	No -JM			No -JM
Mobility and Safety					
Keep Turning / Repositioning				Turns self -JM	
Specialty Bed / Surface				(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -JM	
Safety Measures				Standard safety measures -JM	

Risk Factors

	06/09/14 0756	06/09/14 0755
Complications with Current Pregnancy		
Complications with Current Pregnancy		None -JM
Number of C-Sections		0 -JM

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Risk Factors (continued)

	06/09/14 0756	06/09/14 0755
Prenatal Classes Prior to Admission	None -JM	

PP Assessment

	06/11/14 0700	06/10/14 2125	06/10/14 1930	06/10/14 1831	06/10/14 1817
Neuro Assessment					
Neuro (WDL)	WDL -SH				
Peripheral Neurovascular					
Periph NeuroVascular (WDL)	WDL -SH				
Cardiovascular Assessment					
Cardiovascular (WDL)	WDL -SH				
Respiratory Assessment					
Respiratory (WDL)	WDL -SH				
Oxygen Therapy?	No-Room Air -SH				
Gastrointestinal Assessment					
Gastrointestinal (WDL)	WDL -SH				
Nutrition Assessment					
Nutrition (WDL)	WDL -SH				
Genitourinary Assessment					
GenitoUrinary (WDL)	WDL -SH				
Skin / Wound (Every Shift)					
Skin Color	Appropriate for Race -SH				
Skin Character	Warm;Dry -SH				
Braden Scale - Pressure Ulcer Prevention Bundle needs to be initiated if the Braden score is 18 or less, or if the assessment reveals 2 or more areas scoring 2 or less					
Sensory Perception	4 -SH				
Moisture	4 -SH				
Activity	4 -SH				
Mobility	4 -SH				
Nutrition	4 -SH				
Friction and Shear	3 -SH				
Total Score	23 -SH				
Pressure Ulcer Prevention Bundle					
Specialty Bed / Surface	VersaCare P500 -SH	(PU Bundle) Cleared tubing & wrinkles from	(PU Bundle) Cleared tubing & wrinkles from		

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PP Assessment (continued)

	06/11/14 0700	06/10/14 2125	06/10/14 1930	06/10/14 1831	06/10/14 1817
		patient's lying surface -CAA	patient's lying surface -CAA		
Keep Turning / Repositioning	Turns self -SH				
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periclitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment	Intact -SH		Intact -CAA	Intact -NG	Intact -NG
Drainage Character	No Drainage -SH		No Drainage -CAA	No Drainage -NG	No Drainage -NG
Wound Covering	Peripad;Tucks -SH		Peripad;Tucks -CAA	Peripad;Tucks -NG	Peripad;Tucks -NG
Interventions			Ice applied;Dressing change -CAA		
Breast Assessment					
Breasts (WDL)	WDL -SH				
Breastfeeding Status	YES -SH				
Nipples (WDL)	WDL -SH				
Musculoskeletal					
Musculoskeletal (WDL)	WDL -SH				
Fall Risk-Johns Hopkins Screen © Category 2 (Modified) - Assess on admission and Q12H for patient not deemed High Risk in Category 1 (Moderate Risk=5-11; High risk=12 or above)					
Fall History	0 -SH				
Elimination - Bowel and Bladder	0 -SH				
Medications	0 -SH				
Patient Care Equipment	0 -SH				
Mobility - Requires Assistance	0 -SH				
Mobility- Unsteady Gait	0 -SH				
Mobility- Visual/Auditory Impairment	0 -SH				
Cognition- Altered Awareness	0 -SH				
Cognition- Impulsivity	0 -SH				
Cognition-Short	0 -SH				

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PP Assessment (continued)

	06/11/14 0700	06/10/14 2125	06/10/14 1930	06/10/14 1831	06/10/14 1817
Term Mem Loss					
Total Fall Risk Factor Score	0 -SH				
Smart Moves					
Smart Moves Class (by RN)	Green -SH				
Infection Risk Screen (Daily)					
Elevated Infection Risk?	No -SH				
Comfort Assessment					
Comfort	WDL -SH				
Coping					
Coping (WDL)	WDL -SH				
	06/10/14 1802	06/10/14 1747	06/10/14 1732	06/10/14 1646	06/10/14 1630
Pressure Ulcer Prevention Bundle					
Keep Turning / Repositioning				L Exaggerated Sims -NG	R Exaggerated Sims -NG
[REMOVED] Episiotomy/Laceration Laceration Perineum 2nd Degree					
Properties	Occurance Date: **06/10/14** -NG Time: **1735** -NG Type: **Laceration** -NG Location: **Perineum** -NG, and right periclitoral lacerations Degree: **2nd Degree** -NG Removal Date: **06/11/14** -SH Removal Time: **1840** -SH				
Site Assessment	Intact -NG	Intact -NG	Intact -NG		
Drainage Character	No Drainage -NG	No Drainage -NG	No Drainage -NG		
Wound Covering	Peripad;Tucks -NG	Peripad;Tucks -NG	Peripad;Tucks -NG		
Interventions			Ice applied;Dressing change -NG		
	06/10/14 1617	06/10/14 1500	06/10/14 1400	06/10/14 1200	06/10/14 0800
Urinary					
Color		Yellow/Straw -NG	Light yellow -NG	Light yellow -NG	
Appearance		Clear -NG	Clear -NG	Clear -NG	
Skin / Wound (Every Shift)					
Skin Color					Appropriate for Race -NG
Skin Character					Warm;Dry -NG
Braden Scale - Pressure Ulcer Prevention Bundle needs to be initiated if the Braden score is 18 or less, or if the assessment reveals 2 or more areas scoring 2 or less					
Sensory Perception					4 -NG
Moisture					4 -NG
Activity					4 -NG
Mobility					4 -NG
Nutrition					4 -NG
Friction and					3 -NG

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

PP Assessment (continued)

	06/10/14 1617	06/10/14 1500	06/10/14 1400	06/10/14 1200	06/10/14 0800
Shear					
Total Score					23 -NG
Pressure Ulcer Prevention Bundle					
Specialty Bed / Surface					(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -NG
Keep Turning / Repositioning	L Exaggerated Sims -NG				Turns self -NG
Nutrition Consult					N/A -NG
Musculoskeletal					
Musculoskeletal (WDL)					WDL -NG
Fall Risk-Johns Hopkins Screen © Category 2 (Modified) - Assess on admission and Q12H for patient not deemed High Risk in Category 1 (Moderate Risk=5-11; High risk=12 or above)					
Fall History					0 -NG
Elimination - Bowel and Bladder					0 -NG
Medications					0 -NG
Patient Care Equipment					1 -NG
Mobility - Requires Assistance					0 -NG
Mobility- Unsteady Gait					0 -NG
Mobility- Visual/Auditory Impairment					0 -NG
Cognition- Altered Awareness					0 -NG
Cognition- Impulsivity					0 -NG
Cognition-Short Term Mem Loss					0 -NG
Total Fall Risk Factor Score					1 -NG
Smart Moves					
Smart Moves Class (by RN)					Green -NG
Infection Risk Screen (Daily)					
Elevated Infection Risk?					No -NG

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

PP Assessment (continued)

	06/09/14 2030	06/09/14 1650	06/09/14 1510	06/09/14 1245	06/09/14 1100
Respiratory Assessment					
Oxygen Therapy?			No-Room Air -BD	No-Room Air -JM	
Urinary					
Color	Light yellow -CA	Light yellow -BD	Light yellow -BD	Yellow/Straw -JM	Yellow/Straw -JM
Appearance	Clear;Mucous bloody stow -CA	Clear -BD	Clear -BD	Clear -JM	Clear -JM
Skin / Wound (Every Shift)					
Skin Color	Appropriate for Race -CA		Appropriate for Race -BD		
Skin Character	Warm;Dry -CA		Warm;Dry -BD		
Braden Scale - Pressure Ulcer Prevention Bundle needs to be initiated if the Braden score is 18 or less, or if the assessment reveals 2 or more areas scoring 2 or less					
Sensory Perception	4 -CA		4 -BD		
Moisture	4 -CA		4 -BD		
Activity	3 -CA		4 -BD		
Mobility	4 -CA		4 -BD		
Nutrition	4 -CA		4 -BD		
Friction and Shear	3 -CA		3 -BD		
Total Score	22 -CA		23 -BD		
Pressure Ulcer Prevention Bundle					
Specialty Bed / Surface	(PU Bundle) Friction and shearing prevented during repositioning & transferring -CA				
Keep Turning / Repositioning	Turns self -CA				
Nutrition Consult	N/A -CA				
Musculoskeletal					
Musculoskeletal (WDL)	WDL -CA		WDL -BD		
Fall Risk-Johns Hopkins Screen © Category 2 (Modified) - Assess on admission and Q12H for patient not deemed High Risk in Category 1 (Moderate Risk=5-11; High risk=12 or above)					
Fall History	0 -CA				
Elimination - Bowel and Bladder	0 -CA				
Medications	0 -CA				
Patient Care Equipment	0 -CA				
Mobility - Requires	0 -CA				

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

PP Assessment (continued)

	06/09/14 2030	06/09/14 1650	06/09/14 1510	06/09/14 1245	06/09/14 1100
Assistance					
Mobility-Unsteady Gait	0 -CA				
Mobility-Visual/Auditory Impairment	0 -CA				
Cognition-Altered Awareness	0 -CA				
Cognition-Impulsivity	0 -CA				
Cognition-Short Term Mem Loss	0 -CA				
Total Fall Risk Factor Score	0 -CA				
Smart Moves					
Smart Moves Class (by RN)	Green -CA		Green -BD		
Infection Risk Screen (Daily)					
Elevated Infection Risk?	No -CA		No -BD		
	06/09/14 0800	06/09/14 0711			
Respiratory Assessment					
Oxygen Therapy?		No-Room Air -JM			
Skin / Wound (Every Shift)					
Skin Color	Appropriate for Race -JM				
Skin Character	Warm;Dry -JM				
Braden Scale - Pressure Ulcer Prevention Bundle needs to be initiated if the Braden score is 18 or less, or if the assessment reveals 2 or more areas scoring 2 or less					
Sensory Perception	4 -JM				
Moisture	4 -JM				
Activity	4 -JM				
Mobility	4 -JM				
Nutrition	4 -JM				
Friction and Shear	3 -JM				
Total Score	23 -JM				
Pressure Ulcer Prevention Bundle					
Specialty Bed / Surface	(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -JM				
Keep Turning /	Turns self -JM				

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

PP Assessment (continued)

	06/09/14 0800	06/09/14 0711
Repositioning		
Musculoskeletal		
Musculoskeletal (WDL)	WDL -JM	
Fall Risk-Johns Hopkins Screen © Category 2 (Modified) - Assess on admission and Q12H for patient not deemed High Risk in Category 1 (Moderate Risk=5-11; High risk=12 or above)		
Fall History	0 -JM	
Elimination - Bowel and Bladder	0 -JM	
Medications	0 -JM	
Patient Care Equipment	2 -JM	
Mobility - Requires Assistance	0 -JM	
Mobility- Unsteady Gait	0 -JM	
Mobility- Visual/Auditory Impairment	0 -JM	
Cognition- Altered Awareness	0 -JM	
Cognition- Impulsivity	0 -JM	
Cognition-Short Term Mem Loss	0 -JM	
Total Fall Risk Factor Score	2 -JM	
Smart Moves		
Smart Moves Class (by RN)	Green -JM	
Infection Risk Screen (Daily)		
Elevated Infection Risk?	No -JM	

Admit Screens

	06/11/14 0700	06/09/14 0756
Reason for Hospital Stay		
Reason		Induction of labor -JM
Information Source		Patient -JM
Hemorrhage Risk Evaluation		
Risk Level		Low (Hold Tube) - No prev uterine incision, Singleton

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Admit Screens (continued)

