PATIENT/FAMILY EDUCATION

06/01/20
0815
EA

=== PATIENT/FAMILY EDUCATION ===
Information Taught: SAFETY PRECAUTIONS
Instruction Given: INSTRUCTED TO USE CALL LIGHT WHEN IN NEED OF ASSISTANCE
Person Taught: PATIENT
Teaching Tools: VERBAL
Factors Affecting Learning: FATIGUE
Participation Level: ACTIVE
Evaluation: VERBALIZES UNDERSTANDING
Needs Additional Education: N
Educator: Barreto,Elda
Discipline: NURSING

06/02/20
0810
EA

=== PATIENT/FAMILY EDUCATION ===
Information Taught: PROCEDURE EXPLANATION
Instruction Given: INSTRUCTED TO REMAIN NPO AFTER 1000, NO LUNCH FOR SCHEDULED LEXISCAN THIS AFTERNOON.
NO COFFEE
Person Taught: PATIENT
Teaching Tools: VERBAL
Factors Affecting Learning: FATIGUE
Participation Level: ACTIVE
Evaluation: VERBALIZES UNDERSTANDING
Needs Additional Education: N
Educator: Barreto,Elda
Discipline: NURSING

06/03/20
0815
EAM

=== PATIENT/FAMILY EDUCATION ===
Information Taught: SAFETY PRECAUTIONS
Instruction Given: INSTRUCTED ON USE OF CALL LIGHT AND ENCOURAGED TO USE
Person Taught: PATIENT
Teaching Tools: VERBAL
Factors Affecting Learning: NONE
Participation Level: ACTIVE
Evaluation: VERBALIZES UNDERSTANDING
Needs Additional Education: N
Educator: Marin Garcia,Elissa
Discipline: NURSING

Administrative Data

TEMPORARY LOCATION

HOLD TRAY: DATE MEAL RELEASE HT 5 ft 7 in 170.18 cm

** CONTINUED ON NEXT PAGE **

CONDITION VISITORS ALLOWED WT 163 lb 8 oz 74.162 kg
CMT
VISIT REASON CHEST PAIN, HYPOKALEMIA

BMI: 0

Administrative Data

Primary Diagnosis: CHEST PAIN, HYPOKALEMIA
Date of Surgery:
Isolation: STANDARD PROCEDURES
Resistant Organism:
Advance Directive:

Code Status:

Influenza Vaccination: PREVIOUS VACCINATION
Influenza Vaccination Date: 01/09/14
Pneumoccocal Vaccination: VACCINATED
Pneumoccocal Vaccination Date: 06/01/15
Vaccine Comment: NOT QUALIFIED FOR PNEUMOCCOCAL VACCINATION
PT RECIEVED FLU VACCINE

Decision Delegate--See On-line Doc.
Press [SHFT + F8]

Contact Person: KAWAGUCHI,IRMA
Relationship: WI
Home Phone: (909)374-7216
Cell/Pager:
Food Allergies:

Name: KAWAGUCHI,IRMA
Relationship: WIFE
Phone #:

| Occurred Date | Time | by | Author | Recorded Date | Time | by | Notes: All Categories Category |
|---|---|---|---|---|---|---|---|
| 06/01/20 | 0033 | DA | Abacherli,Darin | 06/01/20 | 0039 | DA | ED Nursing Notes |

Abnormal? N Confidential? N

PT BIB AMR AMBULANCE FOR C/O CHEST PAIN THAT STARTED APPROX 1 HR PTA. PER MEDICS PT REPORTED THE CP WOKE HIM UP FROM HIS SLEEPING. MEDICS REPORT THAT PT SELF ADMINISTERED 162MG OF ASA PRIOR TO THEIR ARRIVAL. MEDICS REPORT THEY ALSO GAVE ANOTHER 162 OF ASA ALONG WITH 2 DOSES OF 0.4 SL NITRO AND 4MG OF ZOFRAN FOR NAUSEA. PER MEDICS PT REPORTED A DECREASE IN PAIN AFTER ADMINISTRATION OF THE NITRO. UPON ARRIVAL PT A/O X4. PT COMPLAINS OF 6/10 PRESSURE LIKE CP THAT RADIATES TO HIS L ARM AND SOB. PT DENIES ANY NAUSEA AT THIS TIME. PT LUNG SOUNDS CLEAR TO AUSULTATION. PT DENIES ANY COUGH, FEVER, OR RECENT SICK CONTACTS. PT STATES HE RECENTLY TESTED NEGATIVE FOR COVID-19. PT DENIES THE NEED FOR ANY PAIN MEDICATION STATING "I DON'T LIKE TAKING MEDICATIONS'. PT RESP ARE E/U. NO ACUTE DISTRESS NOTED.

| Note Type | Description |
|---|---|
| No Type | None |

| Occurred Date | Time | by | Author | Recorded Date | Time | by | Category |
|---|---|---|---|---|---|---|---|
| 06/01/20 | 0142 | DA | Abacherli,Darin | 06/01/20 | 0142 | DA | ED Nursing Notes |

Abnormal? N Confidential? N

PT RESTING IN BED WITH EYES CLOSED. PT VITALS ARE STABLE. PT REMAINS TO 2L OF O2 VIA NC. EQUAL CHEST RISE AND FALL OF PTS CHEST NOTED. NO ACUTE DISTRESS NOTED.

| Note Type | Description |
|---|---|

** CONTINUED ON NEXT PAGE **

---

No Type None
06/01/20 0227 DA Abacherli,Darin 06/01/20 0227 DA ED Nursing Notes
Abnormal? N Confidential? N
REPORT GIVEN TO TYRONE RN TO ASSUME CARE OF PT.
Note Type Description

| Occurred | | | | Recorded | | | Notes: All Categories |
|---|---|---|---|---|---|---|---|
| Date | Time | by | Author | Date | Time | by | Category |

06/01/20 0227 DA Abacherli,Darin 06/01/20 0227 DA (continued)

---

No Type None
06/01/20 0310 TBC Clavano,Tyrone B 06/01/20 0311 TBC Nurse Notes
Abnormal? N Confidential? N
RECEIVED FROM ER, TRANSPORTED VIA GUERNEY. AMBULATED WITH SLOW GAIT TO BED FROM HALLWAY. AWAKE AND ALERT, ORIENTED TO NAME, PLACE, TIME AND SITUATION. SPEECH CLEAR AND APPROPRIATE. BUT NOTED PT NEEDED TO PAUSE MIDSENTENCE. LUNG SOUNDS DIMINISHED ON 2LPM OF O2 VIA NC, O2 SAT 99%. SINUS RHYTHM WITH OCCASSIONAL PVCS NOTED. IV TO LEFT HAND, IVF OF NS FROM ER, REGULATED AT 125ML/HR PER ER NURSE. INSTRUCTED ON USE OF CALL LIGHT TO CALL FOR ASSISTANCE, PLACED WITHIN EASY REACH.
Note Type Description

---

No Type None
06/01/20 0650 TBC Clavano,Tyrone B 06/01/20 0651 TBC Nurse Notes
Abnormal? N Confidential? N
eyes closed, easily awakened. breathing even and unlabored on 2lpm of o2 via nc. sinus rhythm, no pvcs noted at this time, hr 69/min. call light within easy reach. hob elevated 30 deg.
Note Type Description

---

No Type None
06/01/20 0711 TBC Clavano,Tyrone B 06/01/20 0711 TBC Nurse Notes
Abnormal? N Confidential? N
AMBULATED TO RESTROOM, IN NO ACUTE DISTRESS DURING SHIFT. ENDORSED TO NURSE ELDA
Note Type Description

---

No Type None
06/01/20 0815 EA Barreto,Elda 06/01/20 1052 EA Nurse Notes
Abnormal? N Confidential? N
RECEIVE PT IN BED A/A/OX4 DENIES HA. RESP EVEN AND UNLABORED WITH DIMINISHED BS BILAT. DENIES ANY SOB/CP/PRESSURE AT THIS TIME. NSR WITH PVCS, ON TELE. NO FURTHER CHEST DISCOMFORT REPORTED. NO EDEMA NOTED. ABD SOFT, NONTENDER WTIH ACTIVE BS X4. VOIDING FREELY. PT AMBULATING REPORTS MILD WEAKNESS. CALL LIGHT IN REACH NEEDS ATTENDED TO.
Note Type Description

---

No Type None
06/01/20 1255 EA Barreto,Elda 06/01/20 1310 EA Nurse Notes
Abnormal? N Confidential? N
PT RESTING WITH EYES CLOSED, HR IN 70S. LUNCH TRAY MOVED CLOSER TO PT. CALL LIGHT IN REACH NEEDS ATTENDED TO.
Note Type Description

---

No Type None
06/01/20 1433 MO Owiecki,Myriam 06/01/20 1434 MO Multidisciplinary Notes
Abnormal? N Confidential? N
ECHOCARDIOGRAM DONE
Note Type Description

** CONTINUED ON NEXT PAGE **

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No Type None
06/01/20 1530 EA Barreto,Elda 06/01/20 1654 EA Nurse Notes
Abnormal? N Confidential? N
DR. CHOU IN TO EVAL PT. UPDATED ON PT'S CONDITION. MADE AWARE NO C/O CP DURING

| Occurred | | | | Recorded | | | Notes: All Categories |
|---|---|---|---|---|---|---|---|
| Date | Time | by | Author | Date | Time | by | Category |

06/01/20 1530 EA Barreto,Elda 06/01/20 1654 EA (continued)
THE SHIFT. AWAITING FURTHER ORDERS.
Note Type Description

---

No Type None
06/01/20 1600 EA Barreto,Elda 06/01/20 1653 EA Nurse Notes
Abnormal? N Confidential? N
PT'S PCP DR. GHALY HAD CALLED AND LEFT A MESSAGE TO RETURN CALL. SPOKE WITH PT MADE AWARE MD HAD CALLED. PT GAVE VERBAL CONSENT TO SPEAK WITH MD AND GIVE ALL MEDICAL INFORMATION REQUESTED. DR. GHALY CALLED BACK AT 818-314-4692. UPDATED ON PT'S CONDITION AS REQUESTED. MD REQUESTED TO SPEAK WITH PT, CALL TRANSFER TO PT'S ROOM AND PT WAS ALLOWED TO SPEAK WITH PCP.
PT THEN STATED THAT HE GAVE PERMISION FOR CARDIOLOGIST OR ATTENDING TO SPEAK WITH PCP IF NEEDED. WILL CONT TO MONITOR.
Note Type Description

---

No Type None
06/01/20 1654 EA Barreto,Elda 06/01/20 1655 EA Nurse Notes
Abnormal? N Confidential? N
SPOKE WITH PT STATED HE WAS AWARE OF LEXISCAN SCHEDULED FOR TOMORROW AFTERNOON. MADE AWARE HE WILL NEED TO BE NPO AFTER LUNCH TIME TOMORROW.
Note Type Description

---

No Type None
06/01/20 1811 EA Barreto,Elda 06/01/20 1812 EA Nurse Notes
Abnormal? N Confidential? N
PT RESTING AT THIS TIME. DENIES ANY DISCOMFORT. CALL LIGTH IN REACH NEEDS ATTENDED TO.
Note Type Description

---

No Type None
06/01/20 1938 SLD Chesterfield,Sonia L 06/01/20 1944 SLD Nurse Notes
Abnormal? N Confidential? N
PT. AWAKE, ALERT, ORIENTED X4. DENIES HEADACHE OR DIZZINESS. BREATH SOUNDS CLEAR THROUGHOUT LUNG FIELDS, RESP. EVEN, UNLABORED. BIL DIMINISHED. NO SOB NOTED. PT. CURRENTLY ON RA. USES N/C AD LIB. NSR W/ PVC'S ON MONITOR. DENIES CHESTPAIN OR DISCOMFORT. PEDAL PULSES MODERATE BLE. NO EDEMA NOTED. ABD. SOFT AND ROUND, BOWEL SOUNDS ACTIVE. DENIES ABD. PAIN, DENIES NAUSEA.
IVF INFUSING WELL, SITE INTACT. CALL LIGHT WITHIN REACH.

---

Addendum: 06/01/20 at 2305 by SLD Chesterfield,Sonia L RN

LATE ENTRY:
PER DAY SHIFT NURSE, OKAY TO RELAY INFORMATION REGARDING THE PATIENT, TO HIS PRIMARY DOCTOR, DR. GHALY. SPOKE WITH PATIENT AND HE CONFIRMED THAT IT IS OKAY TO SPEAK WITH HIS PCP.
Note Type Description

---

No Type None
06/01/20 2217 SLD Chesterfield,Sonia L 06/02/20 0053 SLD Nurse Notes
Abnormal? N Confidential? N

** CONTINUED ON NEXT PAGE **

PT. RECEIVED PHONE CALL FROM FAMILY MEMBER IDENTIFIED AS DAUGHTER. PT. MADE AWARE THAT HIS WIFE HAD PASSED AWAY. I SPOKE WITH PATIENT REGARDING HIS FEELINGS. PT. STATED THAT HE ACCEPTS WHAT HAS OCCURED EVEN THOUGH HE IS SADDENED. PT. DENIES NEED FOR ANY INTERVENTION, MEDICINE, AT THIS TIME. PT. MADE AWARE THAT MYSELF AND STAFF ARE AVAILABLE FOR HIS TIME OF NEED.

```
   Occurred                                 Recorded                  Notes: All Categories
Date      Time by  Author                Date     Time by                          Category

06/01/20 2217 SLD  Chesterfield,Sonia L 06/02/20 0053 SLD                      (continued)
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 0240 SLD  Chesterfield,Sonia L 06/02/20 0241 SLD                      Nurse Notes
    Abnormal? N   Confidential? N
      PT. RESTING QUIETLY. NO C/O CHESTPAIN THUS FAR. SR ON MONITOR, CALL LIGHT
      WITHIN REACH.
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 0618 SLD  Chesterfield,Sonia L 06/02/20 0625 SLD                      Nurse Notes
    Abnormal? N   Confidential? N
      PT. STILL DOZING. NO C/O CHESTPAIN THROUGHOUT NIGHT. EASY TO WAKE. SR/SB ON
      MONITOR. IV SITE INTACT. CALL LIGHT WITHIN REACH. WILL ENDORSE PT. CARE TO
      INCOMING NURSE.
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 0658 SLD  Chesterfield,Sonia L 06/02/20 0659 SLD                      Nurse Notes
    Abnormal? N   Confidential? N
      SPOKE WITH MICHAEL IN DIETARY, NOTIFIED HIM THAT PT. IS TO HAVE LEXISCAN LATER
      TODAY. NO CAFFEINE ON BREAKFAST AND LUNCH TRAY.
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 0810  EA  Barreto,Elda         06/02/20 1113  EA                      Nurse Notes
    Abnormal? N   Confidential? N
      RECEIVED PT IN BED A/A/OX4 DENIES HA. RESP EVEN AND UNLABORED WITH DIMINISHED
      BS TO BILAT BASES. ON RA. DENIES ANY FURTHER EPISODES OF CP/PRESSURE. -TROP,
      SCHEDULED FOR LEXISCAN THIS AFTERNOON REMINDED TO BE NPO AFTER BREAKFAST. NO
      EDEMA NOTED. ABD SOFT, NONTENDER WITH ACTIVE BSX4. DENIES ANY N/V. VOIDING
      FREELY. CALL LIGHT IN REACH NEEDS ATTENDED TO.
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 0910  EA  Barreto,Elda         06/02/20 1146  EA                      Nurse Notes
    Abnormal? N   Confidential? N
      AM MEDS GIVEN PT NOTED TEARFUL PER REPORT PT HAD A DEATH IN FAMILY. PT
      INQUIRED ABOUT PSYCH EVAL. MADE AWARE CONSULT HAD BEEN MADE AWAITING MD TO
      ROUND. OFFERED CONDOLANCES AND EMOTIONAL SUPPORT. PT PROVIDED WITH TISSUES.
      CALL LIGTH IN REACH NEEDS ATTENDED TO.
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 1240  EA  Barreto,Elda         06/02/20 1302  EA                      Nurse Notes
    Abnormal? N   Confidential? N
      PT RESTING AT THIS TIME WITH EYES CLOSED. NPO SIGNED POSTED AND NO LUNCH
      PROVIDED IN PREPARATION FOR LEXISCAN. CALL LIGHT IN REACH NEEDS ATTENDED TO.
      Note Type           Description
      ------------------------------------------------------------------------------
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    No Type             None
06/02/20 1442  EA  Barreto,Elda          06/02/20 1443  EA                      Nurse Notes
    Abnormal?  N   Confidential?  N
      PT RESTING AT THIS TIME COMFORTABLY AWAITING FOR NUCLEAR MED TECH TO PICK HIM
      FOR LEXISCAN. DENIES ANY DISCOMFORT. CALL LIGHT IN REACH NEEDS ATTENDED TO.

   Occurred                                    Recorded                      Notes: All Categories
Date      Time by  Author                   Date     Time by                              Category

06/02/20 1442  EA  Barreto,Elda          06/02/20 1443  EA                      (continued)
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 1453  EA  Barreto,Elda          06/02/20 1453  EA                      Nurse Notes
    Abnormal?  N   Confidential?  N
      NUCLEAR MED TECH AT STATION PICKING UP FOR LEXISCAN. IV SL. PT LEFT FLOOR VIA
      WC FREE OF ANY APPARENT DISTRESS. MONITOR TECH NOTIFIED PT WILL BE LEAVING THE
      FLOOR.
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 1713  EA  Barreto,Elda          06/02/20 1715  EA                      Nurse Notes
    Abnormal?  N   Confidential?  N
      PT BACK FROM NUCLEAR MED S/P LEXISCAN. MADE AWARE THAT DR. IDREES HAD BEEN
      HERE WHILE HE WAS DOWN STAIRS BUT SINCE HIS EXAM WAS DELAYED DR. IDREES HAD
      LEFT TO F/U TOMORROW.  IVF RESUMED.  DR. CHOU CALLED AND OBTAINED ORDER TO
      RESUME DIET FOR DINNER. CALL LIGHT IN REACH NEEDS ATTENDED TO.
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 1800  EA  Barreto,Elda          06/02/20 1807  EA                      Nurse Notes
    Abnormal?  N   Confidential?  N
      DR. CHOU AT THE STATION MADE AWARE PT'S LEXI WAS NEGATIVE. PT HAD STATED HE
      WANTED TO SPEAK WITH MD. DR. CHOU MADE AWARE STATED HE WOUL DSTOP BY THE ROOM
      BEFORE LEAVING. NOTED ORDER TO D/C TELE TRANSFER TO MED-SURG SERVICES. TELE
      D/C'D AT THIS TIME. CALL LIGHT IN REACH NEEDS ATTENDED TO.
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 1830  EA  Barreto,Elda          06/02/20 1939  EA                      Nurse Notes
    Abnormal?  N   Confidential?  N
      PT RESTING AT THIS TIME. DENIES ANY DISCOMFORT, DID NOT WANT TO EAT DINNER.
      AWAITING DR. CHOU TO COME BACK TO SPEAK WITH HIM.
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 2011 SLD  Chesterfield,Sonia L 06/02/20 2015 SLD                      Nurse Notes
    Abnormal?  N   Confidential?  N
      PT. AWAKE, ALERT, ORIENTED X4. DENIES HEADACHE OR DIZZINESS. BREATH SOUNDS
      CLEAR THROUGHOUT LUNG FIELDS, RESP. EVEN, UNLABORED. NO SOB NOTED. PT. ON RA.
      DENIES CHESTPAIN OR DISCOMFORT. NO EDEMA TO EXTREMITIES. PEDAL PULSES STRONG.
      ABD. SOFT AND ROUND, BOWEL SOUNDS ACTIVE. DENIES NAUSEA, DENIES ABD. PAIN. IVF
      INFUSING WELL, SITE INTACT.
      PT. SPEAKING TO PCP. PT.'S PCP NEEDED TO SPEAK WITH DR. CHOU. DR. CHOU'S
      NUMBER FOR THE OFFICE GIVEN TO THE PATIENTS PCP AND TO THE PATIENT.
      CALL LIGHT WITHIN REACH.
      Note Type           Description
      ------------------------------------------------------------------------------
      No Type             None
06/02/20 2313 SLD  Chesterfield,Sonia L 06/02/20 2314 SLD                      Nurse Notes
```

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Abnormal? N Confidential? N
PT. RESTING QUEITLY. EYES CLOSED AND APPEARS TO BE SLEEPING. CALL LIGHT REMAINS WITHIN REACH.
Note Type Description

---

Occurred | | | | Recorded | | | Notes: All Categories
Date Time by Author Date Time by Category

06/02/20 2313 SLD Chesterfield,Sonia L 06/02/20 2314 SLD (continued)
No Type None
06/03/20 0149 SLD Chesterfield,Sonia L 06/03/20 0149 SLD Nurse Notes
Abnormal? N Confidential? N
PT. SLEEPING. NO C/O PAIN THUS FAR. IVF INFUSING WELL, SITE REMAINS INTACT. CALL LIGHT WITHIN REACH.
Note Type Description

---

No Type None
06/03/20 0549 SLD Chesterfield,Sonia L 06/03/20 0553 SLD Nurse Notes
Abnormal? N Confidential? N
PT. AWKE, SITTING UP IN BED. NO C/O CHESTPAIN THROUGHOUT NIGHT. IVF NS INFUSING WELL, SITE INTACT. CALL LIGHT WITHIN REACH. WILL ENDORSE PT. CARE TO INCOMING NURSE.
Note Type Description

---

No Type None
06/03/20 0730 EAM Marin Garcia,Elissa 06/03/20 0756 EAM Nurse Notes
Abnormal? N Confidential? N
RECIEVED PT FROM PM NURSE. PT IN BED RESTING. PT AWARE OF CHANGE OF SHIFT. PT IN NO ACUTE DISTRESS. CALL LIGHT IN REACH, WILL FOLLOW UP WITH AM ASSESSMENT.
Note Type Description

---

No Type None
06/03/20 1930 JS Sandoval,Jackeline 06/03/20 2041 JS Nurse Notes
Abnormal? N Confidential? N
RECEIVED PT FROM DAY SHIFT RN. PATIENT AAOX4, DENIES HA/DIZZINESS. BREATHING EVEN AND UNLABORED ON RA WITH NO SOB NOTED. DENIES CHEST PAIN/PRESSURE. PALPABLE PULSES, NO EDEMA. IV LH PATENT, INFUSING WELL NO SIGNS OF INFILTRATION. AMBULATORY. ACTIVE BOWEL SOUNDS. CALL BUTTON WITHIN REACH. SAFETY PRECAUTIONS IN PLACE. DR IDREES AT BEDSIDE.
Note Type Description