	06/11/14 0700	06/09/14 0756
		pregnancy, Less than/equal to 4 prev births, No known bldg disorder, No hx of PPH -JM
Discharge Preparedness		
What is your plan for care after you are discharged?		Home with help from: -JM
Who will help you at home?		Partner -JM
Swedish resources needed?		No -JM
Are you deaf or do you have serious difficulty hearing?		N -JM
Are you blind or do you have serious difficulty seeing, even when wearing glasses?		N -JM
Do you have serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition?		N -JM
Do you have serious difficulty walking or climbing stairs?		N -JM
Do you have difficulty dressing or bathing?		N -JM
Do you have difficulty doing errands alone due to a physical, mental		N -JM

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Admit Screens (continued)

	06/11/14 0700	06/09/14 0756
or emotional conditon?		
Spiritual/Cultural Background		
Cultural/Spiritual Practices Which May Affect Your Treatment?	No -JM	
Abuse Screen		
See Row Information	Patient denies -JM	
Pneumovax Screen		
Bone marrow transplant in the last year?	No -JM	
Chemo or Radiation therapy in past 2 weeks?	No -JM	
Pulmonary Screen		
TB Risk Factors	Does not meet criteria -JM	
>Epidemiology Notified?	No -JM	
Obstructive Sleep Apnea Assessment		
Have you ever been told by a physician that you have sleep apnea?	No -JM	
S: Do you Snore loudly?	0 -JM	
T: Do you feel Tired or sleepy during the day?	0 -JM	
O: Has anyone Observed you stop breathing during sleep?	0 -JM	
P: Do you have high blood Pressure or are you being treated for high blood Pressure?	0 -JM	
B: BMI greater than 35?	0 -JM	
A: Age over 55?	0 -JM	
G: Male	0 -JM	

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Admit Screens (continued)

	06/11/14 0700	06/09/14 0756
Gender?		
Obstructive Sleep Apnea Risk Screening Score		0 -JM
Smoking Cessation Screen		
Has pt used tobacco in the last 12 months ?		No -JM
Smoking Screen During Pregnancy		
Smoked during pregnancy or 3 mos prior to pregnancy?		No -JM
Nutritional Screen		
Eating Poorly Due to Decreased Appetite?		No -JM
Recently Lost Weight Without Trying?		No -JM
Chronic Pain		
Do you have Chronic Pain?		No -JM
Do you take prescription pain med on a daily basis?		No -JM
PTA Living Situation Risk Assessment		
Prior to admit, the patient was		Living at home with others -JM
Prenatal Screen		
Did mother get WIC food for herself during pregnancy?		Yes -JM
Date of last other pregnancy outcome		12/09/2009 -JM
Date of first prenatal care visit		11/21/13 -JM
Date of last prenatal care visit		05/14/14 -JM
Number of		10 -JM

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Admit Screens (continued)

	06/11/14 0700	06/09/14 0756
prenatal visits for this pregnancy		
Birth Plan		
Prenatal Classes Prior to Admission		None -JM
Feeding Plan		Breast -JM
Breastfeeding Status	YES -SH	
Pain Management		Natural as possible -JM
Baby Care Provider (while hospitalized)		O/C Casey -JM
Community Care Provider (if different than above)		CHC - Lynnwood (Sherwood) -JM
Cord Blood Donation		No -JM
Circumcision		No -JM
Blood Management Screen - see instructions in Row Information for follow-up actions		
Objects to Blood Transfusion?		No -JM
Advance Directive		
Advance directive?		None -JM
Advance Directive Offered		AD Booklet given -JM
Patient Rights Information		Provided to Patient -JM
CPR Policy Discussed with		Patient -JM
MD Notified of Patient's wishes?		Yes -JM

I/O Flowsheet - (For Epic System Setting)

	06/10/14 1704	06/10/14 1500	06/10/14 1400	06/10/14 1200	06/10/14 1040
OTHER					
Voided Amount		600 ml -NG	450 ml -NG	1100 ml -NG	
Oral Intake			400 ml -NG	600 ml -NG	400 ml -NG
Do Not Use- Estimated Blood Loss	200 ml Filed from Delivery Summary -KE				

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

I/O Flowsheet - (For Epic System Setting) (continued)

	06/09/14 1650	06/09/14 1510	06/09/14 1245	06/09/14 1100
OTHER				
Voided Amount	400 ml -BD	600 ml -BD	350 ml -JM	550 ml -JM

Belongings

	06/09/14 0755
Essentials	
Dentures	None -JM
Hearing Aids	None -JM
Vision Assist	None -JM
Other Items With Patient	Yes -JM
Equipment	
Personal Electronics	Mobile Phone -JM
Electronics Location	With Patient -JM
Valuables	
Wallet/Purse	Purse;Wallet -JM
Wallet/Purse Location	With Patient -JM
Clothing	
Clothing	Shoes;Jacket;Dress;Shirt;Slacks -JM
Clothing Location	With Patient -JM
Medications	
Medications from home?	No -JM

Labor

	06/11/14 1633	06/11/14 1832	06/11/14 1000	06/11/14 0634	06/11/14 0716
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Coccyx -SH	Coccyx -SH	Coccyx -SH	Coccyx -SH
Pain Orientation		Lower -SH	Lower -SH	Lower -SH	Lower -SH
Pain Quality		Aching;Sore -SH	Aching;Sore -SH	Aching;Sore -SH	Aching;Sore -SH
Pain Assessment					
Pain Level, Self-Report		4 -SH	2;Pain tolerable (incl. pain level) -SH	3 -SH	4 -SH
Sedation Level		3 -SH	3 -SH	3 -SH	3 -SH
Resp Rate		20 Breaths/Min -SH	18 Breaths/Min -SH	18 Breaths/Min -SH	20 Breaths/Min -SH
Pain Management					
Hydrocod-APAP 5-325		2 Tab -SH (r) 156366500 (c)		2 Tab -SH (r) 156366500 (c)	
Ibuprofen Tablet	600 mg -SH (r) 156366501 (c)				600 mg -SH (r) 156366501 (c)

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

Labor (continued)

	06/11/14 0700	06/11/14 0443	06/11/14 0440	06/10/14 2323	06/10/14 2312
Vital Signs					
BP	101/48 mmHg -SH	97/58 mmHg -SR			106/62 mmHg -SR
BP Cuff Location	Left upper arm -SH	Left upper arm -SR			Right upper arm -SR
Patient Position	Flat -SH	Standing -SR			Semi-Fowlers -SR
Heart Rate	87 -SH	116 -SR			99 -SR
Resp	20 -SH	16 -SR			16 -SR
Temp	36.7 °C (98.1 °F) -SH	36.6 °C (97.9 °F) -SR			37 °C (98.6 °F) -SR
Temp Source	Oral -SH	Oral -SR			Oral -SR
Oxygen Therapy?	No-Room Air -SH				
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Coccyx -CK		Perineum;Coccyx -SR
Pain Orientation			Lower -CK		
Pain Quality			Aching;Sore -CK		Aching;Sore -SR
Pain Assessment					
Pain Level, Self-Report			5 -CK		4 -SR
Sedation Level			3 -CK		3 -SR
Resp Rate			18 Breaths/Min -CK		16 Breaths/Min -SR
Pain Management					
Hydrocod-APAP 5-325			2 Tab -CK (r) 156366500 (c)	2 Tab -SR (r) 156366500 (c)	
Mobility and Safety					
Keep Turning / Repositioning	Turns self -SH				
Specialty Bed / Surface	VersaCare P500 -SH				

	06/10/14 2125	06/10/14 1930	06/10/14 1900	06/10/14 1845	06/10/14 1831
Vital Signs					
BP		91/51 mmHg -CAA	119/84 mmHg -CAA	103/72 mmHg -CAA	117/72 mmHg -NG
BP Cuff Location				Right upper arm -CAA	Right upper arm -NG
Patient Position				Semi-Fowlers -CAA	Semi-Fowlers -NG
Heart Rate		109 -CAA	108 -CAA	120 -CAA	110 -NG
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Perineum -CAA			Perineum -NG
Pain Orientation		Lower -CAA			Lower -NG
Pain Quality		Aching;Tender -CAA			Aching;Tender -NG
Pain Assessment					

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

Labor (continued)

	06/10/14 2125	06/10/14 1930	06/10/14 1900	06/10/14 1845	06/10/14 1831
Pain Level, Self-Report		2 -CAA			3 -NG
Sedation Level		3 -CAA			3 -NG
Resp Rate		18 Breaths/Min -CAA			18 Breaths/Min -NG
Add'l Pain Documentation?					No -NG
Mobility and Safety					
Activity	Bathroom privileges -CAA	Bathroom privileges -CAA		Bedrest -CAA	
Activity Tolerance	Well -CAA	Well -CAA			
Activity Assistance	1 Person -CAA	1 Person -CAA			
Specialty Bed / Surface	(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -CAA	(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -CAA			
Safety Measures	Standard safety measures -CAA	Standard safety measures -CAA		Standard safety measures -CAA	
	06/10/14 1830	06/10/14 1817	06/10/14 1802	06/10/14 1747	06/10/14 1732
Vital Signs					
BP		125/67 mmHg -NG	133/66 mmHg -NG	118/67 mmHg -NG	126/71 mmHg -NG
BP Cuff Location		Right upper arm -NG	Right upper arm -NG	Right upper arm -NG	Right upper arm -NG
Patient Position		Semi-Fowlers -NG	Semi-Fowlers -NG	Semi-Fowlers -NG	Semi-Fowlers -NG
Heart Rate		109 -NG	147 -NG	145 -NG	102 -NG
Resp					18 -NG
Temp					36.8 °C (98.2 °F) -NG
Temp Source					Oral -NG
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Perineum -NG	Perineum -NG	Perineum -NG	Perineum -NG
Pain Orientation		Lower -NG	Lower -NG	Lower -NG	Lower -NG
Pain Quality		Aching;Tender -NG	Aching;Tender -NG	Aching;Tender -NG	Aching;Tender -NG
Pain Assessment					
Pain Level, Self-Report		3 -NG	3;Pain tolerable (incl. pain level);Patient declined pain meds (incl. pain level) -NG	3;Pain tolerable (incl. pain level) -NG	3 -NG
Sedation Level		3 -NG	3 -NG	3 -NG	3 -NG
Resp Rate		18 Breaths/Min -NG	18 Breaths/Min -NG	18 Breaths/Min -NG	18 Breaths/Min -NG

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Labor (continued)

	06/10/14 1830	06/10/14 1817	06/10/14 1802	06/10/14 1747	06/10/14 1732
Add'l Pain Documentation?		No -NG	No -NG	No -NG	No -NG
Pain Management					
Ibuprofen Tablet	600 mg -NG (r) 156366601 (c)				

	06/10/14 1717	06/10/14 1703	06/10/14 1658	06/10/14 1652	06/10/14 1647
Vital Signs					
BP	114/59 mmHg -NG	(!) 161/127 mmHg -NG			
Heart Rate	99 -NG	152 -NG			
Fetal Heart Rate					
Mode					External US -NG
FHR Category					Category 2 -NG
Baseline Rate					135 bpm -NG
Variability					6-25 BPM -NG
Pattern					A;ED;VD -NG
Intermittent Auscultation					No -NG
Uterine Activity					
Mode					Toco -NG
Contraction Frequency					2-3 -NG
Contraction Duration					60-100 -NG
Contraction Quality					Firm -NG
Resting Tone Palpated					Soft -NG
Tachysystole					No -NG
Cervical Exam					
*Dilation				10 -NG	
Dilation Complete Date				06/10/14 -NG	
Dilation Complete Time				1653 -NG	
*Effacement (%)				100 -NG	
*Station				+1 -NG	
*Exam by:				NG -NG	
Station (Labor Curve)				4 cm -NG	
MD/Provider Notification					
Time of Attempt			1657 -NG		
How Attempted?			Present -NG		
MD/Provider Name			erickson -NG		

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Labor (continued)

	06/10/14 1646	06/10/14 1643	06/10/14 1632	06/10/14 1630	06/10/14 1625
Vital Signs					
BP			117/73 mmHg -NG	117/73 mmHg -NG	
Heart Rate			99 -NG	99 -NG	
Fetal Heart Rate					
Mode					External US -NG
FHR Category					Category 2 -NG
Baseline Rate					135 bpm -NG
Variability					6-25 BPM -NG
Pattern					A;VD -NG
Intermittent Auscultation					No -NG
Uterine Activity					
Mode					Toco -NG
Contraction Frequency					2-4 -NG
Contraction Duration					60-100 -NG
Contraction Quality					Firm -NG
Resting Tone Palpated					Soft -NG
Tachysystole					No -NG
Cervical Exam					
*Dilation		9 -NG			
*Effacement (%)		100 -NG			
*Station		-1 -NG			
Station (Labor Curve)		6 cm -NG			
OB Interventions					
*Position	Lt side -NG			Rt side -NG	
Mobility and Safety					
Keep Turning / Repositioning	L Exaggerated Sims -NG			R Exaggerated Sims -NG	

	06/10/14 1622	06/10/14 1618	06/10/14 1617	06/10/14 1615	06/10/14 1604
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Contractions-Uterine;Abdomen -NG			
Pain Orientation		Lower;Mid -NG			
Pain Quality		Aching;Pressure -NG			
Pain Assessment					
Pain Level, Self-Report		8;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG			

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Labor (continued)

	06/10/14 1622	06/10/14 1618	06/10/14 1617	06/10/14 1615	06/10/14 1604
Sedation Level		3 -NG			
Resp Rate		20 Breaths/Min -NG			
Add'l Pain Documentation?		No -NG			
Pain Management					
Labor Response				Urge to push -NG	
Cervical Exam					
*Dilation				8 -NG	
OB Interventions					
*Position			Lt side -NG		
Mobility and Safety					
Keep Turning / Repositioning			L Exaggerated Sims -NG		
MD/Provider Notification					
Time of Attempt	1622 -NG				1604 -NG
How Attempted?	Present -NG				Routine page -NG
MD/Provider Name	Erickson -NG				Erickson -NG
Action					Other(Comment);See progress note -NG

	06/10/14 1602	06/10/14 1559	06/10/14 1546	06/10/14 1542	06/10/14 1532
Vital Signs					
BP					110/73 mmHg -NG
Heart Rate					88 -NG
Resp		20 -NG			
Temp		36.7 °C (98 °F) -NG			
Temp Source		Oral -NG			
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Contractions-Uterine;Abdomen -NG		
Pain Orientation			Lower;Mid -NG		
Pain Quality			Cramping;Pressure -NG		
Pain Assessment					
Pain Level, Self-Report			8 -NG		
Sedation Level			3 -NG		
Resp Rate			20 Breaths/Min -NG		
Add'l Pain Documentation?			No -NG		

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Labor (continued)

	06/10/14 1602	06/10/14 1559	06/10/14 1546	06/10/14 1542	06/10/14 1532
Pain Management					
Labor Response			Breathing well through contractions -NG		
Fetal Heart Rate					
Mode		External US -NG			
FHR Category		Category I -NG			
Baseline Rate		140 bpm -NG			
Variability		6-25 BPM -NG			
Pattern		A -NG			
Intermittent Auscultation		No -NG			
Uterine Activity					
Mode		Toco -NG			
Contraction Frequency		1-3 -NG			
Contraction Duration		60-100 -NG			
Contraction Quality		Firm -NG			
Resting Tone Palpated		Soft -NG			
Tachysystole		No -NG			
Membranes					
*Memb Status	Spontaneous -NG				
Rupture Date	06/10/14 -NG				
Rupture Time	1601 -NG				
*Rupt Fluid Color	Clear -NG				
Odor	Normal -NG				
Amount	Moderate -NG				
Cervical Exam					
*Dilation				8 -NG	
*Exam by:				NG -NG	
Mobility and Safety					
Activity		Stand at bedside -NG			

	06/10/14 1528	06/10/14 1522	06/10/14 1506	06/10/14 1501	06/10/14 1450
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Contractions-Uterine;Abdomen -NG		
Pain Orientation			Lower;Mid -NG		
Pain Quality			Cramping;Pressure -NG		
Pain Assessment					
Pain Level, Self-			7;6;Patient		

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Labor (continued)

	06/10/14 1528	06/10/14 1522	06/10/14 1506	06/10/14 1501	06/10/14 1450
Report			declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG		
Sedation Level			3 -NG		
Resp Rate			20 Breaths/Min -NG		
Add'l Pain Documentation?			No -NG		
Pain Management					
Labor Response			Breathing well through contractions -NG		
Fetal Heart Rate					
Mode	External US -NG			External US -NG	
FHR Category	Category 2 -NG			Category I -NG	
Baseline Rate	140 bpm -NG			135 bpm -NG	
Variability	6-25 BPM -NG			6-25 BPM -NG	
Pattern	A;VD -NG			A -NG	
Intermittent Auscultation	No -NG			No -NG	
Uterine Activity					
Mode	Toco -NG			Toco -NG	
Contraction Frequency	1.5-3 -NG			2-4 -NG	
Contraction Duration	60-100 -NG			60-100 -NG	
Contraction Quality	Firm -NG			Firm -NG	
Resting Tone Palpated	Soft -NG			Soft -NG	
Tachysystole	No -NG			No -NG	
Cervical Exam					
*Dilation					8 -NG
*Effacement (%)					80 -NG
Cervical Characteristics					Mid-position;Soft -NG
*Station					-1 -NG
Presentation					Vertex -NG
Cervical Consistency					Soft -NG
Method					Manual -NG
*Exam by:					N. Gant, RN -NG
Station (Labor Curve)					6 cm -NG
OB Interventions					

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Labor (continued)

	06/10/14 1528	06/10/14 1522	06/10/14 1506	06/10/14 1501	06/10/14 1450
*Position			Lt side -NG	Knee chest -NG	
Mobility and Safety					
Activity		Bed in chair position -NG			
MD/Provider Notification					
Time of Attempt					1450 -NG
How Attempted?					Routine page -NG
MD/Provider Name					Erickson -NG
Action					See progress note;Other(Comment) -NG

	06/10/14 1432	06/10/14 1426	06/10/14 1402	06/10/14 1332	06/10/14 1330
Vital Signs					
BP	98/58 mmHg -NG		109/63 mmHg -NG	98/60 mmHg -NG	
BP Cuff Location			Right upper arm -NG		
Patient Position			Semi-Fowlers -NG		
Heart Rate	97 -NG		85 -NG	86 -NG	
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site			Contractions-Uterine;Abdomen -NG		
Pain Orientation			Lower;Mid -NG		
Pain Quality			Cramping -NG		
Pain Assessment					
Pain Level, Self-Report			6;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG		
Sedation Level			3 -NG		
Resp Rate			18 Breaths/Min -NG		
Add'l Pain Documentation?			No -NG		
Pain Management					
Labor Response			Breathing well through contractions -NG		
Fetal Heart Rate					
Mode		External US -NG	External US -NG		External US -NG
FHR Category		Category I -NG	Category I -NG		Category I -NG
Baseline Rate		135 bpm -NG	135 bpm -NG		135 bpm -NG
Variability		6-25 BPM -NG	6-25 BPM -NG		6-25 BPM -NG
Pattern		A -NG	A -NG		A -NG
Intermittent		No -NG	No -NG		No -NG

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Labor (continued)

	06/10/14 1432	06/10/14 1426	06/10/14 1402	06/10/14 1332	06/10/14 1330
Auscultation					
Uterine Activity					
Mode		Toco -NG	Toco -NG		Toco -NG
Contraction Frequency		1-4 -NG	1.5-4 -NG		2-5 -NG
Contraction Duration		60-100 -NG	60-100 -NG		60-100 -NG
Contraction Quality		Firm -NG	Firm -NG		Firm -NG
Resting Tone Palpated		Soft -NG	Soft -NG		Soft -NG
Tachysystole		No -NG	No -NG		No -NG
Membranes					
*Memb Status		Intact -NG			
Cervical Exam					
*Dilation		7 -NG			
*Effacement (%)		80 -NG			
Cervical Characteristics		Mid-position;Soft -NG			
*Station		-2 -NG			
Presentation		Vertex -NG			
Cervical Consistency		Soft -NG			
Method		Manual -NG			
*Exam by:		N. Gant, RN -NG			
Station (Labor Curve)		7 cm -NG			
OB Interventions					
*Position		Rt side -NG			
	06/10/14 1322	06/10/14 1302	06/10/14 1301	06/10/14 1259	06/10/14 1258
Vital Signs					
BP		118/69 mmHg -NG			
BP Cuff Location		Right upper arm -NG			
Patient Position		Semi-Fowlers -NG			
Heart Rate		83 -NG			
Resp		18 -NG			
Temp		36.7 °C (98.1 °F) -NG			
Temp Source		Oral -NG			
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Contractions-Uterine;Abdomen -NG			
Pain Orientation		Lower;Mid -NG			
Pain Quality		Cramping -NG			
Pain Assessment					

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

Labor (continued)

	06/10/14 1322	06/10/14 1302	06/10/14 1301	06/10/14 1259	06/10/14 1258
Pain Level, Self-Report		4;Pain tolerable (incl. pain level);Patient declined pain meds (incl. pain level) -NG			
Sedation Level		3 -NG			
Resp Rate		18 Breaths/Min -NG			
Add'l Pain Documentation?		No -NG			
Pain Management					
Labor Response		Breathing well through contractions -NG			
Fetal Heart Rate					
Mode			External US -NG		
FHR Category			Category I -NG		
Baseline Rate			135 bpm -NG		
Variability			6-25 BPM -NG		
Pattern			A -NG		
Intermittent Auscultation			No -NG		
Uterine Activity					
Mode			Toco -NG		
Contraction Frequency			2-5 -NG		
Contraction Duration			60-100 -NG		
Contraction Quality			Firm -NG		
Resting Tone Palpated			Soft -NG		
Tachysystole			No -NG		
Oxytocin Drip					
Dose	9 milli-units/min -NG				
Rate ml/hr	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG				
Concentration	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG				
Membranes					

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Labor (continued)

	06/10/14 1322	06/10/14 1302	06/10/14 1301	06/10/14 1259	06/10/14 1258
*Memb Status				Intact BROW -NG	
Cervical Exam					
*Dilation				6 -NG	
*Effacement (%)				80 -NG	
Cervical Characteristics				Mid-position;Soft -NG	
*Station				-2 -NG	
*Exam by:				Erickson -NG	
Station (Labor Curve)				7 cm -NG	
OB Interventions					
*Position			Lt side -NG		
MD/Provider Notification					
Time of Attempt					1258 -NG
How Attempted?					Present -NG
MD/Provider Name					Erickson -NG
Action					Other(Comment);See progress note strip eval, sve -NG

	06/10/14 1250	06/10/14 1232	06/10/14 1218	06/10/14 1210	06/10/14 1202
Vital Signs					
BP		103/66 mmHg -NG			99/58 mmHg -NG
BP Cuff Location					Right upper arm -NG
Patient Position					Semi-Fowlers -NG
Heart Rate		82 -NG			82 -NG
Resp					16 -NG
Temp					36.6 °C (97.9 °F) -NG
Temp Source					Oral -NG
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Contractions-Uterine;Abdomen -NG			
Pain Orientation		Lower;Mid -NG			
Pain Quality		Cramping -NG			
Pain Assessment					
Pain Level, Self-Report		4;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG			

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Labor (continued)