---

No Type None
06/03/20 2108 JS Sandoval,Jackeline 06/03/20 2113 JS Nurse Notes
Abnormal? N Confidential? N
PATIENT DISCHARGE AT THIS TIME. ALL QUESTIONS AND CONCERNS ADDRESSED. PATIENT MADE AWARE HE HAS NEW MEDICATIONS AT HIS PHARMACY TO PICK UP AND FOLLOW UP APPOINTMENT. PATIENT IN NO SIGNS OF DISTRESS. VS STABLE BP 157/82 HR 64, 94% ON RA, AFEBRILE. PATIENT DENIES ANY PAIN. NO ACUTE DISTRESS. PATIENT LEFT UNIT VIA W/C ACCOMPANY BY CNA. ALL BELONGING WITH PATIENT.
Note Type Description

---

No Type None

| Monogram | Initials | Name | Nurse Type |
|---|---|---|---|
| DA | EDAD | Abacherli,Darin | RN |
| EA | NURAE1 | Barreto,Elda | RN |
| EAM | NURMEA | Marin Garcia,Elissa | RN |
| JS | NURSJ6 | Sandoval,Jackeline | RN |

** CONTINUED ON NEXT PAGE **

| | | | |
|---|---|---|---|
| MO | CAOM | Owiecki,Myriam | RT |
| SLD | NURDSL | Chesterfield,Sonia L | RN |
| TBC | NURCTB | Clavano,Tyrone B | RN |

** CONTINUED ON NEXT PAGE **

** END OF REPORT **

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```
 Problem/Expected Outcome/Intervention Description
                                                         Sts  Directions                  From
    Activity      Occurred           Recorded                    Documented
    Type        Date      Time  by  Date      Time  by  Comment       Units           Change


 Activity Date: 06/01/20        Time: 0157

975050        Inventory Personal Belongings +         A   ADM.TX.DC                   AS
              ON ADMISSION & TRANSFER. PRINT OUT &
              HAVE PATIENT SIGN COPY.
- Create        06/01/20 0157  DA  06/01/20 0157  DA
- Document      06/01/20 0157  DA  06/01/20 0157  DA
Inventory Date: 06/01/20   Inventory Time: 0157 Performed By: Abacherli,Darin
Reason For Inventory: ADMISSION (ED STAFF)

                -N Contacts         -Y Glasses     Disposition: BELONGINGS KEPT BY PT

                -N Full Dentures                   Disposition:
                -N Partial Upper    -N Lower       Disposition:
                -N Hearing Aid                     Disposition:

Any Belongings Sent To Hospital Safe: N          Any Belongings Sent Home With Family: N
```

NOTE: Chino Valley Medical Center will only be responsible for items logged at the time of admission. Should Dentures, Hearing Aids, Eye Glasses be brought to the patient after admission, they must be logged with the Primary Nurse or Charge Nurse. Chino Valley Medical Center will not be responsible for any item not logged on the Belongings Form.

<< RELEASE OF LIABILITY OF VALUABLES KEPT WITH PATIENT >>
By Signing Below I Indicate I Have Been Advised To Send My Valuables Home With Family/ Friends, And Have Been Given The Opportunity To Have My Valuables Locked Up.

If I Refuse To Have My Valuables Locked Up Or Sent Home With Family Or Friends, I Release Chino Valley Medical Center From Any Liability For Lost Valuables.

PATIENT:________________________________________ Date:____________________

WITNESS:________________________________________

By Signing Below I Indicate I Have All My Belongings At The Time Of Discharge.

PATIENT:________________________________________ Date:____________________

WITNESS:________________________________________

```
 Activity Date: 06/01/20        Time: 0200

1000032       Bilateral Lower Extremity SCD           A                               OE
- Create        06/01/20 0200  ZC  06/01/20 0200  ZC
150000        Vital Signs                             A                               OE
- Create        06/01/20 0200  ZC  06/01/20 0200  ZC

 Activity Date: 06/01/20        Time: 0251
```

** CONTINUED ON NEXT PAGE **

```
1000-B        ADMISSION/TRANSFER: Quick Start Form +   A   ON ADMISSION/TRANS          AS
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
- Document      06/01/20 0251 TBC  06/01/20 0251 TBC
  Patient Type: MED/SURG/TELE                  New Admit: Y

 Problem/Expected Outcome/Intervention Description
                                                            Sts  Directions                From
   Activity       Occurred          Recorded                        Documented
   Type         Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/01/20        Time: 0251  (continued)

1000-B        ADMISSION/TRANSFER: Quick Start Form + (continued)
   Patient Age: 74     Admit Order Present on Admission: Y
Problem: Developmental Age 66+ (OLDER ADULT)            A
         Based on Erickson's eight stages of
         development.
            --Development Need:
             - Feel good about how life was
               lived.
             - Reminisce.
-   Create      06/01/20 0251 TBC  06/01/20 0251 TBC
Expected Outcome: Patient will be able to make informed A   06/04/20
                  about health care.
-   Create      06/01/20 0251 TBC  06/01/20 0251 TBC
1001034       Age Guidelines: 66+ (OLDER ADULT)        A   VIEW PROTOCOL/DI QS         CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
Problem: CVMC STANDARD OF CARE                          A
           See Standard of Care Profile
-   Create      06/01/20 0251 TBC  06/01/20 0251 TBC
Expected Outcome: All Patients Will Receive The FollowingA   06/04/20
-   Create      06/01/20 0251 TBC  06/01/20 0251 TBC
1000461       Pneumococcal Vaccine Assessment          A   ON ADMISSION                CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
1000466       Influenza Vaccine Assessment             A   ON ADM-OCT TO MARCH         CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
1000481       Multidisciplinary Pt Care Team Notes     A   WHEN APPLICABLE             CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
1001          Agency Documentation +                   A   WHEN APPLICABLE             CP
              ALL REGISTRY PERSONNEL MUST DOCUMENT
              THIS INTERVENTION ONCE PER SHIFT.
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
1041          Smoking Cessation                        A   ON ADMISSION                CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
- Document      06/01/20 0251 TBC  06/01/20 0251 TBC
                                   ----Smoking Cessation Assessment----

                                   Smoking Cessation: FORMER SMOKER

       Have you smoked in the last 12 months:  N

                  Do you dip or chew tobacco:  N

   Approximately how many cigarettes per day:
                                               20 Cigarettes = 1 Pack

                         Level of Dependence:
```

** CONTINUED ON NEXT PAGE **

```
If you are a Former Smoker, when did you quit: 40 YEARS AGO

   Patient requests Smoking Cessation Consult: N

   Initiate information on Smoking Cessation:    Initiate Smoking Education Date:

 Problem/Expected Outcome/Intervention Description
                                                             Sts  Directions                From
   Activity       Occurred          Recorded                          Documented
   Type         Date      Time  by  Date      Time  by  Comment        Units           Change


 Activity Date: 06/01/20        Time: 0251

1060          Sepsis Screening +                             A   QSHIFT                     CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
- Document      06/01/20 0251 TBC  06/01/20 0252 TBC
===ADULT SEPSIS SCREENING=== Date/Time of Initial Screening   Date: 06/01/20 Time: 0251

1. (1 YES Qualifies)
     Recent Procedure: N
   Antibiotic Therapy: N

2. Systemic Inflammatory Response Syndrome-SIRS (2 YES Qualifies)
   Temp <36 C (96.8 F) or >38.3 C (100.9 F): N
                      Respiratory Rate > 20: N
                            Heart Rate > 90: N

3. Organ Dysfunction (1 YES Qualifies)
           SBP <90 or MAP <65 mmHG: N
   New Acute Mental Status Changes: N
     Patient on CPAP,BIPAP,or VENT: N
 === If all 3 sections are YES and MAP < 65 mmHG, need fluids at 30 ml/kg ====

   YES to ALL 3 Sections, Notify DR ASAP and Document Phys Name/Time Notified.
 ALL 3 Sections are YES: N   Name of Physician Reported To:
Time Physician Notified:                        Handoff To:
1070          Shift Reassessment +                           A   QS & Q4H IN ICU            CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
15000         Care Plan: RN Review +                         A   Q12H                       CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
150010        Weight +                                       A                              CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
1501          I&O: Monitor                                   A   AS NEEDED                  CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
20010         VS: Monitor +                                  A   AS ORDERED                 CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
22300         IV/Invasive Lines: Insert/Remove +             A   INS/REMOVAL/CONVERT        CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
31320         Pain: Management Of +                          A   AS NEEDED                  CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
40250         Position Change +                              A   Q2H AS NEEDED              CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
60010         Notify: MD +                                   A   WHEN NECESSARY             CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
7007777       Critical Result Reporting                      A   AS NEEDED                  CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
80010         Education: Patient/Family Teaching +           A   QS BY CAREGIVER            CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
9990004       Daily Chart Check                              A   0600 & 1800                CP
```

** CONTINUED ON NEXT PAGE **

```
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
Problem: STANDARD OF PRACTICE M/S/TELE                  A
         See Standard of Care Profile
-   Create      06/01/20 0251 TBC  06/01/20 0251 TBC


 Problem/Expected Outcome/Intervention Description
                                                      Sts  Directions                    From
   Activity       Occurred         Recorded                   Documented
   Type         Date     Time  by  Date     Time  by  Comment      Units          Change


 Activity Date: 06/01/20        Time: 0251

Expected Outcome: PRACTICE GUIDELINES                   A   06/04/20
-   Create      06/01/20 0251 TBC  06/01/20 0251 TBC
21090         Routine Care: MED/SURG/TELE +            A   .END OF SHIFT/TX             CP
              VIEW PROTOCOL
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
Expected Outcome: All Patients will receive the followingA
-   Create      06/01/20 0251 TBC  06/01/20 0251 TBC
200001        Vital Signs: MST Monitor                 A                                CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
21401         Nutrition Flowsheet                      A   AFTER MEALS & PRN            CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC
21402         Activity/ADL/Hygiene Flowsheet           A   QS & PRN                     CP
- Create        06/01/20 0251 TBC  06/01/20 0251 TBC

 Activity Date: 06/01/20        Time: 0252

1005-H        ADM: ADULT Admission History +           A   ON ADMISSION                 AS
- Create        06/01/20 0252 TBC  06/01/20 0257 TBC
- Document      06/01/20 0252 TBC  06/01/20 0257 TBC
=== HISTORY OBTAINED ===                                      Date: 06/01/20   Time: 0252
                                       Signature: Clavano,Tyrone B
=== ARRIVAL INFORMATION ===
    Time of Arrival: 0252                        Mode of Arrival: GUERNEY
       Arrived From: EMERGENCY DEPT              Accompanied By:  NURSE

=== SOURCE OF INFORMATION ===
  Patient:   Other (name/relationship):
  Chief Complaint: CHEST PAIN, SHORTNESS OF BREATH
Primary Diagnosis: CHEST PAIN, HYPOKALEMIA

=== VITAL SIGNS ===
 Temperature/F: 96.5                   Temp Source: TEMPORAL ARTERY
         Pulse: 66                    Pulse Source: AUTOMATIC, NONINVASIVE
  Respirations: 17              Respiration Source: OBSERVED
Blood Pressure: 110/74    MAP (mm Hg): 86   BP Source: AUTOMATIC
          Site: RIGHT UPPER ARM
O2 in use: Y Liter Flow/FIO2: 2    Pulse Oximetry: Y SpO2%: 99  Probe Location: HAND RT


=== ADMISSION HEIGHT/WEIGHT/ALLERGIES ===
    Height - Feet: 5     In: 7      OR     Cm: 170.2
      Weight - Lb: 163   Oz: 8      OR     Kg: 74.16
                             Weight Source: BEDSCALE

=== PAIN HISTORY ===
C/O Pain: Y *** Chest Pain to be Documented on Cardiac Problem ***
```

** CONTINUED ON NEXT PAGE **

```
     When Pain is Present:
            Pain Location: CHEST
               Pain Scale: 2/10
        Describe the Pain: SHARP
                    Onset: ACUTE

 Problem/Expected Outcome/Intervention Description
                                                              Sts  Directions                From
   Activity       Occurred          Recorded                          Documented
   Type         Date      Time  by  Date      Time  by  Comment       Units           Change


 Activity Date: 06/01/20        Time: 0252  (continued)

1005-H        ADM: ADULT Admission History + (continued)
  What Increases the Pain: NOTHING                         :
   What Relieves the Pain: MEDICATION                      :
        Pain Control Goal: 2/10
                  Comment: STATED HAVING MILD PAIN MORE EPIGASTRIC IN NATURE
                         :



=== PREFERENCES ===
Beliefs Affecting Care:

=== CONTACT INFORMATION ===
    Contact Person: KAWAGUCHI,IRMA                         Relationship: WI
        Home Phone: (909)374-7216    Work Phone:                      Cell/Pager:
Add'l Contact Information:

===PATIENT HISTORY===
Pneumoccocal Vaccination: VACCINATED                    Pneumoccocal Vaccination Date: 06/01/15
   Influenza Vaccination:                                  Influenza Vaccination Date:
         Vaccine Comment:


Smoking Cessation:        FORMER SMOKER




=== INFECTION RISK SCREEN ===
Admitted from a Skilled Nursing Facility: 0 NO
                               PEG Tube: 0 NO
                           Tracheostomy: 0 NO                                 Total Score: 0
                           Central Line: 0 NO                                ~
        Hospitalized in the Last 30 Days: 0 NO                               =Infection Risk=
     Decubitus Ulcer/Open Surgical Wound: 0 NO                                         Low: Y
        History of TB, HIV, or Hepatitis: 0 NO                             Moderate (1-2):
                  History of MRSA or VRE: 0 NO                                  High (3+):

=== INITIAL DC PLAN ===
          Information provided by Patient/Family: PATIENT
                                          Other:
   Interpreter Needed: N     Name of Interpreter:
        Reason for admission and medical history: HYPERTENSION.
                                                  CHOLECYSTECTOMY, MIGRAINE
                                                  HEADACHE
```

** CONTINUED ON NEXT PAGE **

Preferred Language: ENGLISH
Religious Beliefs: CH

Patient's reported literacy level: PHYSICIAN

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0252 (continued)

1005-H ADM: ADULT Admission History + (continued)

Vision/Hearing/Physical Limitations: N If Yes:

Current Living Arrangement: HOME
Lives with: WIFE
Name: SEE FACESHEET
Phone: SEE FACESHEET

=== PATIENT PREFERENCES FOR CARE AND DISCHARGE ===
Per the patient or family: who is the patient's CARE PARTNER - i.e. the person who is most involved in the patient's daily routines and/or assistance with healthcare concerns?
If other than the person named on the facesheet: Name/Phone#: SEE FACESHEET

Per patient (or family if pt is unable to provide info): what is his/her goal (in patient's own words) for treatment and discharge: NO CHEST PAIN

Per patient (or family): patient has the following resources available or in place:
(Check all that apply)
Caregiver or support person (may include family) who assists pt if needed: Y
Home Health: Transportation: Hospice: Mental Health Services:
DME: Other:

=== ONGOING CARE NEEDS/ANTICIPATED RISKS AT DISCHARGE ===
If YES to any of the factors below, the patient may be considered for (HIGH RISK) discharge planning follow-up and/or social service consult. A score of (3) or HIGHER will require additional discharge planning - refer to CASE MANAGEMENT/SOCIAL SERVICES. The higher the total score the higher the likelihood for failure and/or return to the hospital.

Hospitalized in last 30 days or 1 ER visit in last 6 months: 0 NO
Cognitive deficits requiring supervision/assist with ADLS: 0 NO
Disease/injury which impacts ability to perform ADLS: 0 NO
Limited/no support system if needed for assistance: 0 NO
Resident of Board/Care, Assisted Living, or SNF: 0 NO
Difficulty accessing medical care,medication,transportation: 0 NO
Limited means to access food/housing or homeless: 0 NO
History of substance abuse and/or mental health issues: 0 NO
Terminal or life threatening illness: 0 NO
Total Score: 0

=== ANTICIPATED DISCHARGE PLAN ===
New needs/concerns identified: Y

** CONTINUED ON NEXT PAGE **

When medically stable, the patient can return to prior living arrangements
as follows: CHEST PAIN

Pt is HIGH RISK for failure: N

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0252 (continued)

1005-H ADM: ADULT Admission History + (continued)
Per the above indicated factors and/or as determined by the physician and will need
additional discharge planning prior to discharge. Case Mgt/Social Services notified.
If Case Mgt/Social Services not available, House Supervisor notified for assistance.

=== FAMILY NOTIFICATION ===
Has family been notified of hospitalization: Y
Would you like your family to be notified:
Comment:

=== PHYSICIAN NOTIFICATION ===
Would you like your primary physician to be notified of your hospital admission:
Physician Name:

=== HOMELESS SCREENING === (SHIFT + F8 at each question for more information)
Do you have a fixed and regular nighttime residence: Y
Do you reside in temporary living or sleeping accommodation:
Is your nighttime residence a SHELTER (public or private):

=== GENDER IDENTITY ===
Do you think of yourself as: STRAIGHT OR HETEROSEXUAL
Describe other sexual orientation:

What is your current gender identity: IDENTIFIES AS MALE (Select all that apply)

Describe other gender identity:

=== TRAVEL HISTORY === (SHIFT + F8 at each question for more information)

Travel outside of the country in the last 30 days: N
Details of travel outside US:

Where:

When:

Fever: N
Respiratory Symptoms: N
Traveled from affected geographical area within 14 days: N
Fever with severe lower respiratory illness: N
Close contact with confirmed case of COVID-19: N
COVID-19 testing of patient, or close contact: NO
Who/Relation:

** CONTINUED ON NEXT PAGE **

When: Results:
Travel to an Ebola outbreak location within past 21 days: N

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0252

| 7000105 | ADM: Suicide Severity Rating Scale | | | | | | A | ON ADMISSION & PRN | AS |
|---|---|---|---|---|---|---|---|---|---|
| - Create | 06/01/20 | 0252 | TBC | 06/01/20 | 0252 | TBC | | | |
| - Document | 06/01/20 | 0252 | TBC | 06/01/20 | 0252 | TBC | | | |

Section 1: PATIENT SCREENING

1) WISH TO BE DEAD:
In the past month, have you wished you were dead or wished you could go to sleep and not wake up: N
** If NO, screening is negative, no further screening required.
** If YES, initiate Behavioral Health Referral at discharge.

2) SUICIDAL THOUGHTS:
In the past month, have you had any actual thoughts of killing yourself:
** If NO, go directly to question 6.
** If YES, complete ALL assessment questions and initiate Behavioral Health Referral at discharge AND strategies per assessment below.

Section 2: PATIENT RISK ASSESSMENT

3) SUICIDAL THOUGHTS WITH METHOD (WITHOUT SPECIFIC PLAN OR INTENT TO ACT):
In the past month, have you been thinking about how you might do this:
** If YES, initiate Behavioral Health Consult and Patient Safety Precautions. (Environmental Room Safety Checklist, every 15 minute Check/Observation Record, and Line of Sight Observation)

4) SUICIDAL INTENT (WITHOUT SPECIFIC PLAN):
In the past month, have you had these thoughts and had some intention of acting on them:
** If YES, initiate Psychiatric Consultation and Patient Safety Precautions. (Environmental Room Safety Checklist, every 15 minute Check/Observation Record, and 1:1 Observation)

5) SUICIDAL INTENT (WITH SPECIFIC PLAN):
In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan:
** If YES, initiate Psychiatric Consultation and Patient Safety Precautions. (Environmental Room Safety Checklist, every 15 minute Check/Observation Record, and 1:1 Observation)

6) SUICIDE BEHAVIOR QUESTIONS (A and B):
A) In your LIFETIME, have you ever done anything, started to do anything, or prepared to do anything to end your life:
** If YES, initiate Behavioral Health Consult and Patient Safety Precautions. (Environmental Room Safety Checklist, every 15 minute Check/Observation Record, and Line of Sight Observation, 1:4 max)

B) If patient answered YES to 6A: Was this within the PAST 3 MONTHS:

** CONTINUED ON NEXT PAGE **

** If YES, initiate Psychiatric Consultation and Patient Safety Precautions.
(Environmental Room Safety Checklist, every 15 minute Check/Observation Record, and 1:1 Observation)

(SHIFT + F8 to review Patient Safety Strategies) ** Patient Safety Strategies Initiated:

```
 Problem/Expected Outcome/Intervention Description
                                                     Sts  Directions                From
   Activity      Occurred          Recorded                 Documented
   Type          Date    Time  by  Date    Time  by  Comment      Units          Change


 Activity Date: 06/01/20        Time: 0252

1000461       Pneumococcal Vaccine Assessment        A   ON ADMISSION              CP
- Document      06/01/20 0252 TBC  06/01/20 0252 TBC
                  *********** PNEUMOCOCCAL VACCINATION **********
```

PNEUMOCCOCAL VACCINE ASSESSMENT (Year Round):

(A) INCLUSION CRITERIA: (Patient is qualified to receive vaccine if one or more is selected)
Patient is 65 years and older: Y
Patient is 5-64 years of age with at least one of the following high risk conditions:

```
            COPD or Pneumonia:            (age 19 years and older) Cigarette Smoking:
                    Diabetes:          Functional Asplenia (Sickle Cell Disease):
                    HIV/AIDS:                  Anatomical Asplenia (Splenectomy):
          (ages 19-64) Asthma:                    Immunocompromised or Suppressed:
                  Alcoholism:     Candidate For or Recipient Of Cochlear Implant:
                   CSF Leak:                  Chronic Liver Disease, Cirrhosis:
                                   Chronic Renal Failure, ESRD, Nephrotic Syndrome:
                             Chronic Cardiovascular Disease excluding Hypertension:
                             (example: Congestive Heart Failure, Cardiomyopathies)
                                                        Vaccination Status Unknown:
```

(B) EXCLUSION CRITERIA: *Do not give if any box is YES*