	06/10/14 1250	06/10/14 1232	06/10/14 1218	06/10/14 1210	06/10/14 1202
Sedation Level		3 -NG			
Resp Rate		18 Breaths/Min -NG			
Add'l Pain Documentation?		No -NG			
Pain Management					
Labor Response		Breathing well through contractions -NG			
Fetal Heart Rate					
Mode		External US -NG		External US -NG	
FHR Category		Category I -NG		Category I -NG	
Baseline Rate		135 bpm -NG		140 bpm -NG	
Variability		6-25 BPM -NG		6-25 BPM -NG	
Pattern		A -NG		A -NG	
Intermittent Auscultation		No -NG		No -NG	
Uterine Activity					
Mode		Toco -NG		Toco;Palpation -NG	
Contraction Frequency		2-5 -NG		2-7 -NG	
Contraction Duration		60-100 -NG		60-100 -NG	
Contraction Quality		Firm -NG		Moderate;Firm -NG	
Resting Tone Palpated		Soft -NG		Soft -NG	
Tachysystole		No -NG		No -NG	
Oxytocin Drip					
Dose	8 milli-units/min -NG		7 milli-units/min -NG		
Rate ml/hr	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		
Concentration	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		

	06/10/14 1139	06/10/14 1132	06/10/14 1111	06/10/14 1110	06/10/14 1108
Height and Weight					
Height					157.5 cm (5' 2") -NG
Weight					61.236 kg (135 lb) -NG
Vital Signs					

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Labor (continued)

	06/10/14 1139	06/10/14 1132	06/10/14 1111	06/10/14 1110	06/10/14 1108
BP		91/51 mmHg -NG			
BP Cuff Location		Right upper arm -NG			
Patient Position		Lying Right Side -NG			
Heart Rate		75 -NG			
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Contractions-Uterine;Abdomen -NG			
Pain Orientation		Lower;Mid -NG			
Pain Quality		Cramping -NG			
Pain Assessment					
Pain Level, Self-Report		4;Pain tolerable (incl. pain level);Patient declined pain meds (incl. pain level) -NG			
Sedation Level		2 -NG			
Resp Rate		16 Breaths/Min -NG			
Add'l Pain Documentation?		No -NG			
Pain Management					
Labor Response		Breathing well through contractions;Talking through contractions -NG			
Fetal Heart Rate					
Mode	External US -NG			External US -NG	
FHR Category	Category I -NG			Category I -NG	
Baseline Rate	135 bpm -NG			140 bpm -NG	
Variability	6-25 BPM -NG			6-25 BPM -NG	
Pattern	A -NG			A -NG	
Intermittent Auscultation	No -NG			No -NG	
Uterine Activity					
Mode	Toco -NG			Toco -NG	
Contraction Frequency	2-6 -NG			2-6 coupling -NG	
Contraction Duration	45-100 -NG			45-90 -NG	
Contraction Quality	Moderate -NG			Moderate;Mild -NG	
Resting Tone Palpated	Soft -NG			Soft -NG	

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Labor (continued)

	06/10/14 1139	06/10/14 1132	06/10/14 1111	06/10/14 1110	06/10/14 1108
Tachysystole	No -NG			No -NG	
Oxytocin Drip					
Dose	6 milli-units/min -NG		4 milli-units/min -NG		
Rate ml/hr	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		
Concentration	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		
OB Interventions					
*Position			Rt side -NG		
	06/10/14 1102	06/10/14 1040	06/10/14 1032	06/10/14 1011	06/10/14 1002
Vital Signs					
BP	111/62 mmHg -NG		120/78 mmHg -NG		138/63 mmHg -NG
BP Cuff Location	Right upper arm -NG				
Patient Position	Semi-Fowlers -NG				
Heart Rate	85 -NG		90 -NG		86 -NG
Resp	18 -NG				
Temp	36.7 °C (98 °F) -NG				
Temp Source	Oral -NG				
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Contractions-Uterine;Abdomen -NG			
Pain Orientation		Lower;Mid -NG			
Pain Quality		Cramping -NG			
Pain Assessment					
Pain Level, Self-Report		4;Pain tolerable (incl. pain level);Patient declined pain meds (incl. pain level) -NG			
Sedation Level		3 -NG			
Resp Rate		18 Breaths/Min -NG			
Add'l Pain Documentation?		No -NG			
Pain Management					
Labor Response		Talking through contractions -NG			

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Labor (continued)

	06/10/14 1102	06/10/14 1040	06/10/14 1032	06/10/14 1011	06/10/14 1002
Fetal Heart Rate					
Mode		External US -NG		External US -NG	
FHR Category		Category I -NG		Category I -NG	
Baseline Rate		130 bpm -NG		130 bpm -NG	
Variability		6-25 BPM -NG		6-25 BPM -NG	
Pattern		A -NG		A -NG	
Intermittent Auscultation		No -NG		No -NG	
Uterine Activity					
Mode		Toco -NG		Toco -NG	
Contraction Frequency		2-8 coupling -NG		3-8 -NG	
Contraction Duration		60-100 -NG		60-100 -NG	
Contraction Quality		Moderate;Mild -NG		Moderate;Mild -NG	
Resting Tone Palpated		Soft -NG		Soft -NG	
Tachysystole		No -NG		No -NG	
Oxytocin Drip					
Dose		3 milli-units/min -NG		2 milli-units/min -NG	
Rate ml/hr		* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		* There are multiple administrations at this time. Please see the MAR for detailed information. -NG	
Concentration		* There are multiple administrations at this time. Please see the MAR for detailed information. -NG		* There are multiple administrations at this time. Please see the MAR for detailed information. -NG	
	06/10/14 0940	06/10/14 0939	06/10/14 0937	06/10/14 0830	06/10/14 0825
Vital Signs					
BP		115/71 mmHg -NG			
BP Cuff Location		Right upper arm -NG			
Patient Position		Semi-Fowlers -NG			
Heart Rate		92 -NG			
Resp		18 -NG			
Temp		36.5 °C (97.7 °F) -NG			
Temp Source		Axillary -NG			
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site		Abdomen -NG			
Pain Orientation		Lower;Mid -NG			
Pain Quality		Cramping -NG			

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Labor (continued)

	06/10/14 0940	06/10/14 0939	06/10/14 0937	06/10/14 0830	06/10/14 0825
Pain Assessment					
Pain Level, Self-Report		3;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG			
Sedation Level		3 -NG			
Resp Rate		18 Breaths/Min -NG			
Add'l Pain Documentation?		No -NG			
Fetal Heart Rate					
Mode	External US -NG			External US -NG	
FHR Category	Category I -NG			Category I -NG	
Baseline Rate	135 bpm -NG			130 bpm -NG	
Variability	6-25 BPM -NG			6-25 BPM -NG	
Pattern	A -NG			A -NG	
Intermittent Auscultation	No -NG			No -NG	
Uterine Activity					
Mode	Toco -NG			Toco -NG	
Contraction Frequency	7-9 -NG			Irregular -NG	
Contraction Duration	60-90 -NG			20-60 -NG	
Contraction Quality	Mild -NG			Mild -NG	
Resting Tone Palpated	Soft -NG			Soft -NG	
Tachysystole	No -NG			No -NG	
Oxytocin Pre-Checklist					
Oxytocin Pre-Checklist			Order on chart;Current H&P on chart;Prenatal record on chart;Indication for induction/augmentation;Pelvis is documented as clinically adequate by OB Provider;Estimated fetal weight;GA documented based on US, LMP or IVF;Induction consent signed;VE for cervical status		

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Labor (continued)

	06/10/14 0940	06/10/14 0939	06/10/14 0937	06/10/14 0830	06/10/14 0825
			& fetal presentation documented;Fetal assessment complete;Category 1 fetal heart rate pattern if augmentation -NG		
Oxytocin Drip					
Dose	1 milli-units/min sign off with L. Messerly, RN -NG				
Rate ml/hr	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG				
Concentration	* There are multiple administrations at this time. Please see the MAR for detailed information. -NG				
Cervical Exam					
*Dilation					5 -NG
*Effacement (%)					80 -NG
*Station					-2 -NG
Presentation					Vertex -NG
Cervical Consistency					Soft -NG
Method					Manual -NG
*Exam by:					Erickson -NG
Station (Labor Curve)					7 cm -NG
	06/10/14 0800	06/10/14 0700	06/10/14 0600	06/10/14 0500	06/10/14 0446
Vital Signs					
BP	118/76 mmHg -NG				106/64 mmHg -CA
BP Cuff Location	Right upper arm -NG				
Patient Position	Semi-Fowlers -NG				
Heart Rate	90 -NG				77 -CA
Resp	18 -NG				16 -CA
Temp	36.7 °C (98 °F) -NG				36.8 °C (98.3 °F) -CA
Temp Source	Oral -NG				Oral -CA
Reflexes	L Leg + 2;R Leg +2 -NG				
Clonus (Beats)	L 0;R 0 -NG				

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Labor (continued)

	06/10/14 0800	06/10/14 0700	06/10/14 0600	06/10/14 0500	06/10/14 0446
Breath Sounds Rt	Clear -NG				
Breath Sounds Lt	Clear -NG				
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site	Abdomen -NG				
Pain Orientation	Lower;Mid -NG				
Pain Quality	Cramping -NG				
Pain Assessment					
Pain Level, Self-Report	2;3;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -NG				
Sedation Level	3 -NG				
Resp Rate	18 Breaths/Min -NG				
Add'l Pain Documentation?	No -NG				
Fetal Heart Rate					
Mode	External US -NG	External US -CA	External US -CA	External US -CA	
FHR Category	Category I -NG	Category I -CA	Category 2 -CA	Category I -CA	
Baseline Rate	130 bpm -NG	125 bpm -CA	125 bpm -CA	125 bpm -CA	
Variability	6-25 BPM -NG	6-25 BPM -CA	<5 BPM -CA	6-25 BPM -CA	
Pattern	A -NG	A -CA	A;ED -CA	A -CA	
Intermittent Auscultation	No -NG	No -CA	No -CA	No -CA	
Uterine Activity					
Mode	Toco -NG	Toco -CA	Toco -CA	Toco -CA	
Contraction Frequency	Irregular -NG	IRREG -CA	3-9 -CA	4-7 -CA	
Contraction Duration	20-60 -NG	40-60 -CA	40-80 -CA	40-80 -CA	
Contraction Quality	Mild -NG	Mild -CA	Mild -CA	Mild -CA	
Resting Tone Palpated	Soft -NG	Soft -CA	Soft -CA	Soft -CA	
Tachysystole	No -NG	No -CA	No -CA	No -CA	
Mobility and Safety					
Keep Turning / Repositioning	Turns self -NG				
Specialty Bed / Surface	(PU Bundle) Cleared tubing & wrinkles from patient's lying surface -NG				
Safety	Standard safety				

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Labor (continued)

	06/10/14 0800	06/10/14 0700	06/10/14 0600	06/10/14 0500	06/10/14 0446
Measures	measures -NG				
	06/10/14 0400	06/10/14 0300	06/10/14 0200	06/10/14 0100	06/10/14 0000
Fetal Heart Rate					
Mode	External US -CA	External US -CA	External US -CA	External US -CA	External US -CA
FHR Category	Category I -CA	Category I -CA	Category I -CA	Category I -CA	Category I -CA
Baseline Rate	125 bpm -CA	125 bpm -CA	125 bpm -CA	125 bpm -CA	125 bpm -CA
Variability	6-25 BPM -CA	6-25 BPM -CA	6-25 BPM -CA	6-25 BPM -CA	6-25 BPM -CA
Pattern	A -CA	A -CA	A -CA	A -CA	A -CA
Intermittent Auscultation	No -CA	No -CA	No -CA	No -CA	No -CA
Uterine Activity					
Mode	Toco -CA	Toco -CA	Toco -CA	Toco -CA	Toco -CA
Contraction Frequency	3-7 -CA	2-7 -CA	3-4 -CA	2-6 -CA	2-5 -CA
Contraction Duration	60-100 -CA	60-100 -CA	60-100 -CA	60-100 -CA	40-100 -CA
Contraction Quality	Moderate;Mild -CA	Moderate -CA	Moderate -CA	Moderate -CA	Moderate -CA
Resting Tone Palpated	Soft -CA	Soft -CA	Soft -CA	Soft -CA	Soft -CA
Tachysystole	No -CA	No -CA	No -CA	No -CA	No -CA
	06/09/14 2331	06/09/14 2329	06/09/14 2326	06/09/14 2321	06/09/14 2316
Vital Signs					
Heart Rate	87 -CA		84 -CA	83 -CA	77 -CA
SpO2	100 % -CA		100 % -CA	98 % -CA	98 % -CA
Membranes					
*Memb Status		Unsure -CA			
Rupture Time		2329 -CA			
*Rupt Fluid Color		Bloody;Clear -CA			
Odor		Normal -CA			
Amount		Scant -CA			
	06/09/14 2311	06/09/14 2306	06/09/14 2301	06/09/14 2300	06/09/14 2256
Vital Signs					
Heart Rate	80 -CA	81 -CA	84 -CA		83 -CA
SpO2	98 % -CA	98 % -CA	98 % -CA		98 % -CA
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site				Contractions-Uterine -CA	
Pain Orientation				Lower;Mid -CA	
Pain Quality				Cramping -CA	
Pain Assessment					
Pain Level, Self-Report				2 -CA	
Sedation Level				3 -CA	
Resp Rate				16 Breaths/Min -CA	
Add'l Pain				No -CA	

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Labor (continued)

	06/09/14 2311	06/09/14 2306	06/09/14 2301	06/09/14 2300	06/09/14 2256
Documentation?					
Fetal Heart Rate					
Mode				External US -CA	
FHR Category				Category I -CA	
Baseline Rate				125 bpm -CA	
Variability				6-25 BPM -CA	
Pattern				A -CA	
Intermittent Auscultation				No -CA	
Uterine Activity					
Mode				Toco -CA	
Contraction Frequency				2-6 -CA	
Contraction Duration				60-100 -CA	
Contraction Quality				Moderate -CA	
Resting Tone Palpated				Soft -CA	
Tachysystole				No -CA	

	06/09/14 2251	06/09/14 2246	06/09/14 2241	06/09/14 2236	06/09/14 2231
Vital Signs					
Heart Rate	81 -CA	95 -CA	79 -CA	70 -CA	74 -CA
SpO2	97 % -CA	98 % -CA	97 % -CA	98 % -CA	97 % -CA

	06/09/14 2226	06/09/14 2221	06/09/14 2216	06/09/14 2211	06/09/14 2206
Vital Signs					
Heart Rate	76 -CA	74 -CA	75 -CA	77 -CA	72 -CA
SpO2	97 % -CA	97 % -CA	97 % -CA	97 % -CA	97 % -CA

	06/09/14 2201	06/09/14 2200	06/09/14 2156	06/09/14 2151	06/09/14 2146
Vital Signs					
Heart Rate	80 -CA		82 -CA	76 -CA	80 -CA
SpO2	97 % -CA		97 % -CA	98 % -CA	98 % -CA
Fetal Heart Rate					
Mode		External US -CA			
FHR Category		Category I -CA			
Baseline Rate		135 bpm -CA			
Variability		6-25 BPM -CA			
Pattern		A -CA			
Intermittent Auscultation		No -CA			
Uterine Activity					
Mode		Toco -CA			
Contraction Frequency		2-6 -CA			
Contraction Duration		60-100 -CA			
Contraction		Moderate -CA			

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Labor (continued)

	06/09/14 2201	06/09/14 2200	06/09/14 2156	06/09/14 2151	06/09/14 2146
Quality					
Resting Tone Palpated		Soft -CA			
Tachysystole		No -CA			
	06/09/14 2141	06/09/14 2136	06/09/14 2131	06/09/14 2126	06/09/14 2121
Vital Signs					
Heart Rate	79 -CA	84 -CA	81 -CA	92 -CA	80 -CA
SpO2	97 % -CA	98 % -CA	98 % -CA	98 % -CA	98 % -CA
	06/09/14 2118	06/09/14 2117	06/09/14 2116	06/09/14 2111	06/09/14 2100
Vital Signs					
BP		124/69 mmHg -CA			
Heart Rate		86 -CA	87 -CA	95 -CA	
Temp		36.7 °C (98.1 °F) -CA			
Temp Source		Oral -CA			
SpO2			99 % -CA	97 % -CA	
Pain Management					
Fentanyl Injection	50 mcg -CA (r) 156146420 (c)				
Fetal Heart Rate					
Mode					External US -CA
FHR Category					Category I -CA
Baseline Rate					135 bpm -CA
Variability					6-25 BPM -CA
Pattern					A -CA
Intermittent Auscultation					No -CA
Uterine Activity					
Mode					Toco -CA
Contraction Frequency					1-6 -CA
Contraction Duration					60-100 -CA
Contraction Quality					Moderate -CA
Resting Tone Palpated					Soft -CA
Tachysystole					No -CA
	06/09/14 2030	06/09/14 2029	06/09/14 2015	06/09/14 2000	06/09/14 1900
Vital Signs					
BP		119/68 mmHg -CA			
Heart Rate		88 -CA			
Reflexes	R Arm +2;L Arm +2;R Leg +1;L Leg +1 -CA				
Clonus (Beats)	L 0;R 0 -CA				
Breath Sounds	Clear -CA				

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Labor (continued)

	06/09/14 2030	06/09/14 2029	06/09/14 2015	06/09/14 2000	06/09/14 1900
Rt					
Breath Sounds Lt	Clear -CA				
Fetal Heart Rate					
Mode				External US -CA	External US -BD
FHR Category				Category I -CA	Category I -BD
Baseline Rate				130 bpm -CA	140 bpm -BD
Variability				6-25 BPM -CA	6-25 BPM -BD
Pattern				A -CA	A -BD
Intermittent Auscultation				No -CA	
Multiple birth?				No -CA	
Uterine Activity					
Mode				Toco -CA	Palpation;Toco -BD
Contraction Frequency				1-5 -CA	1-4 -BD
Contraction Duration				60-100 -CA	60-100 -BD
Contraction Quality				Moderate -CA	Mild;Moderate -BD
Resting Tone Palpated				Soft -CA	Soft -BD
Tachysystole				No -CA	
Cervical Exam					
Method			Manual FOR COOK CATH INSERTION -CA		
*Exam by:			Casey MD -CA		
Mobility and Safety					
Keep Turning / Repositioning	Turns self -CA				
Specialty Bed / Surface	(PU Bundle) Friction and shearing prevented during repositioning & transferring -CA				
Safety Measures	Standard safety measures -CA				
Whiteboard Notes					
Whiteboard Notes			-- COOK CATH INSERTED -CA		

	06/09/14 1804	06/09/14 1800	06/09/14 1658	06/09/14 1646	06/09/14 1600
Vital Signs					
BP				128/86 mmHg -BD	
Heart Rate				88 -BD	

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

Labor (continued)

	06/09/14 1804	06/09/14 1800	06/09/14 1658	06/09/14 1545	06/09/14 1600
Fetal Heart Rate					
Mode		External US -BD	External US -BD		External US -BD
FHR Category		Category I -BD	Category I -BD		Category I -BD
Baseline Rate		135 bpm -BD	135 bpm -BD		130 bpm -BD
Variability		6-25 BPM -BD	6-25 BPM -BD		6-25 BPM -BD
Pattern		A -BD	A -BD		A -BD
Uterine Activity					
Mode		Palpation;Toco -BD	Palpation;Toco -BD		Palpation;Toco -BD
Contraction Frequency		1-5 -BD	1-5 -BD		1-5 -BD
Contraction Duration		40-100 -BD	50-100 -BD		40 sec-4.5 min -BD
Contraction Quality		Mild;Moderate -BD	Mild;Moderate -BD		Mild;Moderate -BD
Resting Tone Palpated		Soft -BD	Soft -BD		Soft -BD
Membranes					
*Memb Status					Intact -BD
Cervical Exam					
*Dilation	2.5 -BD				
*Effacement (%)	50 -BD				
Cervical Characteristics	Mid-position -BD				
*Station	-2 -BD				
Presentation	Vertex -BD				
Cervical Consistency	Medium -BD				
Method	Manual -BD				
*Exam by	B.Dampac,RNC -BD				
Station (Labor Curve)	7 cm -BD				

	06/09/14 1510	06/09/14 1500	06/09/14 1400	06/09/14 1300	06/09/14 1257
Vital Signs					
BP	127/90 mmHg -BD				
Heart Rate	82 -BD				
Resp	18 -BD				
Temp	36.7 °C (98.1 °F) -BD				
Temp Source	Oral -BD				
Oxygen Therapy?	No-Room Air -BD				
Reflexes	L Leg +1;R Leg +1 -BD				
Clonus (Beats)	L 0;R 0 -BD				
Pain Assessment					
Pain Level, Self-			Normal sleep (N/A		

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

Labor (continued)

	06/09/14 1510	06/09/14 1500	06/09/14 1400	06/09/14 1300	06/09/14 1257
Report			for PACU) -JM		
Sedation Level			3 -JM		
Resp Rate			18 Breaths/Min -JM		
Add'l Pain Documentation?			No -JM		
Fetal Heart Rate					
Mode		External US -JM	External US -JM	External US -JM	
FHR Category		Category I -JM	Category I -JM	Category I -JM	
Baseline Rate		135 bpm -JM	135 bpm -JM	130 bpm -JM	
Variability		6-25 BPM -JM	6-25 BPM -JM	6-25 BPM -JM	
Pattern		A -JM	A -JM	A -JM	
Intermittent Auscultation		No -JM	No -JM	No -JM	
Multiple birth?		No -JM	No -JM	No -JM	
Uterine Activity					
Mode		Toco;Palpation -JM	Toco;Palpation -JM	Toco;Palpation -JM	
Contraction Frequency		1-9 -JM	6-11 -JM	5.5-11 -JM	
Contraction Duration		50-280 -JM	120-240 -JM	100-190 -JM	
Contraction Quality		Moderate -JM	Moderate -JM	Moderate -JM	
Resting Tone Palpated		Soft -JM	Soft -JM	Soft -JM	
Tachysystole		No -JM	No -JM	No -JM	
Cervical Exam					
*Dilation					2 -JM
*Effacement (%)					30 -JM
*Station					-2 -JM
Presentation					Vertex -JM
Method					Manual -JM
*Exam by:					Dr. Casey -JM
Station (Labor Curve)					7 cm -JM
Mobility and Safety					
Safety Measures	Standard safety measures -RC				

	06/09/14 1245	06/09/14 1200	06/09/14 1100	06/09/14 1000	06/09/14 0900
Vital Signs					
BP	120/66 mmHg -JM				
BP Cuff Location	Right upper arm -JM				
Patient Position	Semi-Fowlers -JM				
Heart Rate	90 -JM				
Resp	18 -JM				
Temp	36.6 °C (97.8 °F) -JM				

FIRST HILL
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SWEDISH

All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

Labor (continued)

	06/09/14 1245	06/09/14 1200	06/09/14 1100	06/09/14 1000	06/09/14 0900
Temp Source	Oral -JM				
Oxygen Therapy?	No-Room Air -JM				
Pain Description #1 (Document beginning of shift and when changed)					
Pain Site	Contractions-Uterine -JM				
Pain Orientation	Mid;Lower -JM				
Pain Quality	Cramping -JM				
Pain Assessment					
Pain Level, Self-Report	4;Patient declined pain meds (incl. pain level);Pain tolerable (incl. pain level) -JM		Normal sleep (N/A for PACU) -JM	Normal sleep (N/A for PACU) -JM	
Sedation Level	3 -JM		3 -JM		
Resp Rate	18 Breaths/Min -JM		18 Breaths/Min -JM		
Add'l Pain Documentation?	No -JM		No -JM		
Fetal Heart Rate					
Mode		External US -JM	External US -JM	External US -JM	External US -JM
FHR Category		Category I -JM	Category I -JM	Category I -JM	Category I -JM
Baseline Rate		135 bpm -JM	130 bpm -JM	135 bpm -JM	135 bpm -JM
Variability		6-25 BPM -JM	6-25 BPM -JM	6-25 BPM -JM	6-25 BPM -JM
Pattern		A -JM	A -JM	A -JM	A -JM
Intermittent Auscultation		No -JM	No -JM	No -JM	No -JM
Multiple birth?		No -JM	No -JM	No -JM	No -JM
Uterine Activity					
Mode			Toco;Palpation -JM	Toco;Palpation -JM	Toco;Palpation -JM
Contraction Frequency		3.5-10.5 -JM	Irregular -JM	Irregular -JM	Irregular -JM
Contraction Duration		80-190 -JM	100-260 -JM	40-90 -JM	40-150 -JM
Contraction Quality		Moderate -JM	Mild;Moderate -JM	Mild;Moderate -JM	Mild -JM
Resting Tone Palpated		Soft -JM	Soft -JM	Soft -JM	Soft -JM
Tachysystole		No -JM	No -JM	No -JM	No -JM