```
                        Received TWO (2) pneumococcal vaccines doses: N
                                    Vaccinated less than 5 years ago: Y
                                           Date Received:     2015
                                      Vaccinated since 65 years old: Y
                                           Date Received:     2015
             Previous history of hypersensitive reaction to vaccine: N
                                        (excludes painful injections)
         History of bone marrow transplant within the last 12 months: N
              Patient with an organ transplant during hospitalization: N
   (ages 5-18) Received a conjugate vaccine within the previous 8 weeks: N
      Received chemotherapy or radiation during this hopitalization, or
             less than 2 weeks prior to this inpatient hospitalization: N
             (ages 5-18) With asthma and no other high risk conditions: N
              Received shingles vaccine (Zostavax) within last 4 weeks: N
                                   Leaves against medical advice (AMA): N
                                                             Pregnant: N
```

(C) PNEUMOCOCCAL VACCINE ADMINISTRATION: (Year Round)
1. At least one inclusion criteria is present: N
2. At least one exclusion criteria is present: Y
If Question #1 = YES & Question #2 = NO, Order Pneumococcal Vaccine (per pharmacy)

** CONTINUED ON NEXT PAGE **

Pneumococcal Vaccine Given: N
-IF PT REFUSES A REASON MUST BE ENTERED-
Refusal Reason:

Vaccination Comment:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0252 (continued)

1000461 Pneumococcal Vaccine Assessment (continued)

(D) Education provided regarding vaccination administration/refusal: Y
*VACCINE INFORMATION SHEET (VIS) MUST BE GIVEN TO PATIENT*
Vaccine Information Statement Given Date: 12/23/14
Vaccine Information Statement Published Date: 08/19/14

Activity Date: 06/01/20 Time: 0257

1005-S ADM: ADULT Admission Assessment + A ON ADMISSION AS
- Create 06/01/20 0257 TBC 06/01/20 0301 TBC
- Document 06/01/20 0257 TBC 06/01/20 0301 TBC
=== Assessment Obtained === Date: 06/01/20 Time: 0257
Signature: Clavano,Tyrone B

NEUROLOGICAL Assessment Within Normal Limits: Y == PUPIL REACTION CHECK ==
LOC: Reaction OD: BRISK Size: 3
Orientation: Reaction OS: BRISK Size: 3
Responds to:
Speech:
Headaches: Describe:
Recent Seizure Activity: Seizure Precautions Initiated or being Utilized:
Neuro Comment: AWAKE AND ALERT, ORIENTED TO NAME, PLACE, TIME AND SITUATION

EENT Assessment Within Normal Limits: Y
EENT Comment: ABLE TO SEE AND HEAR ADEQUATELY

RESPIRATORY Assessment Within Normal Limits: N
Breath Sounds: DIMINISHED Effort: REGULAR
Location: BILATERAL Chest Expansion: SYMMETRIC

Cough: Chest Tubes Present: N
Secretions, Amt:
Color:
***IF ON OXYGEN*** SpO2 (%): 99
Oxygen Device: NASAL CANNULA O2 Amount (L/min): 2 FIO2:
Comment: LUNG SOUNDS DIMINISHED. NEEDED TO PAUSE TO COMPLETE SENTENCES.

CARDIAC Assessment Within Normal Limits: N
Heart Rate Irregular: N Heart Tones: WNL S1S2
Syncope/Fainting: N Vertigo/Dizziness: N
Chest Pain: Y Pain Quality: SHARP

** CONTINUED ON NEXT PAGE **

If Radiating, Describe: DENIES HAVING RADIATING PAIN AT THIS TIME
Pain Scale: 2/10 Pain Treatment: POSITIONING
Treatment Outcome: MILD RELIEF OF PAIN
***IF ON CARDIAC MONITOR/TELEMETRY*** Monitor #: 2
Cardiac Rhythm: NSR-PVC'S

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0257 (continued)

1005-S ADM: ADULT Admission Assessment + (continued)
Cardiac Comment: HR 66/MIN. NOTED OCCASSIONAL PVCS. STATED PAIN WAS MUCH WORSE EARLIER WITH RADIATING PAIN TO LEFT ARM. DENIES HAVING PAIN TO LEFT ARM AT THIS TIME. STATED PAIN HAD GONE AWAY BUT CAME BACK AS MILD PAIN AFTER TAKING POTASSIUM, PAIN IS MORE EPIGASTRIC IN NATURE.
CIRCULATORY Assessment Within Normal Limits: Y
Extremity Temp: Left Radial Pulse: MODERATE
Extremity Color: Right Radial Pulse: MODERATE
Sensation: Left Pedal Pulse: MODERATE
Edema: Right Pedal Pulse: MODERATE
Circulatory Comment: NO EDEMA

MUSCULOSKELETAL Assessment Within Normal Limits: N
Musculoskeletal Comment: AMBULATED WITH SLOW GAIT. FULL AND ACTIVE ROM ALL EXTREMITIES

=== FUNCTIONAL STATUS ===
Has the Patient's Functional Ability Decreased in the Last 6 Months: N
Prior Mobility: Current Mobility: SELFCARE
Ambulatory Assistive Device Used: Hygiene Assist: N
Feeding Assist: N
GASTROINTESTINAL Assessment Within Normal Limits: Y
Last BM: 05/31/20 Describe Stool: FORMED
Ostomy: GI Tube:
GI Comment: ABD FLAT AND SOFT. ACTIVE BOWEL SOUNDS

GENITOURINARY Assessment Within Normal Limits: Y
Incontinence: Cath: Type: Color:
GU Problem:
**If Female** Bleeding/Discharge: Describe:
**If Male** Scrotal Edema: Penile Discharge:
=== IF DIALYSIS PATIENT ===
Type of Dialysis: Fistula with Bruit/Thrill:
If Quinton or Ash Split Cath, Site Without Redness/Drainage
GU Comment: STATED ABLE TO VOID WELL

INTEGUMENTARY Assessment Within Normal Limits: Y
Abnormalities Photo Documented:
Alteration: Location:
Dressing Type/Condition:
Alteration: Location:
Dressing Type/Condition:
Alteration: Location:

** CONTINUED ON NEXT PAGE **

Dressing Type/Condition:
Drainage Tube: Describe:
Skin Comment: SKIN WARM AND DRY

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0257 (continued)

1005-S ADM: ADULT Admission Assessment + (continued)

===BRADEN PRESSURE ULCER RISK ASSESSMENT===
Sensory Perception: 4 NOT LIMITED-WNL
Moisture: 4 RARELY MOIST
Activity: 3 WALKS OCCASIONALLY
Mobility: 3 SLIGHTLY LIMITED
Nutrition: 3 ADEQUATE
Friction and Sheer: 3 NO APPARENT PROBLEM

Skin Risk Score: 20
19-23 = No Risk: Y
15-18 = At Risk:
13-14 = Moderate Risk:
10-12 = High Risk:
9 Or Lower = Very High Risk:

PSYCHOSOCIAL Assessment Within Normal Limits: Y
Fears/Anxiety Related to Hospital Stay: Ineffective Coping: Inadequate Support System:
Suspected Abuse/Neglect: Describe:
Alteration in Growth/Development:
Comment: CALM AND COOPERATIVE W/ CARE

=== NUTRITION ===
NUTRITIONAL Assessment Within Normal Limits: Y
Diet at Home: REGULAR
Comment:

=== NUTRITION RISK SCREENING ===
Appears Underweight/Malnourished: 0 NO
Nausea, Vomiting, or Diarrhea for >3 Days: 0 NO
Unintentional Wt Loss >10# in Past Month: 0 NO
Admitted with Potential Risk Diagnosis: 0 NO
Poor PO Intake for >3 Days: 0 NO
Unable to Ingest Diet for Age: 0 NO
Tube Feeding or TPN: 0 NO

Total Score: 0
=Nutrition Risk=
Low (0-1): Y
Moderate (2-3):
High (4+):

=== ASPIRATION RISK SCREENING ===
Impaired Mental Status: 0 NO
Difficulty Swallowing: 0 NO
Food Sticking in Mouth/Throat: 0 NO
Coughing/Choking: 0 NO
Weight Loss: 0 NO

Total Score: 0
=Aspiration Risk=
Low (0-1): Y
Moderate (2):
High (3-5):

=== FALL RISK ASSESSMENT===
Mental Status: 0 NOT ALTERED
Sensory Perceptual Status: 0 NOT ALTERED
Physical Mobility Status: 3 ALTERED
Elimination Status: 0 NOT ALTERED
Recent History Of Falls: 0 NO FALLS
Patient's Age: 2 65+ YEARS

Total Score: 5
=Fall Risk=
Low (0-2):
Moderate (3-6): Y
High (7+):

=== EDUCATION SCREENING ===
Educational Need Priority #1: SAFETY PRECAUTIONS
Educational Need Priority #2: TREATMENT PURPOSE

** CONTINUED ON NEXT PAGE **

```
Educational Need Priority #3: DEVICES
Educational Need Priority #4: MEDICATIONS

=== BARRIERS TO LEARNING ===
  Physiologic Limitations: NONE

 Problem/Expected Outcome/Intervention Description
                                                             Sts  Directions                From
    Activity       Occurred         Recorded                         Documented
    Type        Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/01/20        Time: 0257  (continued)

1005-S        ADM: ADULT Admission Assessment + (continued)
     Psychological Limits: NONE
    Cognitive Limitations: NONE
Teaching Method Preferred: EXPLANATION
Comment: SPEAKS AND UNDERSTANDS ENGLISH WELL
=== DVT RISK ASSESSMENT ====
                          Leg Plaster Cast or Brace: 0 NO
                                     Varicose Veins: 0 NO
                                Hormone Replacement: 0 NO
Admission DX includes: CHF,COPD,MI,Sepsis,Pneumonia: 0 NO
                     Bed Rest with Limited Activity: 0 NO
                                            Obesity: 0 NO
                       Major Surgery (> 60 minutes): 0 NO
                           Family History of DVT/PE: 0 NO
                     Present Cancer or Chemotherapy: 0 NO
                             History of SVT, DVT/PE: 0 NO
           Hip, Pelvis, or Leg Fracture (< 1 month): 0 NO
                               Stroke (< 1 month): 0 NO
                            Paralysis (< 1 month): 0 NO
                                      Patient's Age: 2 60-74 YEARS
                                        Total Score: 2              =DVT Risk=
                                                                  Low (0-1):
                                                               Moderate (2): Y
                                                                  High (3+):
  *** NOTIFY PHYSICIAN IF DVT RISK SCORE > 1 AND DOCUMENT IN PT CARE NOTES ***
=== SAFETY ===
         Isolation: STANDARD PROCEDURES       Allergy Bracelet On: Y ID Band On: Y
 Restraints in Use: N Describe:

=== IV ASSESSMENT ===
           IV Location: LEFT HAND                   IV Site Within Normal Limits: Y
     IV Site Condition:
 IV Start/Restart Date: 06/01/20

           IV Location:                             IV Site Within Normal Limits:
     IV Site Condition:
 IV Start/Restart Date:
            IV Comment:

 Activity Date: 06/01/20        Time: 0302

Problem: PROB: Impaired Cardiac Function                A
         Cardiac problem related to disease
         process and/or trauma.
-   Create      06/01/20 0302 TBC  06/01/20 0302 TBC
-   Resequence  06/01/20 0302 TBC  06/01/20 0302 TBC                                   4 => 1
```

** CONTINUED ON NEXT PAGE **

```
Expected Outcome: Improve/maintain cardiac function/statusA   06/04/20
-   Create       06/01/20 0302 TBC  06/01/20 0302 TBC
-   Ed Target    06/01/20 0302 TBC  06/01/20 0302 TBC              None => 06/04/20


 Problem/Expected Outcome/Intervention Description
                                                            Sts  Directions                 From
   Activity       Occurred         Recorded                        Documented
   Type         Date      Time  by  Date      Time  by  Comment         Units            Change


 Activity Date: 06/01/20        Time: 0302

31231         Problem: Cardiovascular +                    A   QS & Q4H IN ICU             CP
- Create        06/01/20 0302 TBC  06/01/20 0302 TBC
Problem: PROBLEM: Impaired Respiratory Function             A
         Respiratory problem identified related
         to disease process, injury, and/or
         immobilization.
-   Create      06/01/20 0302 TBC  06/01/20 0302 TBC
-   Resequence  06/01/20 0302 TBC  06/01/20 0302 TBC                                    6 => 2
Expected Outcome: Improve/maintain respiratory function/A   06/04/20
                  status.
-   Create      06/01/20 0302 TBC  06/01/20 0302 TBC
-   Ed Target   06/01/20 0302 TBC  06/01/20 0302 TBC              None => 06/04/20
31220         Problem: Respiratory +                       A   QS & Q4H IN ICU             CP
- Create        06/01/20 0302 TBC  06/01/20 0302 TBC
Problem: PROBLEM: Impaired Musc/Skeletal Function           A
         Musculo/Skeletal problem identified
         related to trauma, disease process,
         and/or surgical procedure.
-   Create      06/01/20 0302 TBC  06/01/20 0302 TBC
-   Resequence  06/01/20 0302 TBC  06/01/20 0302 TBC                                    5 => 3
Expected Outcome: Improve/maintain musculoskeletal          A   06/04/20
                  function/status.
-   Create      06/01/20 0302 TBC  06/01/20 0302 TBC
-   Ed Target   06/01/20 0302 TBC  06/01/20 0302 TBC              None => 06/04/20
31260         Problem: Musculoskeletal +                   A   QS & Q4H IN ICU             CP
- Create        06/01/20 0302 TBC  06/01/20 0302 TBC
Problem: Developmental Age 66+ (OLDER ADULT)                A
         Based on Erickson's eight stages of
         development.
            --Development Need:
             - Feel good about how life was
               lived.
             - Reminisce.
-   Resequence  06/01/20 0302 TBC  06/01/20 0302 TBC                                    1 => 4
Problem: CVMC STANDARD OF CARE                              A
           See Standard of Care Profile
-   Resequence  06/01/20 0302 TBC  06/01/20 0302 TBC                                    2 => 5
Problem: STANDARD OF PRACTICE M/S/TELE                      A
         See Standard of Care Profile
-   Resequence  06/01/20 0302 TBC  06/01/20 0302 TBC                                    3 => 6

 Activity Date: 06/01/20        Time: 0509

1501          I&O: Monitor                                 A   AS NEEDED                   CP
- Document      06/01/20 0509 TBC  06/01/20 0510 TBC
=== INTAKE: ===
```


** CONTINUED ON NEXT PAGE **

Ice: IV's: 500 Lipids:
Oral: 200 IVPB's: Blood/Product:
Tube Feeding: Chemo: GU Irrigant,In:
H2O: TPN: Other Intake:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0509 (continued)

1501 I&O: Monitor (continued)

=== OUTPUT: ===
BRP: Y # of Voids/Incont: Colostomy: Hemovac #1:
# of Stools: Jejunostomy: Hemovac #2:
Urine: Ileostomy: T-Tube:
Stool, Liquid: Jackson Pratt #1: GU Irrigant, Out:
Emesis: Jackson Pratt #2: Dialysis Net:
NG Tube: Chest Tube #1: Est. Blood Loss:
Nephrostomy: Chest Tube #2: Other Output:

Comment:
9990004 Daily Chart Check A 0600 & 1800 CP
- Document 06/01/20 0509 TBC 06/01/20 0510 TBC
12 Hour Chart Check Completed:
24 Hour Chart Check Completed: Y
Comment:

This verifies that all current orders have been completed or are in process.
21090 Routine Care: MED/SURG/TELE + A .END OF SHIFT/TX CP
VIEW PROTOCOL
- Document 06/01/20 0509 TBC 06/01/20 0510 TBC
The Practice Guidelines Appropriate For The Patient And Within The Scope Of My Practice
Have Been Met Throughout The Shift: YES NO COMMENT

Signature: Clavano,Tyrone B Shift: 1900 - 0730

Practice Guidelines Comment:

Patient/Family Education Provided This Shift: Y

Isolation: OTHER
Restraints in Use: N Describe:
+Total Hrs. In Restraints This Shift: Location:
Sitter Used: N Comment:

=== IV ASSESSMENT ===

** CONTINUED ON NEXT PAGE **

```
Throughout Shift:                                          Central Line Present: N
              IV Location: LEFT HAND                  ~IV Site Within Normal Limits: Y
        IV Site Condition:
    IV Start/Restart Date: 06/01/20


 Problem/Expected Outcome/Intervention Description
                                                            Sts  Directions              From
   Activity       Occurred         Recorded                          Documented
   Type        Date      Time  by  Date      Time  by  Comment        Units           Change


 Activity Date: 06/01/20        Time: 0509  (continued)

21090         Routine Care: MED/SURG/TELE + (continued)
              IV Location:                           IV Site Within Normal Limits:
        IV Site Condition:
    IV Start/Restart Date:
              IV Comment:

 Activity Date: 06/01/20        Time: 0530

150000        Vital Signs                            A                              OE
- Document     06/01/20 0530 SVG  06/01/20 0632 SVG

 Activity Date: 06/01/20        Time: 0532

20010         VS: Monitor +                          A   AS ORDERED                 CP
- Document     06/01/20 0532 SVG  06/01/20 0633 SVG
     Temperature/F: 96.5                   Temp Source: TEMPORAL ARTERY
             Pulse: 64                    Pulse Source: AUTOMATIC, NONINVASIVE
      Respirations: 18                     Resp Source: OBSERVED
    Blood Pressure: 123/72   MAP (mm Hg): 81  BP Source: AUTOMATIC
              Site: RIGHT UPPER ARM
   ~      C/O Pain: N       Pain Scale: 0/10

                      == CNA/LICENSED Documentation ==
              Comfort Measures Implemented:
                    Nurse Notified of Pain:
              (If Medicated, Document On Intervention Pain: Management Of)

                     ***IF ON OXYGEN***
    Oxygen Device: NASAL CANNULA             O2 Amount (L/min): 2
         SpO2 (%): 96             FIO2:
Comment:

 Activity Date: 06/01/20        Time: 0806

20010         VS: Monitor +                          A   AS ORDERED                 CP
- Document     06/01/20 0806 ASK  06/01/20 0807 ASK
     Temperature/F: 97.7                   Temp Source: TEMPORAL ARTERY
             Pulse: 64                    Pulse Source: AUTOMATIC, NONINVASIVE
      Respirations: 18                     Resp Source: OBSERVED
    Blood Pressure: 118/69   MAP (mm Hg): 81  BP Source: AUTOMATIC
              Site: RIGHT UPPER ARM
   ~      C/O Pain: N       Pain Scale: 0/10

                      == CNA/LICENSED Documentation ==
              Comfort Measures Implemented:
                    Nurse Notified of Pain:
```

** CONTINUED ON NEXT PAGE **

(If Medicated, Document On Intervention Pain: Management Of)

***IF ON OXYGEN***
Oxygen Device: NASAL CANNULA O2 Amount (L/min):
SpO2 (%): 97 FIO2:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0806 (continued)

20010 VS: Monitor + (continued)
Comment:

Activity Date: 06/01/20 Time: 0815

31231 Problem: Cardiovascular + A QS & Q4H IN ICU CP
- Document 06/01/20 0815 EA 06/01/20 1040 EA
Altered Cardiac Function/Status Remains An Active Problem: Y
(if No, consider Inactivating or Completing Intervention)
***Document Only on Interventions Related to Patient's Altered Status/Function.***

=== REASSESSMENT ===
~CARDIAC Assessment Within Normal Limits: N
Heart Rate Irregular: N Heart Tones: WNL S1S2
Syncope/Fainting: N Vertigo/Dizziness: N
Chest Pain: N Pain Quality:
If Radiating, Describe: DENIES HAVING RADIATING PAIN AT THIS TIME
Pain Scale: Pain Treatment:
Time of Reassessment: Post Intervention Pain Scale:

IF ON CARDIAC MONITOR/TELEMETRY: Cardiac Rhythm: NSR-PVC'S Monitor #: 2
If Rhythm Changed, Physician Notified Date: Time:
Physician Notified:
Intervention/Outcome:

=== PACEMAKER ASSESSMENT ===
AICD/Permanent Pacemaker:
Temporary Pacemaker Type:
Pacemaker Site:
Pacemaker Mode:
Pacer Set Rate:
Vent. MA:
Atrial MA:
Vent Sensitivity:
Capture:
Sense:
Off:

=== HEMODYNAMICS ===
CVP, Arterial, or PA Line Present:
CVP Line Zero Balanced:
CVP (cm H2O): CVP (mmHg):
Noninvasive BP:
Arterial BP:
Arterial Line Zero Balanced:
Art Line Site:
PA Line Site:
PA Line @ (cm):
Waveform:
PA Line Zero Balanced: Line Flushed:
PAP (mmHg): PVR:
PCWP: SVR:
CO (L/min): CI:

Site Care: Specify:
Comment:
=== ADDITIONAL CARDIAC COMMENTS ===
Cardiac Comment: DENIES ANY CP/PRESSURE AT THIS TIME. -TROP, PENDING CARDIOLOGY WORK UP.

** CONTINUED ON NEXT PAGE **

:
31220 Problem: Respiratory + A QS & Q4H IN ICU CP
- Document 06/01/20 0815 EA 06/01/20 1039 EA
Altered RESPIRATORY Status Remains an Active Problem: Y
(If NO, Consider Inactivating or Completing Intervention)

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0815 (continued)

31220 Problem: Respiratory + (continued)
*** Document Only on Interventions Related to Patient's Altered Status/Function. ***

=== REASSESSMENT ===
~RESPIRATORY Assessment Within Normal Limits: N
Breath Sounds: DIMINISHED Location: BILATERAL
Breath Sounds: Location:

Effort: REGULAR Chest Expansion: SYMMETRIC
Cough: Secretions, Amt:
Color: Cleared by:

***IF ON OXYGEN***
Oxygen Device: NASAL CANNULA O2 Amount (L/min): 2 FIO2 (%):
Pulse Oximetry: Y SpO2 (%): 96 Probe Location: HAND, RIGHT
Pulse Ox Comment:

Respiratory Comment: RESP EVEN AND UNLABORED WITH DIMINISHED BS BILAT. DENIES ANY SOB AT
: THIS TIME. ON O2 AT 2L/MIN VIA NC

Use of Ventilator: == If Tracheostomy Present ==
Trach Care Provided per Guidelines or as Ordered:
=== VENT SETTINGS === Trach Type:
Type of Ventilator: Trach Size:
Mode: Trach Stoma Condition:
Set Rate (bpm): Trach Site Drainage:
Total Rate (bpm):
Set VT (cc): == IF CHEST TUBES ==
Measured VT (cc): Chest Tube #1 Location:
FIO2 (%): Drainage:
PEEP (cm H2O): Waterseal Patent: Air Leak:
PSV (cm H2O): Connected to Suction: Suction Amount (cm):
Subcutaneous Air Noted: Dressing Changed/Reinforced:
=== AIRWAYS ===
ETT Size: Chest Tube #2 Location:
Tube Placement: Drainage:
ETT Position (cm): Waterseal Patent: Air Leak:
(cm to Lipline) Connected to Suction: Suction Amount (cm):
Subcutaneous Air Noted: Dressing Changed/Reinforced:
31260 Problem: Musculoskeletal + A QS & Q4H IN ICU CP
- Document 06/01/20 0815 EA 06/01/20 1042 EA
Altered Musculoskeletal Function/Status Remains an Active Problem: Y
(If NO, Consider Inactivating or Completing Intervention)
*** Document Only on Interventions Related to Patient's Altered Status/Function. ***

=== REASSESSMENT ===

** CONTINUED ON NEXT PAGE **

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MUSCULOSKELETAL Assessment Within Normal Limits: N
Weakness: MILD GEN WEAKNESS
Gait/Balance:
Range of Motion:
Location of Limited ROM:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0815 (continued)

31260 Problem: Musculoskeletal + (continued)
:
Joints:
Contractures/Deformities:
Musculoskeletal Comment: MILD GEN WEAKNESS REPORTED, AMBULATORY
:

=== TRACTION ===
Traction in Use:
Type of Traction:
Extremity:
Weight (lbs):
Hours On This Shift:

=== PIN CARE ===
Orthopedic Pin Care Given:
Pin Location:
Pin Site Appearance:
Pin Site Care With:
Dressing to Pin Site:

=== CPM ===
CPM Being Utilized:
Total Hours in CPM This Shift:
Skin Integrity Checked:
Alignment Checked:
CPM Comment:

=== CASTS ===
Cast Location:
Cast Type:
Cast Condition:
Extremity Elevated:
Peripheral Pulse Palpable:
Skin Around Cast Intact:

=== BRACES ===
Brace being Utilized:
Type of Brace:
Extremity:
Hours On This Shift:
Extremity:
Hours On This Shift:

Ortho Comment:

1001034 Age Guidelines: 66+ (OLDER ADULT) A VIEW PROTOCOL/DI QS CP
- Document 06/01/20 0815 EA 06/01/20 1044 EA
1060 Sepsis Screening + A QSHIFT CP
- Document 06/01/20 0815 EA 06/01/20 1033 EA
===ADULT SEPSIS SCREENING=== Date/Time of Initial Screening Date: 06/01/20 Time: 0815

1. (1 YES Qualifies)
Recent Procedure: N
Antibiotic Therapy: N

2. Systemic Inflammatory Response Syndrome-SIRS (2 YES Qualifies)
Temp <36 C (96.8 F) or >38.3 C (100.9 F): N
Respiratory Rate > 20: N
Heart Rate > 90: N

** CONTINUED ON NEXT PAGE **