	06/09/14 0837	06/09/14 0800	06/09/14 0711
Vital Signs			
BP			110/66 mmHg -JM
BP Cuff Location			Left upper arm -JM
Patient Position			Semi-Fowlers -JM
Heart Rate			93 -JM
Resp			18 -JM

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All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

Labor (continued)

	06/09/14 0837	06/09/14 0800	06/09/14 0711
Temp			36.6 °C (97.9 °F) - JM
Temp Source			Oral - JM
Oxygen Therapy?			No-Room Air - JM
Reflexes		L Leg +1;R Leg +1 - JM	
Clonus (Beats)		L 0;R 0 - JM	
Breath Sounds Rt		Clear - JM	
Breath Sounds Lt		Clear - JM	
Pain Assessment			
Pain Level, Self-Report			0 - JM
Sedation Level			3 - JM
Resp Rate			18 Breaths/Min - JM
Add'l Pain Documentation?			No - JM
Fetal Heart Rate			
Mode		External US - JM	
FHR Category		Category I - JM	
Baseline Rate		135 bpm - JM	
Variability		6-25 BPM - JM	
Pattern		A - JM	
Intermittent Auscultation		No - JM	
Multiple birth?		No - JM	
Uterine Activity			
Mode		Toco;Palpation - JM	
Contraction Frequency		Irregular - JM	
Contraction Duration		90-120 - JM	
Contraction Quality		Mild - JM	
Resting Tone Palpated		Soft - JM	
Tachysystole		No - JM	
Membranes			
*Memb Status	Intact - JM		
Cervical Exam			
*Dilation	1.5 - JM		
*Effacement (%)	20 - JM		
Cervical Characteristics	Mid-position - JM		
*Station	-2 - JM		

FIRST HILL
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Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
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SWEDISH

All Flowsheet Data (06/08/14 0000--06/11/14 2359) (continued)

Labor (continued)

	06/09/14 0837	06/09/14 0800	06/09/14 0711
Presentation	Vertex - JM		
Cervical Consistency	Medium - JM		
Method	Manual - JM		
*Exam by	Dr. Casey - JM		
Station (Labor Curve)	7 cm - JM		
Bishop Score			
Dilation Score	1 - JM		
Effacement Score	0 - JM		
Station Score	1 - JM		
Consistency Score	1 - JM		
Position Score	1 - JM		
Bishop Score Total	4 - JM		
Mobility and Safety			
Keep Turning / Repositioning		Turns self - JM	
Specialty Bed / Surface		(PU Bundle) Cleared tubing & wrinkles from patient's lying surface - JM	
Safety Measures		Standard safety measures - JM	

User Key

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

Initials	Name	Effective Dates
CA	Allan, Catherine, RN	01/29/14 - 07/20/14
CAA	Anda, Carla Sasse, RN	02/03/14 -
BD	Dampac, Bennett, RN	02/03/14 -
KE	Erickson, Katrina Joanne, MD	02/22/14 - 06/19/14
SH	Helm, Stacie C, RN	02/03/14 -
JM	Morrison, Jennifer T, RN	02/03/14 -
SR	Reed, Sarah A, RN	04/28/14 - 07/20/14
NG	Gant, Nicole A, RN	02/03/14 -
CK	Kinzer, Catherine Rose, RN	02/03/14 - 03/11/15

END OF REPORT

Radiology Results

Result Information

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

Result Information (continued)

Status	Provider Status
Final result (1/15/2014 4:23 PM)	Open

Impression

Single, living fetus in breech presentation with
estimated age of 20 weeks 0 days, concordant with predicted age of 19
weeks 5 days with EDC 6/6/2014.

Anterior placenta.

Normal amniotic fluid volume.

Negative screening fetal anatomic examination.

Dictated by: DAVID B BORK
Dictated: 1/15/2014 4:23 PM
Job: 895731

Narrative

OBSTETRICAL ULTRASOUND, SECOND TRIMESTER

History: Fetal screening.

Comparison: No images. Report from a prior outside ultrasound.

Technique: Real-time and Doppler ultrasound examination, with
recording of multiple static images.

Findings: Single fetus in the uterus in breech presentation. Fetal
motion and cardiac activity present, heart rate 138 beats per minute.
Anterior placenta, no placenta previa. Cervical length 3.7 cm.
Subjectively normal amniotic fluid volume.

Screening fetal anatomic examination demonstrates no sonographic
abnormality of the fetal intracranial structures, face, spine, heart,
diaphragm, stomach, kidneys, urinary bladder, anterior abdominal
wall, or extremities. Three-vessel cord.

Estimated fetal age 20 weeks 0 days. Estimated fetal weight 326 g
+/-48 g, 62nd percentile.

Maternal right ovary normal in size and echodensity, 2.3 x 2.3 x 1.8
cm. Left adnexa obscured by bowel gas.

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
01/15/14 04:08 PM	01/15/14 02:53 PM	01/15/14 02:53 PM	1/15/2014

Provider Information

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

Provider Information (continued)

Ordering User		Authorizing Provider
Ohm, Jung H, RDMS		Bly, Eleanor Grace
Attending Provider(s)	**PCP**	**Billing Provider**
Bly, Eleanor Grace	Bly, Eleanor Grace	Bork, David B, MD

END OF REPORT

Scan on 1/15/2014 1453 by Momotok, Nina V (below)

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

I, THE UNDERSIGNED, HEREBY CONSENT (AGREE) TO RECEIVE MEDICAL CARE FROM THE PRACTIONER(S) RESPONSIBLE FOR MY DIAGNOSIS AND TREATMENT. I understand that I, or my authorized representative, have the right to decide whether to accept or refuse medical care. I may ask questions about my medical care and make my wishes known to my practitioners and/or staff. I will participate in my care and foster a safe environment for myself, staff, and other patients within Swedish Medical Center (SMC). I understand that my care is under the direction of my attending physicians, who may be independent contractors and not employees or agents of SMC. SMC is not liable for the acts or omissions of such independent contractors. I acknowledge that SMC is a teaching hospital and that teachers, trainees, residents and students may observe or participate in my care. I understand that photographs and video recordings of my treatment may be taken if they may be useful as a component of my treatment.

IN CASE OF AN EMERGENCY I WILL RECEIVE CARDIOPULMONARY RESUSCITATION (CPR). The policy of SMC is to provide emergent medical care to all individuals unless we have a Physician Order that directs us otherwise. SMC provides emergent care through a code team or by calling 9-1-1.

SMC IS NOT RESPONSIBLE FOR MY PERSONAL ITEMS. SMC offers temporary safekeeping for essential personal items (i.e., glasses, dentures, hearing aids, or other assistive devices). Luggage or purses brought into a SMC facility may be subject to search in an effort to keep staff and visitors safe. SMC shall not be liable for the loss or damage to any personal item including money or articles of value.

THE FOLLOWING ITEMS AND BEHAVIOR ARE NOT PERMITTED ON SMC PROPERTY:

Weapons: I agree to turn over all weapons to Security and I understand that if I am suspected of possessing a weapon, SMC has the right to search me and/or my belongings and seize such items.

Illegal Drugs: Substance abuse is prohibited in all areas of SMC and I agree to turn over any and all illegal substances. I understand that if I am suspected of possessing an illegal substance or illegal contraband, SMC has the right to search me and/or my belongings and seize such items, and I consent to such search and seizure.

Tobacco: SMC is a smoke-free facility on all campuses and in all clinics. I understand that I will not be allowed to leave the building to smoke or chew tobacco during my treatment or service. I understand help and resources are available to me to avoid tobacco withdrawal.

SMC MAY GIVE INFORMATION TO MY HEALTH INSURANCE COMPANY FOR PAYMENT. To the extent required to assure payment, SMC will disclose any pertinent medical information to a designated representative, corporation, governmental agency or third party payor. Examples of such entities may include insurance companies, workers compensation carriers, the Social Security Administration, or a Department of Health and Human Services. Communication to these entities may include details to support appropriateness of treatment, medical necessity, and financial reimbursement. I understand that disclosures supporting treatment, payment, or operations may extend to, but are not limited to, all aspects of my care, including data related to treatment for HIV/AIDS, sexually transmitted diseases, substance abuse, or mental health conditions, unless expressly limited by me in writing. I understand that limiting disclosure may prevent my insurer from paying for my medical care, making me responsible for the cost of my treatment.

IT IS MY RESPONSIBILITY TO PAY MY BILL OR TO MAKE ARRANGEMENTS TO HAVE MY BILL PAID:

Private Pay: As a patient (or a patient's agent), I agree to be financially responsible to SMC for charges not paid by insurance. I understand this amount is due upon billing.

Insurance Coverage: I certify that the information provided regarding my insurance policy and eligibility is correct to the best of my knowledge. I hereby authorize SMC to receive reimbursement directly from my insurance company. Any portion of charges not paid by the insurance company will be billed to me and is then due and payable within 30 days of invoice. I understand that SMC will verify my insurance coverage but that this does not guarantee payment by the insurance company and I will be responsible for any non-covered charges. I understand that it is my responsibility to determine the coverage limits of my insurance.

Financial Assistance: As a part of our strong commitment to ensuring access to medical care, SMC offers financial assistance for medically necessary services in our hospitals. I understand I may still qualify for financial assistance even if I have medical insurance. Eligibility is determined based on federal poverty guidelines, family size, and other criteria. I may apply for potential financial assistance prior to service, at the time of service, or at any point in the billing process up to the resolution of the account. This assistance does not cover services such as care from my doctor, dental care, eyeglasses, lab tests, or prescription drugs. I understand that financial assistance applications are available at any registration area or after I have received a bill from SMC.

I UNDERSTAND THAT IN ADDITION TO MY SMC BILL, I WILL RECEIVE A SEPARATE BILL(S) FROM PHYSICIANS AND/OR CARE PROVIDERS INVOLVED IN MY DIAGNOSIS AND TREATMENT. Because every health insurance plan is different, I understand that SMC is unable to ensure that all physicians and/or care providers are preferred providers under my insurance plan, and that I may be responsible for out-of-network rates.

I HAVE BEEN OFFERED A COPY OF THE NOTICE OF HEALTH INFORMATION PRACTICES AND UNDERSTAND THAT IT IS ALSO AVAILABLE UPON REQUEST. The Notice of Health Information Practices describes how information about me may be used and disclosed and how I can get access to this information. I have a right to receive a paper copy of this notice, available in all patient registration areas. Swedish will not use or disclose health information except as indicated in this notice. This notice describes examples of disclosures for treatment, payment or health operations. It also includes other uses and disclosures and information about special authorizations and my rights.

I have read the above and understand the content. **Changes to this form are not permitted,** and questions about this form will be addressed by appropriate administrative or clinical staff. If I bring any prohibited items or engage in behavior that is not permitted on Swedish property, I may be asked to sign a behavioral agreement. Repeated violations may result in additional restrictions and/or transfer or discharge.

Date: 1/15/14 Time: 2:50 Patient: [signature]

Witness: N.M Patient's Agent or Representative

Relationship

☐ Unable to obtain signature Reason:

MRN: 1001885381 OCT
1/15/2014 SEX: F
NGUYEN, LOAN THI KIM
7/15/1988 (25 yrs) 240427251
REV: ELEANOR * E DS

SWEDISH
SEATTLE, WASHINGTON

Form 60387 Block Rev. 7/13/11 FV

CONDITIONS OF ADMISSION

Scan on 1/15/2014 1453 by Momotok, Nina V

Scan on 1/15/2014 1910 by McFarland, Rosemarie S. : U/S; 2014/01/15 (below)

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

JAN-10-2014 FRI 03:26 PM COMMUNITY HEALTH CTR FAX No. 4257768828 P. 001

CHC Community Health Center

MRN:1001885381 DOB 7/15/1988 SEX: F
NGUYEN,LOAN THI KIM
7/15/1988 (25 yrs) 240427251
ELEANOR * B US

Requisition

Patient Information

Loan T Nguyen
20801 49th AVe W
Lynnwood, WA 98036

DOB: 07/15/1988
Phone: (425)501-4818

Order

Code: 76805. ultrasound ob >14 wk single fetus

Insurance/Authorization Information

Date ordered: 01/10/2014 Insurance: Medicaid Adult Policy#: 200223935WA

Authorization/#: # Visits: Effective: 01/10/2014 Expiration: 02/10/2014

Ordering Provider:
Eleanor Bly MD
4111 194th Street SW
Lynnwood, WA 98036
Phone: (425)835-5200
Fax: (425)835-5201

PCP:
Eleanor Bly MD

Requisition Information

Primary / Billing Diagnosis: Pregnancy V22.1

Currently Pregnant: yes

Additional Information

Clinical Information / Comments:
anatomy scan

Scan on 1/15/2014 1910 by McFarland, Rosemarie S. : U/S; 2014/01/15

Scan on 5/15/2014 1009 by Johnson, Novita Y (below)

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

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IN CASE OF AN EMERGENCY I WILL RECEIVE CARDIOPULMONARY RESUSCITATION (CPR). The policy of SMC is to provide emergent medical care to all individuals unless we have a Physician Order that directs us otherwise. SMC provides emergent care through a code team or by calling 911.

SMC IS NOT RESPONSIBLE FOR MY PERSONAL ITEMS. SMC offers temporary safekeeping for essential personal items (i.e., glasses, dentures, hearing aids, or other assistive devices). Luggage or purses brought into a SMC facility may be subject to search in an effort to keep staff and visitors safe. SMC shall not be liable for the loss or damage to any personal item including money or articles of value.

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Weapons: I agree to turn over all weapons to Security and I understand that if I am suspected of possessing a weapon, SMC has the right to search me and/or my belongings and seize such items.

Illegal Drugs: Substance abuse is prohibited in all areas of SMC, and I agree to turn over any and all illegal substances. I understand that if I am suspected of possessing an illegal substance or illegal contraband, SMC has the right to search me and/or my belongings and seize such items, and consent to such search and seizure.

Tobacco: SMC is a smoke-free facility on all campuses and in all clinics. I understand that I will not be allowed to leave the building to smoke or chew tobacco during my treatment or service. I understand help and resources are available to me to avoid tobacco withdrawal.

SMC MAY GIVE INFORMATION TO MY HEALTH INSURANCE COMPANY FOR PAYMENT. To the extent required to assure payment, SMC will disclose any pertinent medical information to a designated representative, corporation, governmental agency or third party payor. Examples of such entities may include insurance companies, workers compensation carriers, The Social Security Administration, or a Department of Health and Human Services. Communication to these entities may include details to support appropriateness of treatment, medical necessity, and financial reimbursement. I understand that disclosures supporting treatment, payment, or operations may extend to, but are not limited to, all aspects of my care, including data related to treatment for HIV/AIDS, sexually transmitted diseases, substance abuse, or mental health conditions, unless expressly limited by me in writing. I understand that limiting disclosure may prevent my insurer from paying for my medical care, making me responsible for the cost of my treatment.

IT IS MY RESPONSIBILITY TO PAY MY BILL OR TO MAKE ARRANGEMENTS TO HAVE MY BILL PAID:

Private Pay: As a patient (or a patient's agent), I agree to be financially responsible to SMC for charges not paid by insurance. I understand this amount is due upon billing.

Insurance Coverage: I certify that the information provided regarding my insurance policy and eligibility is correct to the best of my knowledge. I hereby authorize SMC to receive reimbursement directly from my insurance company. Any portion of charges not paid by the insurance company will be billed to me and is then due and payable within 30 days of invoice. I understand that SMC will verify my insurance coverage but that this does not guarantee payment by the insurance company and I will be responsible for all noncovered charges. I understand that it is my responsibility to determine the coverage limits of my insurance.

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Date: 5/14/14 Time: 15:55

Witness: [signature]

☒ Unable to obtain signature Reason: PT already upon IW

Patient: Unable to Obtain Signature

Patient's Agent or Representative: _____

Relationship: _____

MRN: 1001885381 AMB
5/14/2014 3:55 PM SEX: F
NGUYEN, LOAN THI KIM
7/15/1988 (25 yrs) 244550713
[illegible] A*

SWEDISH
SEATTLE WASHINGTON

Form 00337 Stock Rev 7/1/11 TV

CONDITIONS OF ADMISSION

Scan on 5/15/2014 1009 by Johnson, Novita Y

Scan on 5/19/2014 1246 by Beich, Kathy : COA; 2014/05/14 (below)

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

I, THE UNDERSIGNED, HEREBY CONSENT (AGREE) TO RECEIVE MEDICAL CARE FROM THE PRACTIONER(S) RESPONSIBLE FOR MY DIAGNOSIS AND TREATMENT. I understand that I, or my authorized representative, have the right to decide whether to accept or refuse medical care. I may ask questions about my medical care and make my wishes known to my practitioners and/or staff. I will participate in my care and foster a safe environment for myself, staff, and other patients within Swedish Medical Center (SMC). I understand that my care is under the direction of my attending physicians, who may be independent contractors and not employees or agents of SMC. SMC is not liable for the acts or omissions of such independent contractors. I acknowledge that SMC is a teaching hospital and that teachers, trainees, residents and students may observe or participate in my care. I understand that photographs and video recordings of my treatment may be taken if they may be useful as a component of my treatment.

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IT IS MY RESPONSIBILITY TO PAY MY BILL OR TO MAKE ARRANGEMENTS TO HAVE MY BILL PAID:

Private Pay: As a patient (or a patient's agent), I agree to be financially responsible to SMC for charges not paid by insurance. I understand this amount is due upon billing.

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I HAVE BEEN OFFERED A COPY OF THE NOTICE OF HEALTH INFORMATION PRACTICES AND UNDERSTAND THAT IT IS ALSO AVAILABLE UPON REQUEST. The Notice of Health Information Practices describes how information about me may be used and disclosed and how I can get access to this information. I have a right to receive a paper copy of this notice, available in all patient registration areas. Swedish will not use or disclose health information except as indicated in this notice. This notice describes examples of disclosures for treatment, payment or health operations. It also includes other uses and disclosures and information about special authorizations and my rights.

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Date: 5/14/14 Time: 1600 Patient: [signature]

Witness: [signature] Patient's Agent or Representative:

Relationship:

☐ Unable to obtain signature. Reason:

MRN: 1001885381 DOB
5/14/2014 Sex: F
NGUYEN,LOAN THI KIM
7/15/1988 (25 yrs) 244550713
ADMIT MD: ROGERS, CATHERINE A

HFG 310 SMC 07/11

COA

COA

SWEDISH
SEATTLE, WASHINGTON

CONDITIONS OF ADMISSION

Scan on 5/19/2014 1246 by Beich, Kathy : COA; 2014/05/14

Scan on 5/16/2014 1522 by Vallez, Andrea K (below)

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

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Patient: _____

Date: 5/16/14 Time: 3:14 pm Patient's Agent or Representative: _____

Witness: _____ Relationship: _____

☐ Unable to obtain signature Reason: _____

MRN: 1001885381 AMB
5/16/2014 SEX: F
NGUYEN, LOAN THI KIM
7/15/1988 (25 yrs) 244642542
ADMIT: MD NOOR, NARESH

LEG 310 SMC 07/11
COA
COA

SWEDISH
SEATTLE, WASHINGTON

CONDITIONS OF ADMISSION

Scan on 5/16/2014 1522 by Vallez, Andrea K

Scan on 6/3/2014 1316 by Vallez, Andrea K (below)

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

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Date: 6/3/14 Time: 1:15 pm

Patient: _____

Patient's Agent or Representative: _____

Relationship: _____

Witness: _____

☐ Unable to obtain signature. Reason: _____

MRN: 1001885381 ANE
6/3/2014 SEX: F
NGUYEN,LOAN THI KIM
7/15/1988 (25 yrs) 258698358
ADVIT MD:DICKRY, KIMBERLY JILL

SWEDISH
SEATTLE, WASHINGTON

Form 60087 Stock Rev. 7/10/11 FV

CONDITIONS OF ADMISSION

Scan on 6/3/2014 1316 by Vallez, Andrea K

Scan on 6/7/2014 1210 by Holloway, Candace R (below)

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

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Date: 6/7/14 Time: 12:04 pm

Patient: [signature]

Patient's Agent or Representative:

Witness:

Relationship:

☐ Unable to obtain signature Reason:

MRN: 1001885381 MB
6/7/2014 SEX: F
NGUYEN,LOAN THI KIM
7/15/1988 (25 yrs) 258896928
ADMIT MD: RAY, JEFFREY P

SWEDISH
SEATTLE, WASHINGTON

Form 6087 Stock Rev. 2/13/11 PV

CONDITIONS OF ADMISSION

Scan on 6/7/2014 1210 by Holloway, Candace R (below)

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

Scan on 6/7/2014 1210 by Holloway, Candace R

Scan on 6/9/2014 0655 by Vallez, Andrea K (below)

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

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Radiology Results (continued)

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Financial Assistance: As a part of our strong commitment to ensuring access to medical care, SMC offers financial assistance for medically necessary services in our hospitals. I understand I may still qualify for financial assistance even if I have medical insurance. Eligibility is determined based on federal poverty guidelines, family size, and other criteria. I may apply for potential financial assistance prior to service, at the time of service, or at any point in the billing process up to the resolution of the account. This assistance does not cover services such as care from my doctor, dental care, eyeglasses, lab tests, or prescription drugs. I understand that financial assistance applications are available at any registration area or after I have received a bill from SMC.

I UNDERSTAND THAT IN ADDITION TO MY SMC BILL, I WILL RECEIVE A SEPARATE BILL(S) FROM PHYSICIANS AND/OR CARE PROVIDERS INVOLVED IN MY DIAGNOSIS AND TREATMENT. Because every health insurance plan is different, I understand that SMC is unable to ensure that all physicians and/or care providers are preferred providers under my insurance plan, and that I may be responsible for out-of-network rates.

I HAVE BEEN OFFERED A COPY OF THE NOTICE OF HEALTH INFORMATION PRACTICES AND UNDERSTAND THAT IT IS ALSO AVAILABLE UPON REQUEST. The Notice of Health Information Practices describes how information about me may be used and disclosed and how I can get access to this information. I have a right to receive a paper copy of this notice, available in all patient registration areas. Swedish will not use or disclose health information except as indicated in this notice. This notice describes examples of disclosures for treatment, payment or health operations. It also includes other uses and disclosures and information about special authorizations and my rights.

I have read the above and understand the content. **Changes to this form are not permitted,** and questions about this form will be addressed by appropriate administrative or clinical staff. If I bring any prohibited items or engage in behavior that is not permitted on Swedish property, I may be asked to sign a behavioral agreement. Repeated violations may result in additional restrictions and/or transfer or discharge.