```
3. Organ Dysfunction (1 YES Qualifies)
          SBP <90 or MAP <65 mmHG: N
   New Acute Mental Status Changes: N
     Patient on CPAP,BIPAP,or VENT: N
 === If all 3 sections are YES and MAP < 65 mmHG, need fluids at 30 ml/kg ====

 Problem/Expected Outcome/Intervention Description
                                                       Sts  Directions                 From
    Activity       Occurred         Recorded                  Documented
    Type        Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/01/20        Time: 0815  (continued)

1060          Sepsis Screening + (continued)

   YES to ALL 3 Sections, Notify DR ASAP and Document Phys Name/Time Notified.
 ALL 3 Sections are YES: N   Name of Physician Reported To:
Time Physician Notified:                        Handoff To:
1070          Shift Reassessment +                     A   QS & Q4H IN ICU             CP
- Document      06/01/20 0815  EA  06/01/20 1038  EA
Reassessment Obtained Date: 06/01/20 Time: 0815


  NEUROLOGICAL Assessment Within Normal Limits: Y
Neuro Comment: A/A/OX4
             :
  EENT Assessment Within Normal Limits:         Y
EENT Comment:
            :
  RESPIRATORY Assessment Within Normal Limits:  N
Respiratory Comment: RESP EVEN AND UNLABORED WITH DIMINISHED BS BILAT. DENIES ANY SOB AT
               : THIS TIME. ON O2 AT 2L/MIN VIA NC
  CARDIAC Assessment Within Normal Limits:      N
               IF ON CARDIAC MONITOR/TELEMETRY:
 Cardiac Rhythm: NSR-PVC'S                 Monitor #: 2
Cardiac Comment: DENIES ANY CP/PRESSURE AT THIS TIME. -TROP, PENDING CARDIOLOGY WORK UP.
               :
  CIRCULATORY Assessment Within Normal Limits:  Y
Circulatory Comment:
               :
  MUSCULOSKELETAL Assessment Within Normal Limits:  N
Musculoskeletal Comment: MILD GEN WEAKNESS REPORTED
               :
  NUTRITIONAL Assessment Within Normal Limits:      Y
Nutritional Comment:
               :
  GASTROINTESTINAL Assessment Within Normal Limits: Y                Last BM: 05/31/20
GI Comment:
          :
  GENITOURINARY Assessment Within Normal Limits:    Y
GU Comment:
          :
     INTEGUMENTARY Assessment Within Normal Limits: Y
Skin Comment:
            :
  PSYCHOSOCIAL Assessment Within Normal Limits:     Y
Psychosocial Comment:
               :
```

** CONTINUED ON NEXT PAGE **

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==== The Following To Be Documented On Once A Shift ====

=== FALL RISK ASSESSMENT===
Mental Status: 0 NOT ALTERED

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 0815 (continued)

1070 Shift Reassessment + (continued)

```
Sensory Perceptual Status: 0 NOT ALTERED           Total Score:    5
 Physical Mobility Status: 3 ALTERED               =Fall Risk=
      Elimination Status: 0 NOT ALTERED            Low (0-2):
  Recent History Of Falls: 0 NO FALLS              Moderate (3-6): Y
           Patient's Age: 2 65+ YEARS              High (7+):
```

===BRADEN PRESSURE ULCER RISK ASSESSMENT===

```
  Sensory Perception: 4 NOT LIMITED-WNL        Skin Risk Score:          20
            Moisture: 4 RARELY MOIST           19-23 = No Risk:          Y
            Activity: 3 WALKS OCCASIONALLY     15-18 = At Risk:
            Mobility: 3 SLIGHTLY LIMITED       13-14 = Moderate Risk:
           Nutrition: 3 ADEQUATE               10-12 = High Risk:
 Friction and Sheer: 3 NO APPARENT PROBLEM     9 Or Lower = Very High Risk:
             Scoring of 18 Or Lower - Initiate Skin Integrity Protocol Guidelines
```

=== DVT RISK ASSESSMENT ====

```
                       Leg Plaster Cast or Brace: 0 NO
                                  Varicose Veins: 0 NO
                             Hormone Replacement: 0 NO
Admission DX includes: CHF,COPD,MI,Sepsis,Pneumonia: 0 NO
                  Bed Rest with Limited Activity: 0 NO
                                         Obesity: 0 NO
                      Major Surgery (> 60 minutes): 0 NO
                         Family History of DVT/PE: 0 NO
                    Present Cancer or Chemotherapy: 0 NO
                           History of SVT, DVT/PE: 0 NO
          Hip, Pelvis, or Leg Fracture (< 1 month): 0 NO
                             Stroke (< 1 month): 0 NO
                          Paralysis (< 1 month): 0 NO
                                   Patient's Age: 2 60-74 YEARS
                                     Total Score: 2             =DVT Risk=
                                                               Low (0-1):
                                                            Moderate (2): Y
                                                               High (3+):
```

*** NOTIFY PHYSICIAN IF DVT RISK SCORE > 1 AND DOCUMENT IN PT CARE NOTES ***

Sequential Compression Device in place: N
Chemical Prophylaxis in use: N
Comment: OFF AT THIS TIME. PT JUST RETURN FROM BR.

=== SAFETY ===
Isolation: STANDARD PROCEDURES Allergy Bracelet On: Y ID Band On: Y
Restraints in Use: N Describe:

** CONTINUED ON NEXT PAGE **

```
=== IV ASSESSMENT ===
          IV Location: LEFT HAND                  IV Site Within Normal Limits: Y
     IV Site Condition:
 IV Start/Restart Date: 06/01/20

 Problem/Expected Outcome/Intervention Description
                                                          Sts  Directions                From
    Activity      Occurred          Recorded                       Documented
    Type         Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/01/20        Time: 0815  (continued)

1070          Shift Reassessment + (continued)

          IV Location:                            IV Site Within Normal Limits:
     IV Site Condition:
 IV Start/Restart Date:
           IV Comment:

                                   === SUICIDE RISK ASSESSMENT ===

      1. Patient reports current or history of psychiatric illness,
        with acute exacerbation of symptoms within the last 30 days: N
                 2. Patient has positive history of suicide attempt: N
                        3. Patient voicing suicidal intent/ideation: N
                                 4. Patient has active suicide plan: N

If patient answered YES to questions #1 or #2 only, refer to Social Services for follow-up.
If patient answered YES to questions #3 and/or #4,IMMEDIATELY institute suicide precautions.


                                     === SUICIDE PRECAUTIONS ===

                                          Security at bedside or stand-by:
                                  Secure or remove any/all safety hazards:
  (weapons, sharp objects, medications, contraband, patient belongings, cords, belts, etc.)
                                     Provide close/continuous supervision:
        Notify physician to order psych eval or MAT team assessment:
                 (for assessment of lethality and recommendations for care)
15000         Care Plan: RN Review +                     A   Q12H                         CP
- Document      06/01/20 0815  EA  06/01/20 1038  EA
PATIENT PROBLEM LIST AS PRIORITIZED ON CARE PLAN:
  Problem(s) Identified: PROB: Impaired Cardiac Function           Status: A
                       : PROBLEM: Impaired Respiratory Function          : A
                       : PROBLEM: Impaired Musc/Skeletal Function        : A
                       : Developmental Age 66+ (OLDER ADULT)             : A
                       : CVMC STANDARD OF CARE                           : A
                       : STANDARD OF PRACTICE M/S/TELE                   : A
                       :                                                 :
                       :                                                 :
                       :                                                 :
                       :                                                 :

                Patient's Plan of Care was Reviewed and Updated as Needed: Y
31320         Pain: Management Of +                      A   AS NEEDED                    CP
- Document      06/01/20 0815  EA  06/01/20 1042  EA
                              *** Chest Pain to be Documented on Cardiac Problem ***
=== PAIN MANAGEMENT ===
```

** CONTINUED ON NEXT PAGE **

```
     Time of Patient's Complaint: 0815
               Pain Location:
                 ~Pain Scale: 0/10
           Describe the Pain:
                       Onset:

 Problem/Expected Outcome/Intervention Description
                                                           Sts  Directions                From
    Activity       Occurred         Recorded                        Documented
    Type        Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/01/20        Time: 0815  (continued)

31320          Pain: Management Of + (continued)
                      Comment:
                             :
Comfort Measures Implemented:                             :
        Other Measures Taken:

    Time of Reassessment:            Post Intervention Pain Scale:
    Response to Intervention:

Patient/Family Education Provided:

               Pain Comment:


                         === Pain Education for Patient/Family ===

  Instructions Given Related to:

                    Pain Management is Part of Treatment Plan:
             About the Use of the Pain Intensity Rating Scale:
  Total Absence of Pain is Often not Realistic/Desirable Goal:
  Choosing a Pain Control Goal, such as Pain Not Worse than 2:
  That Effect of Pain Management Interventions will be Reassessed at Frequent Intervals:
  About the Importance of Requesting and Receiving Pain Relief
   Measures Before Pain Becomes Severe & Difficult to Control:
      About the Importance of Notifying Health Care Providers About Any Unrelieved Pain:

                         == Other Information Taught ==
  :
40250          Position Change +                       A   Q2H AS NEEDED               CP
- Document      06/01/20 0815  EA  06/01/20 1044  EA
  Patient Ambulatory: Y  Patient Able to Turn/Reposition: Y  Patient is Noncompliant: N

== Position Change ==
  Right Side: N  Left Side: Y  Supine: N   Trendelenburg: N  Offload Pressure Points: N

  Comment: AMBULATORY. CALL LIGHT IN REACH.
80010          Education: Patient/Family Teaching +    A   QS BY CAREGIVER             CP
- Document      06/01/20 0815  EA  06/01/20 1044  EA
                         === PATIENT/FAMILY EDUCATION ===
         Information Taught: SAFETY PRECAUTIONS
          Instruction Given: INSTRUCTED TO USE CALL LIGHT WHEN IN NEED OF ASSISTANCE


              Person Taught: PATIENT
```

** CONTINUED ON NEXT PAGE **

```
             Person Taught:
            Teaching Tools: VERBAL
          Other Tools Used:
 Factors Affecting Learning: FATIGUE
             Other Factors:

 Problem/Expected Outcome/Intervention Description
                                                              Sts  Directions                From
   Activity       Occurred          Recorded                          Documented
   Type        Date      Time  by  Date      Time  by  Comment       Units           Change


 Activity Date: 06/01/20        Time: 0815  (continued)

80010         Education: Patient/Family Teaching + (continued)
        Participation Level: ACTIVE
                 Evaluation: VERBALIZES UNDERSTANDING
 Needs Additional Education: N
                           :
                   Educator: Barreto,Elda
                 Discipline: NURSING

 Activity Date: 06/01/20        Time: 0954

21402         Activity/ADL/Hygiene Flowsheet         A   QS & PRN                   CP
- Document      06/01/20 0954 ASK  06/01/20 0955 ASK
=== ACTIVITY/ADL ===

                Current Mobility: SELFCARE
                   Activity Type: BATHROOM PRIVILEGES
              Activity Tolerance: FAIR
Ambulatory Assistive Device Used:
                            Bath: NEEDS ASSISTANCE
                           Meals: NEEDS ASSISTANCE
                           Dress: NEEDS ASSISTANCE

=== PERSONAL HYGIENE ===                         # of Stools:
                                               Stool, Liquid:
        Bath: ASSIST                               Colostomy:
 Oral Hygiene: ASSIST                        # of Voids/Incont:
 Gown Changed: N                                       Foley:
Linen Changed: N                                       Urine:
                                                      Emesis:
                                                Other Output:

          Comment:

 Activity Date: 06/01/20        Time: 1038

Expected Outcome: Patient will be able to make informed A   06/04/20
                  about health care.
-   Ed Target   06/01/20 1038  EA  06/01/20 1038  EA            None => 06/04/20
Expected Outcome: All Patients Will Receive The FollowingA   06/04/20
-   Ed Target   06/01/20 1038  EA  06/01/20 1038  EA            None => 06/04/20
Expected Outcome: PRACTICE GUIDELINES                     A   06/04/20
-   Ed Target   06/01/20 1038  EA  06/01/20 1038  EA            None => 06/04/20

 Activity Date: 06/01/20        Time: 1253

20010         VS: Monitor +                          A   AS ORDERED                 CP
```

** CONTINUED ON NEXT PAGE **

```
- Document      06/01/20 1253 ASK  06/01/20 1254 ASK
     Temperature/F: 97.4                  Temp Source: TEMPORAL ARTERY
             Pulse: 60                   Pulse Source: AUTOMATIC, NONINVASIVE
      Respirations: 17                    Resp Source: OBSERVED
    Blood Pressure: 110/65   MAP (mm Hg): 80  BP Source: AUTOMATIC

 Problem/Expected Outcome/Intervention Description
                                                            Sts  Directions                From
    Activity       Occurred          Recorded                        Documented
    Type        Date      Time  by  Date      Time  by  Comment       Units         Change


 Activity Date: 06/01/20        Time: 1253  (continued)

20010         VS: Monitor + (continued)
              Site: RIGHT UPPER ARM
   ~      C/O Pain: N       Pain Scale: 0/10

                        == CNA/LICENSED Documentation ==
               Comfort Measures Implemented:
                     Nurse Notified of Pain:
               (If Medicated, Document On Intervention Pain: Management Of)

                         ***IF ON OXYGEN***
    Oxygen Device: NASAL CANNULA              O2 Amount (L/min):
         SpO2 (%): 99             FIO2:
Comment:

 Activity Date: 06/01/20        Time: 1729

20010         VS: Monitor +                                 A   AS ORDERED                 CP
- Document      06/01/20 1729 YGE  06/01/20 1730 YGE
     Temperature/F: 98.6                  Temp Source: TEMPORAL ARTERY
             Pulse: 61                   Pulse Source: AUTOMATIC, NONINVASIVE
      Respirations: 18                    Resp Source: OBSERVED
    Blood Pressure: 121/65   MAP (mm Hg): 79  BP Source: AUTOMATIC
              Site: RIGHT UPPER ARM
   ~      C/O Pain: N       Pain Scale: 0/10

                        == CNA/LICENSED Documentation ==
               Comfort Measures Implemented:
                     Nurse Notified of Pain:
               (If Medicated, Document On Intervention Pain: Management Of)

                         ***IF ON OXYGEN***
    Oxygen Device: NASAL CANNULA              O2 Amount (L/min): 2
         SpO2 (%): 94             FIO2:
Comment:

 Activity Date: 06/01/20        Time: 1759

1501          I&O: Monitor                                  A   AS NEEDED                  CP
- Document      06/01/20 1759  EA  06/01/20 1811  EA
=== INTAKE: ===
              Ice: Y                        IV's: 1200                     Lipids:
             Oral: 550                     IVPB's:                 Blood/Product:
      Tube Feeding:                         Chemo:                 GU Irrigant,In:
              H2O:                            TPN:                   Other Intake:
```

** CONTINUED ON NEXT PAGE **

=== OUTPUT: ===
BRP: Y # of Voids/Incont: 5 Colostomy: Hemovac #1:
# of Stools: Jejunostomy: Hemovac #2:
Urine: Ileostomy: T-Tube:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 1759 (continued)

1501 I&O: Monitor (continued)
Stool, Liquid: Jackson Pratt #1: GU Irrigant, Out:
Emesis: Jackson Pratt #2: Dialysis Net:
NG Tube: Chest Tube #1: Est. Blood Loss:
Nephrostomy: Chest Tube #2: Other Output:

Comment:
9990004 Daily Chart Check A 0600 & 1800 CP
- Document 06/01/20 1759 EA 06/01/20 1811 EA
12 Hour Chart Check Completed: Y
24 Hour Chart Check Completed:
Comment:

This verifies that all current orders have been completed or are in process.
21090 Routine Care: MED/SURG/TELE + A .END OF SHIFT/TX CP
VIEW PROTOCOL
- Document 06/01/20 1759 EA 06/01/20 1811 EA
The Practice Guidelines Appropriate For The Patient And Within The Scope Of My Practice
Have Been Met Throughout The Shift: YES NO COMMENT

Signature: Barreto,Elda Shift: 0700 - 1930

Practice Guidelines Comment:

Patient/Family Education Provided This Shift: Y

Isolation: OTHER
Restraints in Use: N Describe:
+Total Hrs. In Restraints This Shift: Location:
Sitter Used: N Comment:

=== IV ASSESSMENT ===
Throughout Shift: Central Line Present: N
IV Location: LEFT HAND ~IV Site Within Normal Limits: Y
IV Site Condition:
IV Start/Restart Date: 06/01/20

IV Location: IV Site Within Normal Limits:

** CONTINUED ON NEXT PAGE **

IV Site Condition:
IV Start/Restart Date:
IV Comment:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 1934

1060 Sepsis Screening + A QSHIFT CP
- Document 06/01/20 1934 SLD 06/01/20 1934 SLD
===ADULT SEPSIS SCREENING=== Date/Time of Initial Screening Date: 06/01/20 Time: 1934

1. (1 YES Qualifies)
Recent Procedure: N
Antibiotic Therapy: N

2. Systemic Inflammatory Response Syndrome-SIRS (2 YES Qualifies)
Temp <36 C (96.8 F) or >38.3 C (100.9 F): N
Respiratory Rate > 20: N
Heart Rate > 90: N

3. Organ Dysfunction (1 YES Qualifies)
SBP <90 or MAP <65 mmHG: N
New Acute Mental Status Changes: N
Patient on CPAP,BIPAP,or VENT: N
=== If all 3 sections are YES and MAP < 65 mmHG, need fluids at 30 ml/kg ====

YES to ALL 3 Sections, Notify DR ASAP and Document Phys Name/Time Notified.
ALL 3 Sections are YES: N Name of Physician Reported To:
Time Physician Notified: Handoff To:
1070 Shift Reassessment + A QS & Q4H IN ICU CP
- Document 06/01/20 1934 SLD 06/01/20 1936 SLD
Reassessment Obtained Date: 06/01/20 Time: 1934

NEUROLOGICAL Assessment Within Normal Limits: Y
Neuro Comment:
:
EENT Assessment Within Normal Limits: Y
EENT Comment:
:
RESPIRATORY Assessment Within Normal Limits: N
Respiratory Comment: BREATH SOUNDS CLEAR THROUGHOUT LUNG FIELDS, RESP. EVEN, UNLABORED. DIM
: BI. NO SOB NOTED AT THIS TIME. WEARS NC AD LIB.
CARDIAC Assessment Within Normal Limits: N
IF ON CARDIAC MONITOR/TELEMETRY:
Cardiac Rhythm: NSR-PVC'S Monitor #: 2
Cardiac Comment: DENIES CHESTPAIN
:
CIRCULATORY Assessment Within Normal Limits: Y
Circulatory Comment:
:
MUSCULOSKELETAL Assessment Within Normal Limits: N
Musculoskeletal Comment: FULL ROM WITH GENERALIZED WEAKNESS. ABLE TO AMBULATE WITH STEADY

** CONTINUED ON NEXT PAGE **

: GAIT
NUTRITIONAL Assessment Within Normal Limits: Y
Nutritional Comment:
:
GASTROINTESTINAL Assessment Within Normal Limits: Y Last BM: 05/31/20

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 1934 (continued)

1070 Shift Reassessment + (continued)
GI Comment:
:
GENITOURINARY Assessment Within Normal Limits: Y
GU Comment:
:
INTEGUMENTARY Assessment Within Normal Limits: Y
Skin Comment:
:
PSYCHOSOCIAL Assessment Within Normal Limits: Y
Psychosocial Comment:
:

==== The Following To Be Documented On Once A Shift ====

=== FALL RISK ASSESSMENT===
Mental Status: 0 NOT ALTERED
Sensory Perceptual Status: 0 NOT ALTERED
Physical Mobility Status: 3 ALTERED
Elimination Status: 0 NOT ALTERED
Recent History Of Falls: 0 NO FALLS
Patient's Age: 2 65+ YEARS

Total Score: 5
=Fall Risk=
Low (0-2):
Moderate (3-6): Y
High (7+):

===BRADEN PRESSURE ULCER RISK ASSESSMENT===
Sensory Perception: 4 NOT LIMITED-WNL
Moisture: 4 RARELY MOIST
Activity: 3 WALKS OCCASIONALLY
Mobility: 3 SLIGHTLY LIMITED
Nutrition: 3 ADEQUATE
Friction and Sheer: 3 NO APPARENT PROBLEM

Skin Risk Score: 20
19-23 = No Risk: Y
15-18 = At Risk:
13-14 = Moderate Risk:
10-12 = High Risk:
9 Or Lower = Very High Risk:
Scoring of 18 Or Lower - Initiate Skin Integrity Protocol Guidelines

=== DVT RISK ASSESSMENT ====
Leg Plaster Cast or Brace: 0 NO
Varicose Veins: 0 NO
Hormone Replacement: 0 NO
Admission DX includes: CHF,COPD,MI,Sepsis,Pneumonia: 0 NO
Bed Rest with Limited Activity: 0 NO
Obesity: 0 NO
Major Surgery (> 60 minutes): 0 NO
Family History of DVT/PE: 0 NO
Present Cancer or Chemotherapy: 0 NO
History of SVT, DVT/PE: 0 NO
Hip, Pelvis, or Leg Fracture (< 1 month): 0 NO

** CONTINUED ON NEXT PAGE **

Stroke (< 1 month): 0 NO
Paralysis (< 1 month): 0 NO
Patient's Age: 2 60-74 YEARS
Total Score: 2 =DVT Risk=
Low (0-1):

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 1934 (continued)

1070 Shift Reassessment + (continued)
Moderate (2): Y
High (3+):
*** NOTIFY PHYSICIAN IF DVT RISK SCORE > 1 AND DOCUMENT IN PT CARE NOTES ***

Sequential Compression Device in place: Y
Chemical Prophylaxis in use: N
Comment:

=== SAFETY ===
Isolation: STANDARD PROCEDURES Allergy Bracelet On: Y ID Band On: Y
Restraints in Use: N Describe:

=== IV ASSESSMENT ===
IV Location: LEFT HAND IV Site Within Normal Limits: Y
IV Site Condition:
IV Start/Restart Date: 06/01/20

IV Location: IV Site Within Normal Limits:
IV Site Condition:
IV Start/Restart Date:
IV Comment: IVF INFUSING WELL, SITE INTACT

=== SUICIDE RISK ASSESSMENT ===

1. Patient reports current or history of psychiatric illness, with acute exacerbation of symptoms within the last 30 days: N
2. Patient has positive history of suicide attempt: N
3. Patient voicing suicidal intent/ideation: N
4. Patient has active suicide plan: N

If patient answered YES to questions #1 or #2 only, refer to Social Services for follow-up.
If patient answered YES to questions #3 and/or #4,IMMEDIATELY institute suicide precautions.

=== SUICIDE PRECAUTIONS ===

Security at bedside or stand-by:
Secure or remove any/all safety hazards:
(weapons, sharp objects, medications, contraband, patient belongings, cords, belts, etc.)
Provide close/continuous supervision:
Notify physician to order psych eval or MAT team assessment:
(for assessment of lethality and recommendations for care)

15000 Care Plan: RN Review + A Q12H CP
- Document 06/01/20 1934 SLD 06/01/20 1937 SLD

** CONTINUED ON NEXT PAGE **

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PATIENT PROBLEM LIST AS PRIORITIZED ON CARE PLAN:
  Problem(s) Identified: PROB: Impaired Cardiac Function            Status: A
                       : PROBLEM: Impaired Respiratory Function           : A
                       : PROBLEM: Impaired Musc/Skeletal Function         : A
                       : Developmental Age 66+ (OLDER ADULT)              : A

 Problem/Expected Outcome/Intervention Description
                                                     Sts  Directions                From
   Activity      Occurred        Recorded                  Documented
   Type        Date     Time  by  Date     Time  by  Comment     Units          Change


 Activity Date: 06/01/20        Time: 1934  (continued)

15000         Care Plan: RN Review + (continued)
                       : CVMC STANDARD OF CARE                            : A
                       : STANDARD OF PRACTICE M/S/TELE                    : A
                       :                                                  :
                       :                                                  :
                       :                                                  :
                       :                                                  :

                 Patient's Plan of Care was Reviewed and Updated as Needed: Y

 Activity Date: 06/01/20        Time: 1937

31231         Problem: Cardiovascular +                  A   QS & Q4H IN ICU            CP
- Document      06/01/20 1937 SLD  06/01/20 1937 SLD
Altered Cardiac Function/Status Remains An Active Problem: Y
(if No, consider Inactivating or Completing Intervention)
***Document Only on Interventions Related to Patient's  Altered Status/Function.***

=== REASSESSMENT ===
 ~CARDIAC Assessment Within Normal Limits:                                N
  Heart Rate Irregular: N        Heart Tones:  WNL S1S2
      Syncope/Fainting: N    Vertigo/Dizziness: N
            Chest Pain: N         Pain Quality:
If Radiating, Describe:
            Pain Scale:                        Pain Treatment:
  Time of Reassessment:         Post Intervention Pain Scale:

IF ON CARDIAC MONITOR/TELEMETRY: Cardiac Rhythm: NSR-PVC'S               Monitor #: 2
    If Rhythm Changed, Physician Notified Date:               Time:
    Physician Notified:
  Intervention/Outcome:



=== PACEMAKER ASSESSMENT ===                          === HEMODYNAMICS ===
                                                        CVP, Arterial, or PA Line Present: N
AICD/Permanent Pacemaker: N                                        CVP Line Zero Balanced:
Temporary Pacemaker Type:                                   CVP (cm H2O):    CVP (mmHg):
          Pacemaker Site:                                            Noninvasive BP:
          Pacemaker Mode:                                               Arterial BP:
          Pacer Set Rate:                                 Arterial Line Zero Balanced:
                Vent. MA:                             Art Line Site:
               Atrial MA:                              PA Line Site:
        Vent Sensitivity:                             PA Line @ (cm):
                 Capture:                                   Waveform:
                   Sense:                      PA Line Zero Balanced:    Line Flushed:
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** CONTINUED ON NEXT PAGE **

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                  Off:                                  PAP (mmHg):           PVR:
                                                              PCWP:           SVR:
                                                        CO (L/min):            CI:
Site Care:   Specify:
Comment:

 Problem/Expected Outcome/Intervention Description
                                                        Sts  Directions                  From
   Activity       Occurred         Recorded                     Documented
   Type        Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/01/20        Time: 1937  (continued)

31231         Problem: Cardiovascular + (continued)
=== ADDITIONAL CARDIAC COMMENTS ===
Cardiac Comment: DENIES CHESTPAIN
               :
31220         Problem: Respiratory +                    A   QS & Q4H IN ICU              CP
- Document     06/01/20 1937 SLD  06/01/20 1937 SLD
Altered RESPIRATORY Status Remains an Active Problem: Y
(If NO, Consider Inactivating or Completing Intervention)
*** Document Only on Interventions Related to Patient's Altered Status/Function. ***

=== REASSESSMENT ===
~RESPIRATORY Assessment Within Normal Limits: N
Breath Sounds: DIMINISHED              Location: BILATERAL
Breath Sounds:                         Location:

Effort: REGULAR                 Chest Expansion: SYMMETRIC
 Cough:                         Secretions, Amt:
 Color:                              Cleared by:

                           ***IF ON OXYGEN***
  Oxygen Device: ROOM AIR                 O2 Amount (L/min):     FIO2 (%):
 Pulse Oximetry:   SpO2 (%):       Probe Location:
Pulse Ox Comment:

Respiratory Comment: BREATH SOUNDS CLEAR THROUGHOUT LUNG FIELDS, RESP. EVEN, UNLABORED. DIM
               : BI. NO SOB NOTED AT THIS TIME. WEARS NC AD LIB.

Use of Ventilator: N                 == If Tracheostomy Present ==
                                     Trach Care Provided per Guidelines or as Ordered: N
=== VENT SETTINGS ===                Trach Type:
Type of Ventilator:                  Trach Size:
            Mode:                    Trach Stoma Condition:
    Set Rate (bpm):                    Trach Site Drainage:
  Total Rate (bpm):
       Set VT (cc):                    == IF CHEST TUBES ==
  Measured VT (cc):          Chest Tube #1 Location:
          FIO2 (%):                        Drainage:
      PEEP (cm H2O):             Waterseal Patent:                     Air Leak:
       PSV (cm H2O):           Connected to Suction:           Suction Amount (cm):
                             Subcutaneous Air Noted:   Dressing Changed/Reinforced:
=== AIRWAYS ===
        ETT Size:            Chest Tube #2 Location:
   Tube Placement:                         Drainage:
ETT Position (cm):                 Waterseal Patent:                   Air Leak:
(cm to Lipline)                Connected to Suction:           Suction Amount (cm):
                             Subcutaneous Air Noted:   Dressing Changed/Reinforced:
```

** CONTINUED ON NEXT PAGE **

31260 Problem: Musculoskeletal + A QS & Q4H IN ICU CP
- Document 06/01/20 1937 SLD 06/01/20 1938 SLD
Altered Musculoskeletal Function/Status Remains an Active Problem: Y
(If NO, Consider Inactivating or Completing Intervention)
*** Document Only on Interventions Related to Patient's Altered Status/Function. ***

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 1937 (continued)

31260 Problem: Musculoskeletal + (continued)

=== REASSESSMENT ===
MUSCULOSKELETAL Assessment Within Normal Limits: N
Weakness: MILD/GENERALIZED
Gait/Balance:
Range of Motion:
Location of Limited ROM:
:
Joints:
Contractures/Deformities:
Musculoskeletal Comment: FULL ROM WITH GENERALIZED WEAKNESS. ABLE TO AMBULATE WITH STEADY
: GAIT

=== TRACTION ===
Traction in Use: N
Type of Traction:
Extremity:
Weight (lbs):
Hours On This Shift:

=== PIN CARE ===
Orthopedic Pin Care Given: N
Pin Location:
Pin Site Appearance:
Pin Site Care With:
Dressing to Pin Site:

=== CPM ===
CPM Being Utilized: N
Total Hours in CPM This Shift:
Skin Integrity Checked:
Alignment Checked:
CPM Comment:

=== CASTS ===
Cast Location:
Cast Type:
Cast Condition:
Extremity Elevated:
Peripheral Pulse Palpable:
Skin Around Cast Intact:

=== BRACES ===
Brace being Utilized: N
Type of Brace:
Extremity:
Hours On This Shift:
Extremity:
Hours On This Shift:

Ortho Comment:

1001034 Age Guidelines: 66+ (OLDER ADULT) A VIEW PROTOCOL/DI QS CP
- Document 06/01/20 1937 SLD 06/01/20 1938 SLD
40250 Position Change + A Q2H AS NEEDED CP
- Document 06/01/20 1937 SLD 06/01/20 1938 SLD
Patient Ambulatory: Y Patient Able to Turn/Reposition: Y Patient is Noncompliant:

== Position Change ==
Right Side: Left Side: Supine: Trendelenburg: Offload Pressure Points:

** CONTINUED ON NEXT PAGE **

Comment: ABLE TO REPOSITION SELF IN BED

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/01/20 Time: 2055

20010 VS: Monitor + A AS ORDERED CP
- Document 06/01/20 2055 CA 06/01/20 2055 CA
Temperature/F: 97.8 Temp Source: TEMPORAL ARTERY
Pulse: 61 Pulse Source: AUTOMATIC, NONINVASIVE
Respirations: 20 Resp Source: OBSERVED
Blood Pressure: 136/79 MAP (mm Hg): 98 BP Source: AUTOMATIC
Site: RIGHT UPPER ARM
~ C/O Pain: N Pain Scale: 0/10

== CNA/LICENSED Documentation ==
Comfort Measures Implemented:
Nurse Notified of Pain:
(If Medicated, Document On Intervention Pain: Management Of)

***IF ON OXYGEN***
Oxygen Device: ROOM AIR O2 Amount (L/min): 2
SpO2 (%): 96 FIO2:
Comment:

Activity Date: 06/02/20 Time: 0528

1501 I&O: Monitor A AS NEEDED CP
- Document 06/02/20 0528 SLD 06/02/20 0531 SLD
=== INTAKE: ===
Ice: N IV's: 1200 Lipids:
Oral: IVPB's: Blood/Product:
Tube Feeding: Chemo: GU Irrigant,In:
H2O: 350 TPN: Other Intake: 10

=== OUTPUT: ===
BRP: Y # of Voids/Incont: 3 Colostomy: Hemovac #1:
# of Stools: Jejunostomy: Hemovac #2:
Urine: Ileostomy: T-Tube:
Stool, Liquid: Jackson Pratt #1: GU Irrigant, Out:
Emesis: Jackson Pratt #2: Dialysis Net:
NG Tube: Chest Tube #1: Est. Blood Loss:
Nephrostomy: Chest Tube #2: Other Output:

Comment:
9990004 Daily Chart Check A 0600 & 1800 CP
- Document 06/02/20 0528 SLD 06/02/20 0531 SLD
12 Hour Chart Check Completed:

** CONTINUED ON NEXT PAGE **

24 Hour Chart Check Completed: Y
Comment:

This verifies that all current orders have been completed or are in process.

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 0528

21090 Routine Care: MED/SURG/TELE + A .END OF SHIFT/TX CP
VIEW PROTOCOL
- Document 06/02/20 0528 SLD 06/02/20 0531 SLD
The Practice Guidelines Appropriate For The Patient And Within The Scope Of My Practice Have Been Met Throughout The Shift: YES NO COMMENT

Signature: Chesterfield,Sonia L Shift: 1900 - 0730

Practice Guidelines Comment:

Patient/Family Education Provided This Shift: Y

Isolation: OTHER
Restraints in Use: N Describe:
+Total Hrs. In Restraints This Shift: Location:
Sitter Used: N Comment:

=== IV ASSESSMENT ===
Throughout Shift: Central Line Present: N
IV Location: LEFT HAND ~IV Site Within Normal Limits: Y
IV Site Condition:
IV Start/Restart Date: 06/01/20

IV Location: IV Site Within Normal Limits:
IV Site Condition:
IV Start/Restart Date:
IV Comment: IVF INFUSING WELL, SITE INTACT

Activity Date: 06/02/20 Time: 0552

20010 VS: Monitor + A AS ORDERED CP
- Document 06/02/20 0552 ILG 06/02/20 0553 ILG
Temperature/F: 99.1 Temp Source: TEMPORAL ARTERY
Pulse: 55 Pulse Source: AUTOMATIC, NONINVASIVE
Respirations: 18 Resp Source: OBSERVED
Blood Pressure: 115/73 MAP (mm Hg): 87 BP Source: AUTOMATIC
Site: RIGHT UPPER ARM
~ C/O Pain: N Pain Scale: 0/10

== CNA/LICENSED Documentation ==

** CONTINUED ON NEXT PAGE **

Comfort Measures Implemented:
Nurse Notified of Pain:
(If Medicated, Document On Intervention Pain: Management Of)

***IF ON OXYGEN***

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 0552 (continued)

20010 VS: Monitor + (continued)
Oxygen Device: ROOM AIR O2 Amount (L/min):
SpO2 (%): 96 FIO2:
Comment:

Activity Date: 06/02/20 Time: 0758

9999011 MU July 2014 90 Day A PS
- Create 06/02/20 0758 AP 06/02/20 0758 AP
- Document 06/02/20 0758 AP 06/02/20 0758 AP
Patient VDT during attestation
Summary of Care sent/received electronically: Y
Secure Message Sent:

Activity Date: 06/02/20 Time: 0810

31231 Problem: Cardiovascular + A QS & Q4H IN ICU CP
- Document 06/02/20 0810 EA 06/02/20 1103 EA
Altered Cardiac Function/Status Remains An Active Problem: Y
(if No, consider Inactivating or Completing Intervention)
***Document Only on Interventions Related to Patient's Altered Status/Function.***

=== REASSESSMENT ===
~CARDIAC Assessment Within Normal Limits: N
Heart Rate Irregular: N Heart Tones: WNL S1S2
Syncope/Fainting: N Vertigo/Dizziness: N
Chest Pain: N Pain Quality:
If Radiating, Describe:
Pain Scale: Pain Treatment:
Time of Reassessment: Post Intervention Pain Scale:

IF ON CARDIAC MONITOR/TELEMETRY: Cardiac Rhythm: NSR-PVC'S Monitor #: 2
If Rhythm Changed, Physician Notified Date: Time:
Physician Notified:
Intervention/Outcome:

=== PACEMAKER ASSESSMENT ===
AICD/Permanent Pacemaker:
Temporary Pacemaker Type:
Pacemaker Site:
Pacemaker Mode:
Pacer Set Rate:
Vent. MA:

=== HEMODYNAMICS ===
CVP, Arterial, or PA Line Present:
CVP Line Zero Balanced:
CVP (cm H2O): CVP (mmHg):
Noninvasive BP:
Arterial BP:
Arterial Line Zero Balanced:
Art Line Site:

** CONTINUED ON NEXT PAGE **

```
         Atrial MA:                         PA Line Site:
  Vent Sensitivity:                         PA Line @ (cm):
           Capture:                               Waveform:
             Sense:                  PA Line Zero Balanced:   Line Flushed:
               Off:                             PAP (mmHg):            PVR:

 Problem/Expected Outcome/Intervention Description
                                                 Sts  Directions              From
   Activity      Occurred         Recorded                 Documented
   Type        Date     Time  by  Date     Time  by  Comment      Units          Change


 Activity Date: 06/02/20        Time: 0810  (continued)

31231         Problem: Cardiovascular + (continued)
                                                      PCWP:              SVR:
                                                 CO (L/min):              CI:
Site Care:   Specify:
Comment:
=== ADDITIONAL CARDIAC COMMENTS ===
Cardiac Comment: DENIES ANY CP. -TROP X3, SCHEDULED LEXISCAN THIS AFTERNOON
               :
31220         Problem: Respiratory +                A   QS & Q4H IN ICU           CP
- Document      06/02/20 0810  EA  06/02/20 1103  EA
Altered RESPIRATORY Status Remains an Active Problem: Y
(If NO, Consider Inactivating or Completing Intervention)
*** Document Only on Interventions Related to Patient's Altered Status/Function. ***

=== REASSESSMENT ===
~RESPIRATORY Assessment Within Normal Limits: N
Breath Sounds: DIMINISHED               Location: BILATERAL BASES
Breath Sounds:                          Location:

Effort: REGULAR                  Chest Expansion: SYMMETRIC
 Cough:                          Secretions, Amt:
 Color:                               Cleared by:

                          ***IF ON OXYGEN***
   Oxygen Device: ROOM AIR               O2 Amount (L/min):     FIO2 (%):
  Pulse Oximetry:   SpO2 (%):       Probe Location:
Pulse Ox Comment:

Respiratory Comment: RESP EVEN AND UNLABORED WITH SLIGHT DIMINISHED BASES. ON RA, DENIES ANY
                   : SOB

Use of Ventilator:                    == If Tracheostomy Present ==
                                      Trach Care Provided per Guidelines or as Ordered:
=== VENT SETTINGS ===                 Trach Type:
Type of Ventilator:                   Trach Size:
            Mode:                     Trach Stoma Condition:
    Set Rate (bpm):                     Trach Site Drainage:
  Total Rate (bpm):
       Set VT (cc):                     == IF CHEST TUBES ==
  Measured VT (cc):            Chest Tube #1 Location:
         FIO2 (%):                          Drainage:
      PEEP (cm H2O):               Waterseal Patent:                      Air Leak:
       PSV (cm H2O):             Connected to Suction:          Suction Amount (cm):
                               Subcutaneous Air Noted:   Dressing Changed/Reinforced:
=== AIRWAYS ===
         ETT Size:             Chest Tube #2 Location:
```

** CONTINUED ON NEXT PAGE **

Tube Placement: Drainage:
ETT Position (cm): Waterseal Patent: Air Leak:
(cm to Lipline) Connected to Suction: Suction Amount (cm):
Subcutaneous Air Noted: Dressing Changed/Reinforced:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 0810

31260 Problem: Musculoskeletal + A QS & Q4H IN ICU CP
- Document 06/02/20 0810 EA 06/02/20 1104 EA
Altered Musculoskeletal Function/Status Remains an Active Problem: Y
(If NO, Consider Inactivating or Completing Intervention)
*** Document Only on Interventions Related to Patient's Altered Status/Function. ***

=== REASSESSMENT ===
MUSCULOSKELETAL Assessment Within Normal Limits: N
Weakness: MILD/GENERALIZED
Gait/Balance:
Range of Motion:
Location of Limited ROM:
:
Joints:
Contractures/Deformities:
Musculoskeletal Comment: REPORTED MILD GEN WEAKNESS, AMBULATORY WITH SUPERVISION
:

=== TRACTION ===
Traction in Use: N
Type of Traction:
Extremity:
Weight (lbs):
Hours On This Shift:

=== CASTS ===
Cast Location:
Cast Type:
Cast Condition:
Extremity Elevated:
Peripheral Pulse Palpable:
Skin Around Cast Intact:

=== PIN CARE ===
Orthopedic Pin Care Given: N
Pin Location:
Pin Site Appearance:
Pin Site Care With:
Dressing to Pin Site:

=== BRACES ===
Brace being Utilized: N
Type of Brace:
Extremity:
Hours On This Shift:
Extremity:
Hours On This Shift:

=== CPM ===
CPM Being Utilized: N
Total Hours in CPM This Shift:
Skin Integrity Checked:
Alignment Checked:
CPM Comment:

Ortho Comment:

1001034 Age Guidelines: 66+ (OLDER ADULT) A VIEW PROTOCOL/DI QS CP
- Document 06/02/20 0810 EA 06/02/20 1105 EA
1060 Sepsis Screening + A QSHIFT CP
- Document 06/02/20 0810 EA 06/02/20 1059 EA

** CONTINUED ON NEXT PAGE **

===ADULT SEPSIS SCREENING=== Date/Time of Initial Screening Date: 06/02/20 Time: 0810

1. (1 YES Qualifies)
Recent Procedure: N
Antibiotic Therapy: N

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts | Directions Comment | Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 0810 (continued)

1060 Sepsis Screening + (continued)

2. Systemic Inflammatory Response Syndrome-SIRS (2 YES Qualifies)
Temp <36 C (96.8 F) or >38.3 C (100.9 F): N
Respiratory Rate > 20: N
Heart Rate > 90: N

3. Organ Dysfunction (1 YES Qualifies)
SBP <90 or MAP <65 mmHG: N
New Acute Mental Status Changes: N
Patient on CPAP,BIPAP,or VENT: N
=== If all 3 sections are YES and MAP < 65 mmHG, need fluids at 30 ml/kg ====

YES to ALL 3 Sections, Notify DR ASAP and Document Phys Name/Time Notified.
ALL 3 Sections are YES: N Name of Physician Reported To:
Time Physician Notified: Handoff To:
1070 Shift Reassessment + A QS & Q4H IN ICU CP
- Document 06/02/20 0810 EA 06/02/20 1102 EA
Reassessment Obtained Date: 06/02/20 Time: 0810