Date: 6/9/14 Time: 6:56 Patient: [signature]

Witness: [signature] Patient's Agent or Representative

Relationship

☐ Unable to obtain signature Reason:

MRN:1001885381 AMB
6/9/2014 SEX: F
NGUYEN,LOAN THI KIM
7/15/1988 (25 yrs) 258921070
ADMIT MD:CASEY, JTILENE

SWEDISH
SEATTLE, WASHINGTON

Form 00587 Stock Rev. 7/19/11 FV

CONDITIONS OF ADMISSION

Scan on 6/9/2014 0655 by Vallez, Andrea K

Scan on 6/18/2014 1400 by Beich, Kathy : Labor Induction; 2014/06/09 (below)

FIRST HILL
747 Broadway
Seattle WA 98122-4307

NGUYEN,LOAN THI KIM
MRN: 1001885381
DOB: 7/15/1988, Sex: F

SWEDISH

Radiology Results (continued)

YOUR LABOR INDUCTION

Labor induction is usually initiated with an induction agent. Our staff will start medication at a standard dose and increase it over time until your contractions are two to three minutes apart. While you are getting medicine, we will check the baby's heart rate and your contractions. The length of labor depends on how dilated your cervix is initially.

If your cervix is already dilated, your practitioner may start your induction by breaking the membranes or using a medication such as oxytocin. If your cervix is closed and not shortened, your practitioner may use other prostaglandin medications. These medications will soften and begin to dilate your cervix which will make the oxytocin more effective when it is initiated. Sometimes, the prostaglandin medications will trigger the onset of your labor.

WHY ARE LABOR INDUCTIONS PERFORMED?

Labor inductions are performed for many reasons. Here are just a few examples.

- A woman is well past her due date.
- A woman is experiencing medical problems that place her or her baby at risk, such as high blood pressure, diabetes, rupture of membranes, etc..
- The baby or babies may be small or the amniotic fluid is too low.

Clearly, some reasons are more urgent than others. It is less common for a labor induction to be initiated only for convenience or discomfort of the mother.

WHAT ARE THE POTENTIAL RISKS AND BENEFITS OF LABOR INDUCTION?

It is always important to consider the cost of risks with the potential benefits of any procedure. The risks include, but are not limited to, the following.

- Labor inductions have a greater risk of cesarean section delivery than labors that start on their own. This is especially important for first time mothers, whose risk of a cesarean section is 2.3 times greater with labor induction compared to spontaneous labor.
- Induction may result in a longer labor and may lead to a higher chance of a vacuum or forceps delivery.
- All medications may have side effects or unintended adverse reactions. For example, it is possible to cause contractions that are too frequent and may affect the baby's heart rate. This is why careful monitoring of your baby's heart rate is necessary during labor induction.

CONSENT FOR INDUCTION OF LABOR

x 6/9/2014 Date 0840 Time

x Indication for Induction: post-dates

I have read the above information, and I've had the chance to ask my practitioner questions. All of my questions have been answered to my satisfaction. I wish to proceed with the induction.

x [signature] Date 6/9/14 Time 0840
Patient Signature

x LOAN NGUYEN
Patient Printed Name

[signature] Date 6/9/14 Time 0840
Practitioner Signature

[signature]
Practitioner Printed Name

Witness Signature Date Time

MRN:1001885381 199
6/9/2014 SEX: F
NGUYEN, LOAN THI KIM
7/15/1988 (25 yrs) 258921070
CASEY, JAILENE

BC 506 05/13

Consent:
Labor Induction

SWEDISH
Portland

Consent for Induction of Labor

Scan on 6/18/2014 1400 by Beich, Kathy : Labor Induction; 2014/06/09

RECEIVED
OCT 13 2016
ALLSTATE INSURANCE

SUPERIOR COURT OF WASHINGTON STATE FOR SNOHOMISH COUNTY

LOAN NGUYEN, Plaintiff(s), vs. MARY HOHENSINNER and "JANE/JOHN DOE" HOHENSINNER, individually and as a married couple, and the marital community composed thereof; and "JOHN DOE" and "JANE/JOHN DOE", individually and as a marital couple, and the marital community composed thereof, Defendant(s).	NO. 16-2-03475-4 **STIPULATION FOR RELEASE OF MEDICAL RECORDS**

COME NOW the parties, by and through their attorneys, and stipulate as follows:

A. Identification of Provider(s): Records, as described below, in the possession of the following persons shall be copied and sent to James Sanderson & Lowers for the attorneys signing this document who want copies:

Community Health Center of Snohomish County Centralized Processing 8609 Evergreen Wy Everett, WA 98208	Swedish Medical Center Centralized Processing 747 Broadway Seattle, WA 98122
Swedish Medical Center - Corporate Business Office 747 Broadway Seattle, WA 98122	

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

B. Identification of Patient:

PATIENT NAME: LOAN NGUYEN
DATE OF BIRTH: July 15, 1988
SOCIAL SECURITY NO.:

C. Nature of Information to Be Disclosed: A complete copy of all health care information of any kind whatsoever, regardless of author, including, but not necessarily limited to, patient history, examination and treatment charts, reports to third persons, mental health/psychiatric disorder treatment records, drug and/or alcohol treatment records, HIV/sexually-transmitted disease treatment records, 42 CFR 2 protected records, itemized billing records that include CPT and ICDA codes, and x-rays, from **May 14, 2009, to present.**

D. Original Records: All original records and original x-rays shall remain with the custodian, copies to be made to comply with this disclosure stipulation. It is agreed that original x-rays may be released to a third-party medical professional at the request of either party without the necessity of another stipulation if the instant stipulation has expired pursuant to paragraph G.

E. Use in Court Proceedings: The copies of records produced hereunder shall be regarded as authenticated as business records without having to produce additional testimony of the custodian. Objection to the admissibility of the records on any other grounds is preserved until trial or other hearing.

F. Expense: Each of the attorneys shall pay for the copies provided to them.

G. Disclosure Authorization and Expiration: The undersigned patient hereby authorizes release of information pursuant to this stipulation and in accordance with RCW 70.02. This authorization shall expire ninety (90) days after the signature date by the undersigned patient, except as specified in paragraph D.

H. Purpose of Authorization – The undersigned patient acknowledges that the purpose of this authorization is for use in litigation.

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

I. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing to my attorney. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____.
If I fail to specify an expiration date, event or condition, this authorization will expire in 90 days.

J. I understand I do not have to sign this authorization in order to obtain health care benefits (treatment, payment or enrollment). I may revoke this authorization in writing. To view the process for revoking this authorization, please read the Privacy Notice to patients posted at the facility where your information is being released. I understand that once the health information I have authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacy laws

K. A copy or facsimile of this stipulation is as valid as the original.

I hereby consent to the above Stipulation

DATE: 10/04/16

Loan Nguyen, Patient

ATTORNEY FOR PLAINTIFF(S):

John J. Meske, WSBA # 17400
1105 Tacoma Ave S
Tacoma, WA 98402-2005
253-383-5346

DO YOU WANT A COPY? Yes___ No X

ATTORNEY FOR DEFENDANT(S):

Sarah Johnson, WSBA # 38339
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

DO YOU WANT A COPY? Yes X__ No__

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

SUPERIOR COURT OF WASHINGTON STATE FOR SNOHOMISH COUNTY

LOAN NGUYEN, Plaintiff(s), vs. MARY HOHENSINNER and "JANE/JOHN DOE" HOHENSINNER, individually and as a married couple, and the marital community composed thereof; and "JOHN DOE" and "JANE/JOHN DOE", individually and as a marital couple, and the marital community composed thereof, Defendant(s).	SUBPOENA FOR PRODUCTION OF DOCUMENTS IN A CIVIL CASE **LOAN NGUYEN** DOB: July 15, 1988 Cause No.: 16-2-03475-4

TO: John J. Meske, Attorney for Plaintiff(s)
1105 Tacoma Ave S, Tacoma, WA 98402-2005

AND TO:

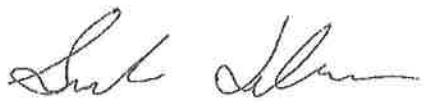
Community Health Center of Snohomish County Centralized Processing 8609 Evergreen Wy Everett, WA 98208	Swedish Medical Center Centralized Processing 747 Broadway Seattle, WA 98122
Swedish Medical Center - Corporate Business Office 747 Broadway Seattle, WA 98122	

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

YOU ARE COMMANDED to produce and permit inspection and copying at the offices of **James, Sanderson & Lowers**, 307 29th Street NE, Suite 101, Puyallup, Washington 98372, at the request of Defendant(s) in the above-entitled cause on or before the 28 day of September, 2016, the following documents or tangible things regarding **Loan Nguyen, DOB: July 15, 1988**:

Entire Medical Records from May 14, 2009, to present
including pre and post accident AND each and every document in patient's chart
All Itemized Billing Statements & CPT Codes
All Films/X-rays/MRIs

Advanced notice was provided pursuant to RCW 70.02.060(1).



Issuing Officer: Sarah Johnson, WSBA #38339
Attorney for Defendant(s)
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

Dated: August 23, 2016

PROOF OF SERVICE

Date Served: September 16, 2016 Puyallup, Washington

Served on: Above-named counsel & facilities by postage prepaid U.S. Mail and/or fax

Served by: Amanda Fleischmann Puyallup, Washington

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the State of Washington that the foregoing information contained in the Proof of Service is true and correct.

Executed on September 16, 2016 Puyallup, Washington

Signature of Server: Amanda Fleischmann

Amanda Fleischmann
James, Sanderson & Lowers
307 29th Street NE, Suite 101

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

Puyallup, Washington 98372
253-445-3400

CR 45, Sections © & (d):

(c) **Protection of Persons Subject to Subpoenas.**

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2)(A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce and all other parties, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3)(A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it:
(i) fails to allow reasonable time for compliance;
(ii) fails to comply with RCW 5.56.010 or subsection (e)(2) of this rule;
(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or
(iv) subjects a person to undue burden, provided that, the court may condition denial of the motion upon a requirement that the subpoenaing party advance the reasonable cost of producing the books, papers, documents, or tangible things.
(B) If a subpoena
(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or
(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party,

the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) **Duties in Responding to Subpoena.**

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

SUPERIOR COURT OF WASHINGTON STATE FOR SNOHOMISH COUNTY

LOAN NGUYEN, Plaintiff(s), vs. MARY HOHENSINNER and "JANE/JOHN DOE" HOHENSINNER, individually and as a married couple, and the marital community composed thereof; and "JOHN DOE" and "JANE/JOHN DOE", individually and as a marital couple, and the marital community composed thereof, Defendant(s).	NOTICE OF INTENT PURSUANT TO RCW 70.02.060 Cause No.: 16-2-03475-4

TO: John J. Meske, Attorney for Plaintiff(s)
1105 Tacoma Ave S, Tacoma, WA 98402-2005

AND TO:

Community Health Center of Snohomish County Centralized Processing 8609 Evergreen Wy Everett, WA 98208	Swedish Medical Center Centralized Processing 747 Broadway Seattle, WA 98122
Swedish Medical Center - Corporate Business Office 747 Broadway Seattle, WA 98122	

Sarah Johnson
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

YOU AND EACH OF YOU please take notice Attorney Sarah Johnson, the attorney(s) for Defendant(s), intends to seek a full and complete set of all records from May 14, 2009, to present of **Loan Nguyen, DOB: July 15, 1988,** from the above facilities and clinics. In order to prevent disclosure of these records, plaintiff's counsel must seek a Protective Order by **September 15, 2016.** If no Protective Order has been received by that date, a subpoena for records will be issued commanding production, inspection, and copying of records.

Sarah Johnson, WSBA #38339
Attorney for Defendant(s)
901 Fifth Ave Ste 2250
Seattle, WA 98164
206-689-4273

Dated: August 23, 2016

PROOF OF SERVICE

Date Served: August 23, 2016 Puyallup, Washington

Served on: Above-named counsel & facilities by postage prepaid U.S. Mail and/or fax

Served by: Amanda Fleischmann Puyallup, Washington

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the State of Washington that the foregoing information contained in the Proof of Service is true and correct.

Executed on August 23, 2016 Puyallup, Washington

Signature of Server:

Amanda Fleischmann
James, Sanderson & Lowers
307 29th Street NE, Suite 101
Puyallup, Washington 98372
253-445-3400