NEUROLOGICAL Assessment Within Normal Limits: Y
Neuro Comment: A/A/OX4
:
EENT Assessment Within Normal Limits: Y
EENT Comment: HOH
:
RESPIRATORY Assessment Within Normal Limits: N
Respiratory Comment: RESP EVEN AND UNLABORED WITH SLIGHT DIMINISHED BASES. ON RA, DENIES ANY
: SOB
CARDIAC Assessment Within Normal Limits: N
IF ON CARDIAC MONITOR/TELEMETRY:
Cardiac Rhythm: NSR-PVC'S Monitor #: 2
Cardiac Comment: DENIES ANY CP. -TROP X3, SCHEDULED LEXISCAN THIS AFTERNOON
:
CIRCULATORY Assessment Within Normal Limits: Y
Circulatory Comment:
:
MUSCULOSKELETAL Assessment Within Normal Limits: N
Musculoskeletal Comment: REPORTED MILD GEN WEAKNESS, AMBULATORY WITH SUPERVISION
:
NUTRITIONAL Assessment Within Normal Limits: Y
Nutritional Comment:
:
GASTROINTESTINAL Assessment Within Normal Limits: Y Last BM: 05/31/20
GI Comment: ABD SOFT, NONTENDER WITH ACTIVE BS X4. DENIES ANY N/V AT THIS TIME

** CONTINUED ON NEXT PAGE **

:
GENITOURINARY Assessment Within Normal Limits: Y
GU Comment:
:
INTEGUMENTARY Assessment Within Normal Limits: Y

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 0810 (continued)

1070 Shift Reassessment + (continued)
Skin Comment:
:
PSYCHOSOCIAL Assessment Within Normal Limits: Y
Psychosocial Comment:
:

==== The Following To Be Documented On Once A Shift ====

=== FALL RISK ASSESSMENT===

| | | | |
|---|---|---|---|
| Mental Status: | 0 NOT ALTERED | | |
| Sensory Perceptual Status: | 0 NOT ALTERED | Total Score: | 5 |
| Physical Mobility Status: | 3 ALTERED | =Fall Risk= | |
| Elimination Status: | 0 NOT ALTERED | Low (0-2): | |
| Recent History Of Falls: | 0 NO FALLS | Moderate (3-6): | Y |
| Patient's Age: | 2 65+ YEARS | High (7+): | |

===BRADEN PRESSURE ULCER RISK ASSESSMENT===

| | | | |
|---|---|---|---|
| Sensory Perception: | 4 NOT LIMITED-WNL | Skin Risk Score: | 20 |
| Moisture: | 4 RARELY MOIST | 19-23 = No Risk: | Y |
| Activity: | 3 WALKS OCCASIONALLY | 15-18 = At Risk: | |
| Mobility: | 3 SLIGHTLY LIMITED | 13-14 = Moderate Risk: | |
| Nutrition: | 3 ADEQUATE | 10-12 = High Risk: | |
| Friction and Sheer: | 3 NO APPARENT PROBLEM | 9 Or Lower = Very High Risk: | |

Scoring of 18 Or Lower - Initiate Skin Integrity Protocol Guidelines

=== DVT RISK ASSESSMENT ====

| | |
|---|---|
| Leg Plaster Cast or Brace: | 0 NO |
| Varicose Veins: | 0 NO |
| Hormone Replacement: | 0 NO |
| Admission DX includes: CHF,COPD,MI,Sepsis,Pneumonia: | 0 NO |
| Bed Rest with Limited Activity: | 0 NO |
| Obesity: | 0 NO |
| Major Surgery (> 60 minutes): | 0 NO |
| Family History of DVT/PE: | 0 NO |
| Present Cancer or Chemotherapy: | 0 NO |
| History of SVT, DVT/PE: | 0 NO |
| Hip, Pelvis, or Leg Fracture (< 1 month): | 0 NO |
| Stroke (< 1 month): | 0 NO |
| Paralysis (< 1 month): | 0 NO |
| Patient's Age: | 2 60-74 YEARS |
| Total Score: | 2 |

=DVT Risk=
Low (0-1):
Moderate (2): Y

** CONTINUED ON NEXT PAGE **

High (3+):
*** NOTIFY PHYSICIAN IF DVT RISK SCORE > 1 AND DOCUMENT IN PT CARE NOTES ***

Sequential Compression Device in place: Y
Chemical Prophylaxis in use: N

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 0810 (continued)

1070 Shift Reassessment + (continued)
Comment:

=== SAFETY ===
Isolation: STANDARD PROCEDURES Allergy Bracelet On: Y ID Band On: Y
Restraints in Use: N Describe:

=== IV ASSESSMENT ===
IV Location: LEFT HAND IV Site Within Normal Limits: Y
IV Site Condition:
IV Start/Restart Date: 06/01/20

IV Location: IV Site Within Normal Limits:
IV Site Condition:
IV Start/Restart Date:
IV Comment:

=== SUICIDE RISK ASSESSMENT ===

1. Patient reports current or history of psychiatric illness,
with acute exacerbation of symptoms within the last 30 days: N
2. Patient has positive history of suicide attempt: N
3. Patient voicing suicidal intent/ideation: N
4. Patient has active suicide plan: N

If patient answered YES to questions #1 or #2 only, refer to Social Services for follow-up.
If patient answered YES to questions #3 and/or #4,IMMEDIATELY institute suicide precautions.

=== SUICIDE PRECAUTIONS ===

Security at bedside or stand-by:
Secure or remove any/all safety hazards:
(weapons, sharp objects, medications, contraband, patient belongings, cords, belts, etc.)
Provide close/continuous supervision:
Notify physician to order psych eval or MAT team assessment:
(for assessment of lethality and recommendations for care)

15000 Care Plan: RN Review + A Q12H CP
- Document 06/02/20 0810 EA 06/02/20 1102 EA

PATIENT PROBLEM LIST AS PRIORITIZED ON CARE PLAN:
Problem(s) Identified: PROB: Impaired Cardiac Function Status: A
: PROBLEM: Impaired Respiratory Function : A
: PROBLEM: Impaired Musc/Skeletal Function : A
: Developmental Age 66+ (OLDER ADULT) : A
: CVMC STANDARD OF CARE : A

** CONTINUED ON NEXT PAGE **

: STANDARD OF PRACTICE M/S/TELE : A

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 0810 (continued)

15000 Care Plan: RN Review + (continued)

Patient's Plan of Care was Reviewed and Updated as Needed: Y

31320 Pain: Management Of + A AS NEEDED CP
- Document 06/02/20 0810 EA 06/02/20 1104 EA

*** Chest Pain to be Documented on Cardiac Problem ***

=== PAIN MANAGEMENT ===

Time of Patient's Complaint: 0810
Pain Location:
~Pain Scale: 0/10
Describe the Pain:
Onset:
Comment:
:
Comfort Measures Implemented: :
Other Measures Taken:

Time of Reassessment: Post Intervention Pain Scale:
Response to Intervention:

Patient/Family Education Provided:

Pain Comment:

=== Pain Education for Patient/Family ===

Instructions Given Related to:

Pain Management is Part of Treatment Plan:
About the Use of the Pain Intensity Rating Scale:
Total Absence of Pain is Often not Realistic/Desirable Goal:
Choosing a Pain Control Goal, such as Pain Not Worse than 2:
That Effect of Pain Management Interventions will be Reassessed at Frequent Intervals:
About the Importance of Requesting and Receiving Pain Relief
Measures Before Pain Becomes Severe & Difficult to Control:
About the Importance of Notifying Health Care Providers About Any Unrelieved Pain:

== Other Information Taught ==
:

40250 Position Change + A Q2H AS NEEDED CP
- Document 06/02/20 0810 EA 06/02/20 1104 EA

Patient Ambulatory: Y Patient Able to Turn/Reposition: Y Patient is Noncompliant: N

== Position Change ==

Right Side: Y Left Side: N Supine: N Trendelenburg: N Offload Pressure Points: N

** CONTINUED ON NEXT PAGE **

Comment: AMBULATORY, ABLE TO REPOSITION SELF IN BED

```
 Problem/Expected Outcome/Intervention Description
                                                          Sts  Directions                    From
   Activity       Occurred          Recorded                       Documented
   Type         Date      Time  by  Date      Time  by  Comment         Units           Change


 Activity Date: 06/02/20        Time: 0810

80010         Education: Patient/Family Teaching +     A   QS BY CAREGIVER               CP
- Document      06/02/20 0810  EA  06/02/20 1105  EA
                            === PATIENT/FAMILY EDUCATION ===
        Information Taught: PROCEDURE EXPLANATION
         Instruction Given: INSTRUCTED TO REMAIN NPO AFTER 1000, NO LUNCH FOR SCHEDULED
                            LEXISCAN THIS AFTERNOON.
                            NO COFFEE

             Person Taught: PATIENT
             Person Taught:
            Teaching Tools: VERBAL
          Other Tools Used:
 Factors Affecting Learning: FATIGUE
             Other Factors:
       Participation Level: ACTIVE
                Evaluation: VERBALIZES UNDERSTANDING
 Needs Additional Education: N
                          :
                  Educator: Barreto,Elda
                Discipline: NURSING

 Activity Date: 06/02/20        Time: 0837

20010         VS: Monitor +                            A   AS ORDERED                    CP
- Document      06/02/20 0837 MCM  06/02/20 0837 MCM
     Temperature/F: 97.0                       Temp Source: TEMPORAL ARTERY
             Pulse: 59                        Pulse Source: AUTOMATIC, NONINVASIVE
      Respirations: 20                         Resp Source: OBSERVED
    Blood Pressure: 141/80   MAP (mm Hg): 91  BP Source: AUTOMATIC
              Site: RIGHT UPPER ARM
   ~      C/O Pain: N       Pain Scale: 0/10

                        == CNA/LICENSED Documentation ==
              Comfort Measures Implemented:
                    Nurse Notified of Pain:
              (If Medicated, Document On Intervention Pain: Management Of)

                          ***IF ON OXYGEN***
    Oxygen Device: ROOM AIR                      O2 Amount (L/min):
         SpO2 (%): 96             FIO2:
Comment:

 Activity Date: 06/02/20        Time: 1225

900110        Case Management: DC Plan/Social Services A                             AS
- Create        06/02/20 1225 LIR  06/02/20 1228 LIR
```

** CONTINUED ON NEXT PAGE **

- Document    06/02/20 1225 LIR  06/02/20 1228 LIR
=== INITIAL DC PLAN ===
Information provided by Patient/Family: PATIENT
Other:
Interpreter Needed: N    Name of Interpreter:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20    Time: 1225  (continued)

900110    Case Management: DC Plan/Social Services (continued)
Reason for admission and medical history: HYPERTENSION.
CHOLECYSTECTOMY, MIGRAINE
HEADACHE
Preferred Language: ENGLISH
Religious Beliefs: CH
Patient's reported literacy level: PHYSICIAN

Vision/Hearing/Physical Limitations: N   If Yes:

Current Living Arrangement: HOME
Lives with: WIFE
Name: IRMA KAWAGUCHI
Phone: 909-374-7216

=== PATIENT PREFERENCES FOR CARE AND DISCHARGE ===
Per the patient or family: who is the patient's CARE PARTNER - i.e. the person who is most involved in the patient's daily routines and/or assistance with healthcare concerns?
If other than the person named on the facesheet: Name/Phone#: SEE FACESHEET

Per patient (or family if pt is unable to provide info): what is his/her goal
(in patient's own words) for treatment and discharge: NO CHEST PAIN

Per patient (or family): patient has the following resources available or in place:
(Check all that apply)
Caregiver or support person (may include family) who assists pt if needed: Y
Home Health:    Transportation:    Hospice:    Mental Health Services:
DME:    Other:

=== ONGOING CARE NEEDS/ANTICIPATED RISKS AT DISCHARGE ===
If YES to any of the factors below, the patient may be considered for (HIGH RISK) discharge planning follow-up and/or social service consult. A score of (3) or HIGHER will require additional discharge planning - refer to CASE MANAGEMENT/SOCIAL SERVICES. The higher the total score the higher the likelihood for failure and/or return to the hospital.

Hospitalized in last 30 days or 1 ER visit in last 6 months: 0 NO
Cognitive deficits requiring supervision/assist with ADLS: 0 NO
Disease/injury which impacts ability to perform ADLS: 0 NO
Limited/no support system if needed for assistance: 0 NO
Resident of Board/Care, Assisted Living, or SNF: 0 NO
Difficulty accessing medical care,medication,transportation: 0 NO
Limited means to access food/housing or homeless: 0 NO
History of substance abuse and/or mental health issues: 0 NO

** CONTINUED ON NEXT PAGE **

Terminal or life threatening illness: 0 NO
Total Score: 0

=== ANTICIPATED DISCHARGE PLAN ===
New needs/concerns identified: Y Reviewed By: Date: Time:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 1225 (continued)

900110 Case Management: DC Plan/Social Services (continued)
When medically stable, the patient can return to prior living arrangements
as follows: PT RESIDES AT HOME WITH HIS WIFE, IRMA
KAWAGUCHI AND PLAN IS FOR PT TO RETURN
BACK ONCE STABILIZED.

Pt is HIGH RISK for failure: N
Per the above indicated factors and/or as determined by the physician and will need
additional discharge planning prior to discharge. Case Mgt/Social Services notified.
If Case Mgt/Social Services not available, House Supervisor notified for assistance.

Health Care Decision-Maker:
Patient: Y Next of Kin: Name/Relationship/Phone#: IRMA KAWAGUCHI - WIFE
909-374-7216
Conservator/Public Guardian: Name/Phone#:

Community Case Manager: Name/Phone#:

Other: Name/Phone#:

Advance Directive/DPOA: POLST: Education provided re Advance Directive &/or POLST:

Patient/Family Have Educational Needs: Education Given: PT REPORTED THAT IRMA WHO IS
HIS DPOA AND HIS
BEST FRIEND YOLLA GERZ ARE THE
ONLY ONES TO MAKE DECISIONS
FOR PT IF HE IS UNABLE TO MAKE
DECISIONS FOR SELF. PT STATED
THAT HIS CHILDREN ARE NOT
TO MAKE DECISIONS FOR HIM.

***** DISCHARGE PLANNING/REASSESSMENT *****
Summary of Discharge Assessment:

Reassessment Completed:
Completed by: Date: Time:

***** SOCIAL SERVICES CONSULT *****
Social Service Consult needed: Issues- ER: Advance Directive:
Mental Health: End of Life:
Mandated Reporting: Homeless:
Substance Abuse: Other:

** CONTINUED ON NEXT PAGE **

Narrative Summary:

Completed by: Date: Time:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 1225 (continued)

900110 Case Management: DC Plan/Social Services (continued)

***** ADDITIONAL FOLLOW-UP NOTES AS NEEDED *****
Notes:
- Edit Results 06/02/20 1225 LIR 06/02/20 1245 LIR
Social Service Consult needed: Y []
ER: N []
Advance Directive: N []
Mental Health: Y []
Mandated Reporting: N []
Substance Abuse: N []
End of Life: N []
Homeless: N []
Other: N []
Narrative Summary: SW spoke with pt via phone due to safety concerns to provide [] support as it was reported that pt recently lost his wife [] and dealing with stressors at work. []
Completed by: SWRLI []
Date: 06/02/20 []
Time: 1244 []
- Edit Results 06/02/20 1225 LIR 06/02/20 1258 LIR
Narrative Summary: SW spoke with pt via phone due to safety concerns to provide support as it was reported that pt recently lost his wife and dealing with stressors at work. Pt is alert and oriented [and dealing with stressors at work.]
x4 with broad mood. Pt reported that he resides at home with [] his wife Irma Kawaguchi. Pt stated that his ex-wife was the [] person who passed away yesterday. SW checked in regards to [] his feelings and provided an open space to talk and pt [] reported that he is doing ok. Pt reported that he has [] accepted it as he cannot change it. Pt reported that he is [] ambulatory with no assist and is independent in all ADLS. Pt [] reported that his wife does the cooking, cleaning, and [] laundry in the home. Pt cares for self with income from [] employment as pt is the Chief Psychiatrist at Chino [] Correction. Pt denied hx of o2, dialysis, home health, SNF [] placement, issues with stairs in the home, Veteran benefits, [] and illicit drug usage. Pt reported that he provides his own [] transportation but at discharge his wife will pick him up. [] SW asked about mental health hx and pt denied mental health [] hx. Pt stated that he has been dealing with stress at work. [] Pt stated that his supervisor was changed in January who has [] been causing him increased stress along with the COVID19 [] pandemic as there is staff shortage. SW actively listened [] and provided a safe space to vent. Pt denied SI and HI. A [] Psych Consult was also ordered for pt. Pt reported that if []

** CONTINUED ON NEXT PAGE **

the Dr. Idrees who is the assigned Psychiatrist is able to []
take his insurance he would like to continue with him. If []
not pt reported that there is a program at work who can []
link him to services. SW will follow up with pt. []

Problem/Expected Outcome/Intervention Description
Sts Directions From
Activity Occurred Recorded Documented
Type Date Time by Date Time by Comment Units Change

Activity Date: 06/02/20 Time: 1730

20010 VS: Monitor + A AS ORDERED CP
- Document 06/02/20 1730 YGE 06/02/20 1730 YGE
Temperature/F: 98.5 Temp Source: TEMPORAL ARTERY
Pulse: 62 Pulse Source: AUTOMATIC, NONINVASIVE
Respirations: 18 Resp Source: OBSERVED
Blood Pressure: 136/87 MAP (mm Hg): 97 BP Source: AUTOMATIC
Site: RIGHT UPPER ARM
~ C/O Pain: N Pain Scale: 0/10

== CNA/LICENSED Documentation ==
Comfort Measures Implemented:
Nurse Notified of Pain:
(If Medicated, Document On Intervention Pain: Management Of)

***IF ON OXYGEN***
Oxygen Device: ROOM AIR O2 Amount (L/min): 2
SpO2 (%): 94 FIO2:
Comment:

Activity Date: 06/02/20 Time: 1758

1501 I&O: Monitor A AS NEEDED CP
- Document 06/02/20 1758 EA 06/02/20 1809 EA
=== INTAKE: ===
Ice: Y IV's: 900 Lipids:
Oral: 2350 IVPB's: Blood/Product:
Tube Feeding: Chemo: GU Irrigant,In:
H2O: TPN: Other Intake:

=== OUTPUT: ===
BRP: Y # of Voids/Incont: 4 Colostomy: Hemovac #1:
# of Stools: 1 Jejunostomy: Hemovac #2:
Urine: Ileostomy: T-Tube:
Stool, Liquid: Jackson Pratt #1: GU Irrigant, Out:
Emesis: Jackson Pratt #2: Dialysis Net:
NG Tube: Chest Tube #1: Est. Blood Loss:
Nephrostomy: Chest Tube #2: Other Output:

Comment:
9990004 Daily Chart Check A 0600 & 1800 CP
- Document 06/02/20 1758 EA 06/02/20 1809 EA
12 Hour Chart Check Completed: Y

** CONTINUED ON NEXT PAGE **

24 Hour Chart Check Completed:
Comment:

This verifies that all current orders have been completed or are in process.

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 1758

21090 Routine Care: MED/SURG/TELE + A .END OF SHIFT/TX CP
VIEW PROTOCOL
- Document 06/02/20 1758 EA 06/02/20 1809 EA
The Practice Guidelines Appropriate For The Patient And Within The Scope Of My Practice Have Been Met Throughout The Shift: YES NO COMMENT

Signature: Barreto,Elda Shift: 0700 - 1930

Practice Guidelines Comment:

Patient/Family Education Provided This Shift: Y

Isolation: STANDARD PROCEDURES
Restraints in Use: N Describe:
+Total Hrs. In Restraints This Shift: Location:
Sitter Used: N Comment:

=== IV ASSESSMENT ===
Throughout Shift: Central Line Present: N
IV Location: LEFT HAND ~IV Site Within Normal Limits: Y
IV Site Condition:
IV Start/Restart Date: 06/01/20

IV Location: IV Site Within Normal Limits:
IV Site Condition:
IV Start/Restart Date:
IV Comment: IVF INFUSING WELL, SITE INTACT

Activity Date: 06/02/20 Time: 1940

31231 Problem: Cardiovascular + A QS & Q4H IN ICU CP
- Document 06/02/20 1940 SLD 06/02/20 2010 SLD
Altered Cardiac Function/Status Remains An Active Problem: Y
(if No, consider Inactivating or Completing Intervention)
***Document Only on Interventions Related to Patient's Altered Status/Function.***

=== REASSESSMENT ===
~CARDIAC Assessment Within Normal Limits: Y
Heart Rate Irregular: Heart Tones:
Syncope/Fainting: Vertigo/Dizziness:

** CONTINUED ON NEXT PAGE **

Chest Pain: Pain Quality:
If Radiating, Describe:
Pain Scale: Pain Treatment:
Time of Reassessment: Post Intervention Pain Scale:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 1940 (continued)

31231 Problem: Cardiovascular + (continued)
IF ON CARDIAC MONITOR/TELEMETRY: Cardiac Rhythm: NSR-PVC'S Monitor #: 2
If Rhythm Changed, Physician Notified Date: Time:
Physician Notified:
Intervention/Outcome:

=== PACEMAKER ASSESSMENT ===
AICD/Permanent Pacemaker: N
Temporary Pacemaker Type:
Pacemaker Site:
Pacemaker Mode:
Pacer Set Rate:
Vent. MA:
Atrial MA:
Vent Sensitivity:
Capture:
Sense:
Off:

=== HEMODYNAMICS ===
CVP, Arterial, or PA Line Present: N
CVP Line Zero Balanced:
CVP (cm H2O): CVP (mmHg):
Noninvasive BP:
Arterial BP:
Arterial Line Zero Balanced:
Art Line Site:
PA Line Site:
PA Line @ (cm):
Waveform:
PA Line Zero Balanced: Line Flushed:
PAP (mmHg): PVR:
PCWP: SVR:
CO (L/min): CI:

Site Care: Specify:
Comment:
=== ADDITIONAL CARDIAC COMMENTS ===
Cardiac Comment: DENIES CHESTPAIN OR DISCOMFORT
:
31220 Problem: Respiratory + A QS & Q4H IN ICU CP
- Document 06/02/20 1940 SLD 06/02/20 2010 SLD
Altered RESPIRATORY Status Remains an Active Problem: Y
(If NO, Consider Inactivating or Completing Intervention)
*** Document Only on Interventions Related to Patient's Altered Status/Function. ***

=== REASSESSMENT ===
~RESPIRATORY Assessment Within Normal Limits: Y
Breath Sounds: Location:
Breath Sounds: Location:

Effort: Chest Expansion:
Cough: Secretions, Amt:
Color: Cleared by:

***IF ON OXYGEN***
Oxygen Device: ROOM AIR O2 Amount (L/min): FIO2 (%):
Pulse Oximetry: SpO2 (%): Probe Location:

** CONTINUED ON NEXT PAGE **

Pulse Ox Comment:

Respiratory Comment: BREATH SOUNDS CLEAR THROUGHOUT LUNG FIELDS, RESP EVEN, UNLABORED. NO
: SOB NOTED. PT ON RA

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 1940 (continued)

31220 Problem: Respiratory + (continued)

Use of Ventilator: N

=== VENT SETTINGS ===
Type of Ventilator:
Mode:
Set Rate (bpm):
Total Rate (bpm):
Set VT (cc):
Measured VT (cc):
FIO2 (%):
PEEP (cm H2O):
PSV (cm H2O):

=== AIRWAYS ===
ETT Size:
Tube Placement:
ETT Position (cm):
(cm to Lipline)

== If Tracheostomy Present ==
Trach Care Provided per Guidelines or as Ordered: N
Trach Type:
Trach Size:
Trach Stoma Condition:
Trach Site Drainage:

== IF CHEST TUBES ==
Chest Tube #1 Location:
Drainage:
Waterseal Patent: Air Leak:
Connected to Suction: Suction Amount (cm):
Subcutaneous Air Noted: Dressing Changed/Reinforced:

Chest Tube #2 Location:
Drainage:
Waterseal Patent: Air Leak:
Connected to Suction: Suction Amount (cm):
Subcutaneous Air Noted: Dressing Changed/Reinforced:

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|
| 31260 Problem: Musculoskeletal + | | | | | | | A | QS & Q4H IN ICU | CP |
| - Document | 06/02/20 | 1940 | SLD | 06/02/20 | 2010 | SLD | | | |

Altered Musculoskeletal Function/Status Remains an Active Problem: Y
(If NO, Consider Inactivating or Completing Intervention)
*** Document Only on Interventions Related to Patient's Altered Status/Function. ***

=== REASSESSMENT ===
MUSCULOSKELETAL Assessment Within Normal Limits: N
Weakness: GENERALIZED
Gait/Balance:
Range of Motion:
Location of Limited ROM:
:
Joints:
Contractures/Deformities:
Musculoskeletal Comment: FULL ROM WITH SOME GENERALIZED WEAKNESS NOTED.
:

=== TRACTION ===
Traction in Use: N
Type of Traction:
Extremity:

=== CASTS ===
Cast Location:
Cast Type:
Cast Condition:

** CONTINUED ON NEXT PAGE **

```
      Weight (lbs):                                Extremity Elevated:
Hours On This Shift:                        Peripheral Pulse Palpable:
                                              Skin Around Cast Intact:
=== PIN CARE ===
Orthopedic Pin Care Given: N                === BRACES ===

 Problem/Expected Outcome/Intervention Description
                                                     Sts  Directions              From
   Activity       Occurred         Recorded                   Documented
   Type        Date     Time  by  Date     Time  by  Comment       Units          Change


 Activity Date: 06/02/20        Time: 1940  (continued)

31260         Problem: Musculoskeletal + (continued)
        Pin Location:                       Brace being Utilized: N
 Pin Site Appearance:                       Type of Brace:
  Pin Site Care With:                           Extremity:
Dressing to Pin Site:                       Hours On This Shift:
                                                Extremity:
=== CPM ===                                 Hours On This Shift:
            CPM Being Utilized: N
Total Hours in CPM This Shift:        Ortho Comment:
        Skin Integrity Checked:
             Alignment Checked:
CPM Comment:
1001034       Age Guidelines: 66+ (OLDER ADULT)      A   VIEW PROTOCOL/DI QS         CP
- Document      06/02/20 1940 SLD  06/02/20 2010 SLD
1060          Sepsis Screening +                     A   QSHIFT                      CP
- Document      06/02/20 1940 SLD  06/02/20 2008 SLD
===ADULT SEPSIS SCREENING=== Date/Time of Initial Screening   Date: 06/02/20 Time: 1940

1. (1 YES Qualifies)
     Recent Procedure: N
   Antibiotic Therapy: N

2. Systemic Inflammatory Response Syndrome-SIRS (2 YES Qualifies)
   Temp <36 C (96.8 F) or >38.3 C (100.9 F): N
                      Respiratory Rate > 20: N
                            Heart Rate > 90: N

3. Organ Dysfunction (1 YES Qualifies)
           SBP <90 or MAP <65 mmHG: N
   New Acute Mental Status Changes: N
     Patient on CPAP,BIPAP,or VENT: N
 === If all 3 sections are YES and MAP < 65 mmHG, need fluids at 30 ml/kg ====

   YES to ALL 3 Sections, Notify DR ASAP and Document Phys Name/Time Notified.
 ALL 3 Sections are YES: N   Name of Physician Reported To:
Time Physician Notified:                   Handoff To:
1070          Shift Reassessment +                   A   QS & Q4H IN ICU             CP
- Document      06/02/20 1940 SLD  06/02/20 2009 SLD
Reassessment Obtained Date: 06/02/20 Time: 1940


  NEUROLOGICAL Assessment Within Normal Limits: Y
Neuro Comment:
             :
  EENT Assessment Within Normal Limits:         Y
EENT Comment:
```

** CONTINUED ON NEXT PAGE **

```
            :
  RESPIRATORY Assessment Within Normal Limits:  Y
Respiratory Comment: BREATH SOUNDS CLEAR THROUGHOUT LUNG FIELDS, RESP EVEN, UNLABORED. NO
               : SOB NOTED. PT ON RA
  CARDIAC Assessment Within Normal Limits:      Y

 Problem/Expected Outcome/Intervention Description
                                                            Sts  Directions                From
   Activity       Occurred          Recorded                         Documented
   Type        Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/02/20        Time: 1940  (continued)

1070          Shift Reassessment + (continued)
               IF ON CARDIAC MONITOR/TELEMETRY:
 Cardiac Rhythm: NSR-PVC'S                   Monitor #: 2
Cardiac Comment: DENIES CHESTPAIN OR DISCOMFORT
               :
  CIRCULATORY Assessment Within Normal Limits:  Y
Circulatory Comment:
               :
  MUSCULOSKELETAL Assessment Within Normal Limits:  N
Musculoskeletal Comment: FULL ROM WITH SOME GENERALIZED WEAKNESS NOTED.
               :
  NUTRITIONAL Assessment Within Normal Limits:      Y
Nutritional Comment:
               :
  GASTROINTESTINAL Assessment Within Normal Limits: Y               Last BM: 05/31/20
GI Comment:
          :
  GENITOURINARY Assessment Within Normal Limits:    Y
GU Comment:
          :
     INTEGUMENTARY Assessment Within Normal Limits: Y
Skin Comment:
            :
  PSYCHOSOCIAL Assessment Within Normal Limits:     Y
Psychosocial Comment:
               :


     ==== The Following To Be Documented On Once A Shift ====

  === FALL RISK ASSESSMENT===
         Mental Status: 0 NOT ALTERED
Sensory Perceptual Status: 0 NOT ALTERED                            Total Score:    5
 Physical Mobility Status: 3 ALTERED                                =Fall Risk=
      Elimination Status: 0 NOT ALTERED                             Low (0-2):
  Recent History Of Falls: 0 NO FALLS                               Moderate (3-6): Y
         Patient's Age: 2 65+ YEARS                                 High (7+):

===BRADEN PRESSURE ULCER RISK ASSESSMENT===
      Sensory Perception: 4 NOT LIMITED-WNL         Skin Risk Score:              20
              Moisture: 4 RARELY MOIST              19-23 = No Risk:              Y
              Activity: 3 WALKS OCCASIONALLY        15-18 = At Risk:
              Mobility: 3 SLIGHTLY LIMITED          13-14 = Moderate Risk:
             Nutrition: 3 ADEQUATE                  10-12 = High Risk:
      Friction and Sheer: 3 NO APPARENT PROBLEM     9 Or Lower = Very High Risk:
                    Scoring of 18 Or Lower - Initiate Skin Integrity Protocol Guidelines
```

** CONTINUED ON NEXT PAGE **

=== DVT RISK ASSESSMENT ====
Leg Plaster Cast or Brace: 0 NO
Varicose Veins: 0 NO

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/02/20 Time: 1940 (continued)

1070 Shift Reassessment + (continued)
Hormone Replacement: 0 NO
Admission DX includes: CHF,COPD,MI,Sepsis,Pneumonia: 0 NO
Bed Rest with Limited Activity: 0 NO
Obesity: 0 NO
Major Surgery (> 60 minutes): 0 NO
Family History of DVT/PE: 0 NO
Present Cancer or Chemotherapy: 0 NO
History of SVT, DVT/PE: 0 NO
Hip, Pelvis, or Leg Fracture (< 1 month): 0 NO
Stroke (< 1 month): 0 NO
Paralysis (< 1 month): 0 NO
Patient's Age: 2 60-74 YEARS
Total Score: 2

=DVT Risk=
Low (0-1):
Moderate (2): Y
High (3+):

*** NOTIFY PHYSICIAN IF DVT RISK SCORE > 1 AND DOCUMENT IN PT CARE NOTES ***

Sequential Compression Device in place: Y
Chemical Prophylaxis in use: N
Comment:

=== SAFETY ===
Isolation: STANDARD PROCEDURES Allergy Bracelet On: Y ID Band On: Y
Restraints in Use: N Describe:

=== IV ASSESSMENT ===
IV Location: LEFT HAND IV Site Within Normal Limits: Y
IV Site Condition:
IV Start/Restart Date: 06/01/20

IV Location: IV Site Within Normal Limits:
IV Site Condition:
IV Start/Restart Date:
IV Comment: IV SITE INTACT

=== SUICIDE RISK ASSESSMENT ===

1. Patient reports current or history of psychiatric illness, with acute exacerbation of symptoms within the last 30 days: N
2. Patient has positive history of suicide attempt: N
3. Patient voicing suicidal intent/ideation: N
4. Patient has active suicide plan: N

** CONTINUED ON NEXT PAGE **

If patient answered YES to questions #1 or #2 only, refer to Social Services for follow-up.
If patient answered YES to questions #3 and/or #4,IMMEDIATELY institute suicide precautions.

=== SUICIDE PRECAUTIONS ===

```
 Problem/Expected Outcome/Intervention Description
                                                              Sts  Directions                 From
   Activity       Occurred          Recorded                          Documented
   Type         Date      Time  by  Date      Time  by  Comment       Units            Change


 Activity Date: 06/02/20        Time: 1940  (continued)

1070          Shift Reassessment + (continued)

                                  Security at bedside or stand-by:
                          Secure or remove any/all safety hazards:
  (weapons, sharp objects, medications, contraband, patient belongings, cords, belts, etc.)
                             Provide close/continuous supervision:
       Notify physician to order psych eval or MAT team assessment:
                (for assessment of lethality and recommendations for care)
15000         Care Plan: RN Review +                      A   Q12H                          CP
- Document      06/02/20 1940 SLD  06/02/20 2009 SLD
PATIENT PROBLEM LIST AS PRIORITIZED ON CARE PLAN:
  Problem(s) Identified: PROB: Impaired Cardiac Function            Status: A
                       : PROBLEM: Impaired Respiratory Function           : A
                       : PROBLEM: Impaired Musc/Skeletal Function         : A
                       : Developmental Age 66+ (OLDER ADULT)              : A
                       : CVMC STANDARD OF CARE                            : A
                       : STANDARD OF PRACTICE M/S/TELE                    : A
                       :                                                  :
                       :                                                  :
                       :                                                  :
                       :                                                  :

                 Patient's Plan of Care was Reviewed and Updated as Needed: Y
40250         Position Change +                           A   Q2H AS NEEDED                 CP
- Document      06/02/20 1940 SLD  06/02/20 2010 SLD
  Patient Ambulatory: Y  Patient Able to Turn/Reposition: Y  Patient is Noncompliant:

== Position Change ==
  Right Side:    Left Side:    Supine:     Trendelenburg:    Offload Pressure Points:

  Comment: AMBULATORY, ABLE TO REPOSITION SELF IN BED

 Activity Date: 06/02/20        Time: 2113

20010         VS: Monitor +                               A   AS ORDERED                    CP
- Document      06/02/20 2113  WS  06/02/20 2113  WS
     Temperature/F: 98.5                      Temp Source: TEMPORAL ARTERY
             Pulse: 64                       Pulse Source: AUTOMATIC, NONINVASIVE
      Respirations: 20                        Resp Source: OBSERVED
    Blood Pressure: 143/86   MAP (mm Hg): 105 BP Source: AUTOMATIC
              Site: RIGHT UPPER ARM
   ~      C/O Pain: N       Pain Scale: 0/10

                        == CNA/LICENSED Documentation ==
               Comfort Measures Implemented:
                     Nurse Notified of Pain:
```

** CONTINUED ON NEXT PAGE **

(If Medicated, Document On Intervention Pain: Management Of)

***IF ON OXYGEN***
Oxygen Device: ROOM AIR O2 Amount (L/min): 0
SpO2 (%): 96 FIO2:

Problem/Expected Outcome/Intervention Description

```
                                                     Sts  Directions                From
   Activity      Occurred           Recorded                  Documented
   Type        Date     Time  by  Date     Time  by  Comment       Units          Change
```

Activity Date: 06/02/20 Time: 2113 (continued)

20010 VS: Monitor + (continued)
Comment:

Activity Date: 06/03/20 Time: 0532

```
1501          I&O: Monitor                            A   AS NEEDED                 CP
- Document     06/03/20 0532 SLD  06/03/20 0532 SLD
=== INTAKE: ===
               Ice: N                   IV's: 1200                Lipids:
              Oral:                   IVPB's:             Blood/Product:
      Tube Feeding:                    Chemo:             GU Irrigant,In:
               H2O: 400                  TPN:               Other Intake:


=== OUTPUT: ===
BRP: Y # of Voids/Incont: 4         Colostomy:                Hemovac #1:
            # of Stools: 0        Jejunostomy:                Hemovac #2:
                  Urine:           Ileostomy:                   T-Tube:
          Stool, Liquid:     Jackson Pratt #1:           GU Irrigant, Out:
                 Emesis:     Jackson Pratt #2:              Dialysis Net:
                NG Tube:        Chest Tube #1:           Est. Blood Loss:
            Nephrostomy:        Chest Tube #2:              Other Output:


            Comment:
9990004       Daily Chart Check                       A   0600 & 1800               CP
- Document     06/03/20 0532 SLD  06/03/20 0533 SLD
12 Hour Chart Check Completed:
24 Hour Chart Check Completed: Y
Comment:

         This verifies that all current orders have been completed or are in process.
21090         Routine Care: MED/SURG/TELE +           A   .END OF SHIFT/TX          CP
              VIEW PROTOCOL
- Document     06/03/20 0532 SLD  06/03/20 0533 SLD
```

The Practice Guidelines Appropriate For The Patient And Within The Scope Of My Practice Have Been Met Throughout The Shift: YES NO COMMENT

Signature: Chesterfield,Sonia L Shift: 1900 - 0730

Practice Guidelines Comment:

** CONTINUED ON NEXT PAGE **

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Patient/Family Education Provided This Shift: Y

Isolation: STANDARD PROCEDURES
Restraints in Use: N Describe:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/03/20 Time: 0532 (continued)

21090 Routine Care: MED/SURG/TELE + (continued)
+Total Hrs. In Restraints This Shift: Location:
Sitter Used: N Comment:

=== IV ASSESSMENT ===
Throughout Shift: Central Line Present: N
IV Location: LEFT HAND ~IV Site Within Normal Limits: Y
IV Site Condition:
IV Start/Restart Date: 06/01/20

IV Location: IV Site Within Normal Limits:
IV Site Condition:
IV Start/Restart Date:
IV Comment: IVF INFUSING WELL, SITE INTACT

Activity Date: 06/03/20 Time: 0545

20010 VS: Monitor + A AS ORDERED CP
- Document 06/03/20 0545 WS 06/03/20 0546 WS
Temperature/F: 98.4 Temp Source: TEMPORAL ARTERY
Pulse: 59 Pulse Source: AUTOMATIC, NONINVASIVE
Respirations: 20 Resp Source: OBSERVED
Blood Pressure: 119/63 MAP (mm Hg): 78 BP Source: AUTOMATIC
Site: RIGHT UPPER ARM
~ C/O Pain: N Pain Scale: 0/10

== CNA/LICENSED Documentation ==
Comfort Measures Implemented:
Nurse Notified of Pain:
(If Medicated, Document On Intervention Pain: Management Of)

***IF ON OXYGEN***
Oxygen Device: ROOM AIR O2 Amount (L/min): 0
SpO2 (%): 98 FIO2:
Comment:

Activity Date: 06/03/20 Time: 0546

21402 Activity/ADL/Hygiene Flowsheet A QS & PRN CP
- Document 06/03/20 0546 WS 06/03/20 0546 WS
=== ACTIVITY/ADL ===

Current Mobility:

** CONTINUED ON NEXT PAGE **

```
                Activity Type:
           Activity Tolerance:
Ambulatory Assistive Device Used:
                         Bath:
                        Meals:

 Problem/Expected Outcome/Intervention Description
                                                      Sts  Directions                  From
   Activity        Occurred          Recorded                   Documented
   Type          Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/03/20        Time: 0546  (continued)

21402         Activity/ADL/Hygiene Flowsheet (continued)
                          Dress:

=== PERSONAL HYGIENE ===                          # of Stools:
                                                Stool, Liquid:
        Bath:                                       Colostomy:
 Oral Hygiene:                               # of Voids/Incont: 2
 Gown Changed:                                          Foley:
Linen Changed:                                          Urine:
                                                       Emesis:
                                                 Other Output:

          Comment:

 Activity Date: 06/03/20        Time: 0801

20010         VS: Monitor +                           A   AS ORDERED                  CP
- Document      06/03/20 0801 LMC  06/03/20 0802 LMC
     Temperature/F: 97.0                   Temp Source: TEMPORAL ARTERY
             Pulse: 66                    Pulse Source: AUTOMATIC, NONINVASIVE
      Respirations: 20                     Resp Source: OBSERVED
    Blood Pressure: 143/91   MAP (mm Hg): 104 BP Source: AUTOMATIC
              Site: RIGHT UPPER ARM
   ~      C/O Pain: N       Pain Scale: 0/10

                        == CNA/LICENSED Documentation ==
               Comfort Measures Implemented:
                     Nurse Notified of Pain:
               (If Medicated, Document On Intervention Pain: Management Of)

                      ***IF ON OXYGEN***
    Oxygen Device: ROOM AIR                     O2 Amount (L/min):
         SpO2 (%): 95             FIO2:
Comment:

 Activity Date: 06/03/20        Time: 0815

31231         Problem: Cardiovascular +               A   QS & Q4H IN ICU             CP
- Document      06/03/20 0815 EAM  06/03/20 0819 EAM
Altered Cardiac Function/Status Remains An Active Problem: Y
(if No, consider Inactivating or Completing Intervention)
***Document Only on Interventions Related to Patient's  Altered Status/Function.***

=== REASSESSMENT ===
 ~CARDIAC Assessment Within Normal Limits:                          Y
  Heart Rate Irregular:           Heart Tones:
```

** CONTINUED ON NEXT PAGE **

Syncope/Fainting: Vertigo/Dizziness:
Chest Pain: Pain Quality:
If Radiating, Describe:
Pain Scale: Pain Treatment:
Time of Reassessment: Post Intervention Pain Scale:

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/03/20 Time: 0815 (continued)

31231 Problem: Cardiovascular + (continued)

IF ON CARDIAC MONITOR/TELEMETRY: Cardiac Rhythm: MED/SURG Monitor #:
If Rhythm Changed, Physician Notified Date: Time:
Physician Notified:
Intervention/Outcome:

=== PACEMAKER ASSESSMENT ===
AICD/Permanent Pacemaker:
Temporary Pacemaker Type:
Pacemaker Site:
Pacemaker Mode:
Pacer Set Rate:
Vent. MA:
Atrial MA:
Vent Sensitivity:
Capture:
Sense:
Off:

=== HEMODYNAMICS ===
CVP, Arterial, or PA Line Present:
CVP Line Zero Balanced:
CVP (cm H2O): CVP (mmHg):
Noninvasive BP:
Arterial BP:
Arterial Line Zero Balanced:
Art Line Site:
PA Line Site:
PA Line @ (cm):
Waveform:
PA Line Zero Balanced: Line Flushed:
PAP (mmHg): PVR:
PCWP: SVR:
CO (L/min): CI:

Site Care: Specify:
Comment:
=== ADDITIONAL CARDIAC COMMENTS ===
Cardiac Comment: S1S2 HEARD, DENIES CHEST PAIN
:
31220 Problem: Respiratory + A QS & Q4H IN ICU CP
- Document 06/03/20 0815 EAM 06/03/20 0819 EAM
Altered RESPIRATORY Status Remains an Active Problem: Y
(If NO, Consider Inactivating or Completing Intervention)
*** Document Only on Interventions Related to Patient's Altered Status/Function. ***

=== REASSESSMENT ===
~RESPIRATORY Assessment Within Normal Limits: Y
Breath Sounds: Location:
Breath Sounds: Location:

Effort: Chest Expansion:
Cough: Secretions, Amt:
Color: Cleared by:

***IF ON OXYGEN***
Oxygen Device: ROOM AIR O2 Amount (L/min): 0 FIO2 (%):

** CONTINUED ON NEXT PAGE **

```
  Pulse Oximetry: N SpO2 (%):       Probe Location:
Pulse Ox Comment:

Respiratory Comment: LUNG SOUNDS CLEAR BIL, BREATHING UNLABORED
               :

 Problem/Expected Outcome/Intervention Description
                                                     Sts  Directions                  From
   Activity      Occurred         Recorded                  Documented
   Type        Date     Time  by  Date     Time  by  Comment       Units          Change


 Activity Date: 06/03/20        Time: 0815  (continued)

31220         Problem: Respiratory + (continued)

Use of Ventilator: N                   == If Tracheostomy Present ==
                                       Trach Care Provided per Guidelines or as Ordered: N
=== VENT SETTINGS ===                  Trach Type:
Type of Ventilator:                    Trach Size:
           Mode:                       Trach Stoma Condition:
    Set Rate (bpm):                      Trach Site Drainage:
  Total Rate (bpm):
       Set VT (cc):                      == IF CHEST TUBES ==
  Measured VT (cc):            Chest Tube #1 Location:
          FIO2 (%):                          Drainage:
     PEEP (cm H2O):                Waterseal Patent:                        Air Leak:
      PSV (cm H2O):              Connected to Suction:          Suction Amount (cm):
                               Subcutaneous Air Noted:   Dressing Changed/Reinforced:
=== AIRWAYS ===
        ETT Size:              Chest Tube #2 Location:
   Tube Placement:                           Drainage:
ETT Position (cm):                   Waterseal Patent:                      Air Leak:
(cm to Lipline)                  Connected to Suction:          Suction Amount (cm):
                               Subcutaneous Air Noted:   Dressing Changed/Reinforced:
31260         Problem: Musculoskeletal +           A   QS & Q4H IN ICU                 CP
- Document      06/03/20 0815 EAM  06/03/20 0819 EAM
Altered Musculoskeletal Function/Status Remains an Active Problem: Y
(If NO, Consider Inactivating or Completing Intervention)
*** Document Only on Interventions Related to Patient's Altered Status/Function. ***

=== REASSESSMENT ===
MUSCULOSKELETAL Assessment Within Normal Limits: N
                Weakness: GENERALIZED
            Gait/Balance:
         Range of Motion:
 Location of Limited ROM:
                        :
                  Joints:
Contractures/Deformities:
Musculoskeletal Comment: GENERALIZED WEAKNESS
               :



=== TRACTION ===                                 === CASTS ===
    Traction in Use: N                            Cast Location:
   Type of Traction:                                  Cast Type:
```

** CONTINUED ON NEXT PAGE **

```
        Extremity:                              Cast Condition:
     Weight (lbs):                                     Extremity Elevated:
Hours On This Shift:                            Peripheral Pulse Palpable:
                                                  Skin Around Cast Intact:
=== PIN CARE ===

 Problem/Expected Outcome/Intervention Description
                                                     Sts  Directions                From
   Activity      Occurred         Recorded                    Documented
   Type        Date     Time  by  Date     Time  by  Comment       Units          Change


 Activity Date: 06/03/20        Time: 0815  (continued)

31260         Problem: Musculoskeletal + (continued)
Orthopedic Pin Care Given: N                    === BRACES ===
        Pin Location:                           Brace being Utilized:
 Pin Site Appearance:                           Type of Brace:
  Pin Site Care With:                               Extremity:
Dressing to Pin Site:                           Hours On This Shift:
                                                    Extremity:
=== CPM ===                                     Hours On This Shift:
           CPM Being Utilized:
Total Hours in CPM This Shift:         Ortho Comment:
        Skin Integrity Checked:
            Alignment Checked:
CPM Comment:
1001034       Age Guidelines: 66+ (OLDER ADULT)        A   VIEW PROTOCOL/DI QS         CP
- Document      06/03/20 0815 EAM  06/03/20 0820 EAM
1060          Sepsis Screening +                       A   QSHIFT                      CP
- Document      06/03/20 0815 EAM  06/03/20 0816 EAM
===ADULT SEPSIS SCREENING=== Date/Time of Initial Screening   Date: 06/03/20 Time: 0815

1. (1 YES Qualifies)
     Recent Procedure: N
   Antibiotic Therapy: N

2. Systemic Inflammatory Response Syndrome-SIRS (2 YES Qualifies)
   Temp <36 C (96.8 F) or >38.3 C (100.9 F): N
                     Respiratory Rate > 20: N
                           Heart Rate > 90: N

3. Organ Dysfunction (1 YES Qualifies)
           SBP <90 or MAP <65 mmHG: N
   New Acute Mental Status Changes: N
     Patient on CPAP,BIPAP,or VENT: N
 === If all 3 sections are YES and MAP < 65 mmHG, need fluids at 30 ml/kg ====

   YES to ALL 3 Sections, Notify DR ASAP and Document Phys Name/Time Notified.
 ALL 3 Sections are YES: N   Name of Physician Reported To:
Time Physician Notified:                       Handoff To:
1070          Shift Reassessment +                     A   QS & Q4H IN ICU             CP
- Document      06/03/20 0815 EAM  06/03/20 0818 EAM
Reassessment Obtained Date: 06/03/20 Time: 0816


  NEUROLOGICAL Assessment Within Normal Limits: Y
Neuro Comment: A&OX4, PERRLA
             :
  EENT Assessment Within Normal Limits:         Y
```

** CONTINUED ON NEXT PAGE **

```
EENT Comment: NO DRAINAGE OR SWELLING
            :
  RESPIRATORY Assessment Within Normal Limits:  Y
Respiratory Comment: LUNG SOUNDS CLEAR BIL, BREATHING UNLABORED
               :

 Problem/Expected Outcome/Intervention Description
                                                       Sts  Directions                  From
    Activity       Occurred          Recorded                  Documented
    Type        Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/03/20        Time: 0815  (continued)

1070          Shift Reassessment + (continued)
  CARDIAC Assessment Within Normal Limits:      Y
               IF ON CARDIAC MONITOR/TELEMETRY:
 Cardiac Rhythm: MED/SURG                  Monitor #:
Cardiac Comment: S1S2 HEARD, DENIES CHEST PAIN
               :
  CIRCULATORY Assessment Within Normal Limits:  Y
Circulatory Comment: BUE AND BLE PULSES MODERATE, NO EDEMA PRESENT
               :
  MUSCULOSKELETAL Assessment Within Normal Limits:  N
Musculoskeletal Comment: GENERALIZED WEAKNESS
               :
  NUTRITIONAL Assessment Within Normal Limits:      Y
Nutritional Comment: CARDIAC DIET
               :
  GASTROINTESTINAL Assessment Within Normal Limits: Y              Last BM: 05/31/20
GI Comment: BOWEL SOUNDS ACTIVE
          :
  GENITOURINARY Assessment Within Normal Limits:    Y
GU Comment: VOIDS
          :
     INTEGUMENTARY Assessment Within Normal Limits: Y
Skin Comment: SKIN INTACT, WARM, DRY
            :
  PSYCHOSOCIAL Assessment Within Normal Limits:     Y
Psychosocial Comment: NO DEFICITS NOTED
               :


     ==== The Following To Be Documented On Once A Shift ====

  === FALL RISK ASSESSMENT===
          Mental Status: 0 NOT ALTERED
Sensory Perceptual Status: 0 NOT ALTERED                        Total Score:    5
 Physical Mobility Status: 3 ALTERED                            =Fall Risk=
      Elimination Status: 0 NOT ALTERED                         Low (0-2):
  Recent History Of Falls: 0 NO FALLS                           Moderate (3-6): Y
          Patient's Age: 2 65+ YEARS                            High (7+):

===BRADEN PRESSURE ULCER RISK ASSESSMENT===
      Sensory Perception: 4 NOT LIMITED-WNL          Skin Risk Score:             20
                Moisture: 4 RARELY MOIST             19-23 = No Risk:             Y
                Activity: 3 WALKS OCCASIONALLY       15-18 = At Risk:
                Mobility: 3 SLIGHTLY LIMITED         13-14 = Moderate Risk:
               Nutrition: 3 ADEQUATE                 10-12 = High Risk:
      Friction and Sheer: 3 NO APPARENT PROBLEM      9 Or Lower = Very High Risk:
```


** CONTINUED ON NEXT PAGE **

Scoring of 18 Or Lower - Initiate Skin Integrity Protocol Guidelines

=== DVT RISK ASSESSMENT ====
Leg Plaster Cast or Brace: 0 NO

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/03/20 Time: 0815 (continued)

1070 Shift Reassessment + (continued)
Varicose Veins: 0 NO
Hormone Replacement: 0 NO
Admission DX includes: CHF,COPD,MI,Sepsis,Pneumonia: 0 NO
Bed Rest with Limited Activity: 0 NO
Obesity: 0 NO
Major Surgery (> 60 minutes): 0 NO
Family History of DVT/PE: 0 NO
Present Cancer or Chemotherapy: 0 NO
History of SVT, DVT/PE: 0 NO
Hip, Pelvis, or Leg Fracture (< 1 month): 0 NO
Stroke (< 1 month): 0 NO
Paralysis (< 1 month): 0 NO
Patient's Age: 2 60-74 YEARS
Total Score: 2

=DVT Risk=
Low (0-1):
Moderate (2): Y
High (3+):

*** NOTIFY PHYSICIAN IF DVT RISK SCORE > 1 AND DOCUMENT IN PT CARE NOTES ***

Sequential Compression Device in place: Y
Chemical Prophylaxis in use: N
Comment: SCDS AT BEDSIDE

=== SAFETY ===
Isolation: STANDARD PROCEDURES Allergy Bracelet On: Y ID Band On: Y
Restraints in Use: N Describe:

=== IV ASSESSMENT ===
IV Location: LEFT HAND IV Site Within Normal Limits: Y
IV Site Condition:
IV Start/Restart Date: 06/01/20

IV Location: IV Site Within Normal Limits:
IV Site Condition:
IV Start/Restart Date:
IV Comment: IVF INFUSING WELL, SITE INTACT

=== SUICIDE RISK ASSESSMENT ===

1. Patient reports current or history of psychiatric illness, with acute exacerbation of symptoms within the last 30 days: N
2. Patient has positive history of suicide attempt: N
3. Patient voicing suicidal intent/ideation: N
4. Patient has active suicide plan: N

** CONTINUED ON NEXT PAGE **

If patient answered YES to questions #1 or #2 only, refer to Social Services for follow-up.
If patient answered YES to questions #3 and/or #4,IMMEDIATELY institute suicide precautions.

```
 Problem/Expected Outcome/Intervention Description
                                                              Sts  Directions                From
    Activity      Occurred          Recorded                          Documented
    Type         Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/03/20        Time: 0815  (continued)

1070          Shift Reassessment + (continued)
                                 === SUICIDE PRECAUTIONS ===

                                      Security at bedside or stand-by:
                              Secure or remove any/all safety hazards:
  (weapons, sharp objects, medications, contraband, patient belongings, cords, belts, etc.)
                                 Provide close/continuous supervision:
        Notify physician to order psych eval or MAT team assessment:
                (for assessment of lethality and recommendations for care)
15000         Care Plan: RN Review +                      A   Q12H                       CP
- Document      06/03/20 0815 EAM  06/03/20 0818 EAM
PATIENT PROBLEM LIST AS PRIORITIZED ON CARE PLAN:
  Problem(s) Identified: PROB: Impaired Cardiac Function          Status: A
                       : PROBLEM: Impaired Respiratory Function         : A
                       : PROBLEM: Impaired Musc/Skeletal Function       : A
                       : Developmental Age 66+ (OLDER ADULT)            : A
                       : CVMC STANDARD OF CARE                          : A
                       : STANDARD OF PRACTICE M/S/TELE                  : A
                       :                                                :
                       :                                                :
                       :                                                :
                       :                                                :

                 Patient's Plan of Care was Reviewed and Updated as Needed: Y
31320         Pain: Management Of +                       A   AS NEEDED                  CP
- Document      06/03/20 0815 EAM  06/03/20 0819 EAM
                              *** Chest Pain to be Documented on Cardiac Problem ***
=== PAIN MANAGEMENT ===
     Time of Patient's Complaint:
               Pain Location:
                 ~Pain Scale:
           Describe the Pain:
                       Onset:
                     Comment: DENIES PAIN AT THIS TIME
                            :
Comfort Measures Implemented:                             :
        Other Measures Taken:

    Time of Reassessment:            Post Intervention Pain Scale:
    Response to Intervention:

Patient/Family Education Provided:

                Pain Comment:
```

** CONTINUED ON NEXT PAGE **

=== Pain Education for Patient/Family ===

Instructions Given Related to:

Pain Management is Part of Treatment Plan:

Problem/Expected Outcome/Intervention Description

```
                                                     Sts  Directions                 From
   Activity      Occurred          Recorded                  Documented
   Type        Date     Time  by  Date     Time  by  Comment       Units           Change
```

Activity Date: 06/03/20        Time: 0815  (continued)

```
31320          Pain: Management Of + (continued)
             About the Use of the Pain Intensity Rating Scale:
  Total Absence of Pain is Often not Realistic/Desirable Goal:
  Choosing a Pain Control Goal, such as Pain Not Worse than 2:
  That Effect of Pain Management Interventions will be Reassessed at Frequent Intervals:
  About the Importance of Requesting and Receiving Pain Relief
   Measures Before Pain Becomes Severe & Difficult to Control:
      About the Importance of Notifying Health Care Providers About Any Unrelieved Pain:

                        == Other Information Taught ==
  :
40250          Position Change +                        A   Q2H AS NEEDED             CP
- Document     06/03/20 0815 EAM  06/03/20 0819 EAM
  Patient Ambulatory: Y  Patient Able to Turn/Reposition: Y  Patient is Noncompliant: N

== Position Change ==
  Right Side: Y  Left Side: N  Supine: N   Trendelenburg: N  Offload Pressure Points: N

  Comment: AMBULATORY, ABLE TO REPOSITION SELF IN BED
80010          Education: Patient/Family Teaching +     A   QS BY CAREGIVER           CP
- Document     06/03/20 0815 EAM  06/03/20 0820 EAM
                        === PATIENT/FAMILY EDUCATION ===
         Information Taught: SAFETY PRECAUTIONS
          Instruction Given: INSTRUCTED ON USE OF CALL LIGHT AND ENCOURAGED TO USE



              Person Taught: PATIENT
              Person Taught:
             Teaching Tools: VERBAL
           Other Tools Used:
 Factors Affecting Learning: NONE
              Other Factors:
        Participation Level: ACTIVE
                 Evaluation: VERBALIZES UNDERSTANDING
 Needs Additional Education: N
                           :
                   Educator: Marin Garcia,Elissa
                 Discipline: NURSING
```

Activity Date: 06/03/20        Time: 1000

```
21401          Nutrition Flowsheet                      A   AFTER MEALS & PRN         CP
- Document     06/03/20 1000 SNC  06/03/20 1159 SNC
=== Nutrition ===
```

** CONTINUED ON NEXT PAGE **

```
  Feeding Assist: N
  Breakfast Diet: CARDIAC                        % Intake:   0    Fluid (mL) Intake
                                                                  Oral: 240
      Lunch Diet:                                % Intake:


 Problem/Expected Outcome/Intervention Description
                                                     Sts  Directions                 From
   Activity      Occurred          Recorded                  Documented
   Type        Date     Time  by  Date     Time  by  Comment      Units          Change


 Activity Date: 06/03/20        Time: 1000  (continued)

21401        Nutrition Flowsheet (continued)
     Dinner Diet:                                % Intake:

        Comment:
          Nutritional Supplement Taken: N Supplement Type:


                     Additional Snacks: N     Snack Type:


                     Additional Drinks: N     Drink Type:


        Comment:

 Activity Date: 06/03/20        Time: 1153

90051        DC: Nursing Discharge Checklist/Assess   A   ON DISCHARGE               PS
- Create       06/03/20 1153      06/03/20 1153

 Activity Date: 06/03/20        Time: 1158

20010        VS: Monitor +                            A   AS ORDERED                 CP
- Document     06/03/20 1158 SNC  06/03/20 1158 SNC
     Temperature/F: 97.9                  Temp Source: TEMPORAL ARTERY
             Pulse: 60                   Pulse Source: AUTOMATIC, NONINVASIVE
      Respirations: 20                    Resp Source: OBSERVED
    Blood Pressure: 162/90   MAP (mm Hg): 114 BP Source: AUTOMATIC
              Site: RIGHT UPPER ARM
   ~      C/O Pain: N       Pain Scale: 0/10

                    == CNA/LICENSED Documentation ==
               Comfort Measures Implemented:
                     Nurse Notified of Pain:
               (If Medicated, Document On Intervention Pain: Management Of)

                   ***IF ON OXYGEN***
    Oxygen Device: ROOM AIR                  O2 Amount (L/min):
         SpO2 (%): 98              FIO2:
Comment: PT BP HIGH RN AWARE

 Activity Date: 06/03/20        Time: 1335

21401        Nutrition Flowsheet                      A   AFTER MEALS & PRN          CP
- Document     06/03/20 1335 SNC  06/03/20 1335 SNC
=== Nutrition ===
```

** CONTINUED ON NEXT PAGE **

```
   Feeding Assist: N
   Breakfast Diet:                                    % Intake:         Fluid (mL) Intake
                                                                        Oral: 240
       Lunch Diet: CARDIAC                            % Intake:  70

 Problem/Expected Outcome/Intervention Description
                                                          Sts  Directions                  From
    Activity       Occurred         Recorded                      Documented
    Type         Date      Time  by  Date      Time  by  Comment       Units          Change


 Activity Date: 06/03/20        Time: 1335  (continued)

21401          Nutrition Flowsheet (continued)

      Dinner Diet:                                    % Intake:

          Comment:
            Nutritional Supplement Taken: N Supplement Type:


                       Additional Snacks: N      Snack Type:


                       Additional Drinks: N      Drink Type:


          Comment:

 Activity Date: 06/03/20        Time: 1706

20010          VS: Monitor +                              A   AS ORDERED                  CP
- Document      06/03/20 1706 LMC  06/03/20 1708 LMC
     Temperature/F: 98.0                       Temp Source: TEMPORAL ARTERY
             Pulse: 79                        Pulse Source: AUTOMATIC, NONINVASIVE
      Respirations: 20                         Resp Source: OBSERVED
    Blood Pressure: 150/93   MAP (mm Hg): 107 BP Source: AUTOMATIC
              Site: RIGHT UPPER ARM
   ~      C/O Pain: N       Pain Scale: 0/10

                      == CNA/LICENSED Documentation ==
               Comfort Measures Implemented:
                     Nurse Notified of Pain:
               (If Medicated, Document On Intervention Pain: Management Of)

                     ***IF ON OXYGEN***
    Oxygen Device: ROOM AIR                    O2 Amount (L/min): 0
         SpO2 (%): 95            FIO2:
Comment:

 Activity Date: 06/03/20        Time: 1717

1501           I&O: Monitor                               A   AS NEEDED                   CP
- Document      06/03/20 1717 EAM  06/03/20 1718 EAM
=== INTAKE: ===
                Ice:                           IV's: 1000                  Lipids:
               Oral: 720                     IVPB's: 0             Blood/Product:
       Tube Feeding:                          Chemo:               GU Irrigant,In:
                H2O: 600                        TPN:                Other Intake:
```

** CONTINUED ON NEXT PAGE **

=== OUTPUT: ===
BRP: Y # of Voids/Incont: 3 Colostomy: Hemovac #1:

Problem/Expected Outcome/Intervention Description
Sts Directions From
Activity Occurred Recorded Documented
Type Date Time by Date Time by Comment Units Change

Activity Date: 06/03/20 Time: 1717 (continued)

1501 I&O: Monitor (continued)
of Stools: Jejunostomy: Hemovac #2:
Urine: Ileostomy: T-Tube:
Stool, Liquid: Jackson Pratt #1: GU Irrigant, Out:
Emesis: Jackson Pratt #2: Dialysis Net:
NG Tube: Chest Tube #1: Est. Blood Loss:
Nephrostomy: Chest Tube #2: Other Output:

Comment:
9990004 Daily Chart Check A 0600 & 1800 CP
- Document 06/03/20 1717 EAM 06/03/20 1718 EAM
12 Hour Chart Check Completed: Y
24 Hour Chart Check Completed: N
Comment:

This verifies that all current orders have been completed or are in process.
21090 Routine Care: MED/SURG/TELE + A .END OF SHIFT/TX CP
VIEW PROTOCOL
- Document 06/03/20 1717 EAM 06/03/20 1718 EAM
The Practice Guidelines Appropriate For The Patient And Within The Scope Of My Practice
Have Been Met Throughout The Shift: YES NO COMMENT

Signature: Marin Garcia,Elissa Shift: 0700 - 1930

Practice Guidelines Comment:

Patient/Family Education Provided This Shift: Y

Isolation: STANDARD PROCEDURES
Restraints in Use: N Describe:
+Total Hrs. In Restraints This Shift: Location:
Sitter Used: N Comment:

=== IV ASSESSMENT ===
Throughout Shift: Central Line Present: N
IV Location: LEFT HAND ~IV Site Within Normal Limits: Y
IV Site Condition:
IV Start/Restart Date: 06/01/20

** CONTINUED ON NEXT PAGE **

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IV Location: IV Site Within Normal Limits:
IV Site Condition:
IV Start/Restart Date:
IV Comment: IVF INFUSING WELL, SITE INTACT

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/03/20 Time: 2047

90051 - Document DC: Nursing Discharge Checklist/Assess A ON DISCHARGE PS
06/03/20 2047 VTN 06/03/20 2048 VTN
***** NURSING DISCHARGE ASSESSMENT *****
************************************************************

Problem list, medication list, lab test results reviewed: Y
Has the patient been here for 30 days or more: N
Is Pneumococcal/Influenza vaccine assessment up to date: Y
Does the patient have any wounds/incisions: N

Core measure requirements completed (if applicable): N
Is this a CHF patient: N
Does the patient have anticoagulants (Coumadin,Xarelto,etc): N
Is this a STROKE/VTE patient: N

Did pt receive MRSA Education Pamphlet (if applicable): N
Education provided to the patient: Y

== PATIENT DISCHARGE ASSESSMENT ==

Condition Upon Leaving: ALERT
ORIENTED
ABLE TO COMMUNICATE

Feeding: INDEPENDENT
Ambulating: INDEPENDENT
Transferring: INDEPENDENT
Isolation: NONE

Temperature/F: 98.0
Pulse: 79
Respirations: 20
Blood Pressure: 150/93

SpO2 (%): 95
Oxygen Device: ROOM AIR
O2 Amount (L/min): 0
FIO2:

Pain Scale at Discharge: 0/10
Pain Medication Given: NO
Time/Date of Last Dose: See Medication Reconcilation

Additional Instructions:

Saline Lock: N
IV Location:
IV Start/Restart Date:

Feeding Tube: N
Feeding Tube:
Date Inserted:

** CONTINUED ON NEXT PAGE **

IV Gauge: Formula:
Rate:
Central Line Present: N Flush:
Central Lines:
Date Inserted: Drains: N

Problem/Expected Outcome/Intervention Description

| Activity Type | Occurred Date | Time | by | Recorded Date | Time | by | Sts Comment | Directions Documented Units | From Change |
|---|---|---|---|---|---|---|---|---|---|

Activity Date: 06/03/20 Time: 2047 (continued)

90051 DC: Nursing Discharge Checklist/Assess (continued)
Dressing Changed: Drains:
Date Inserted:
Foley Catheter: N
Foley Catheter: Chest Tubes: N
Date Inserted: Chest Tubes:
Date Inserted:
Wounds: N
Wound/Pressure Areas:

Wound care:

== STROKE DISCHARGE INSTRUCTIONS ==
Pt/Pt Representative Provided Stroke Education Material:
Patient Educated on Following Topics:

Reason Stroke Education Not Initiated:

Comments:

==PATIENT DEMONSTRATES UNDERSTANDING OF==
Activation of Emergency Medical System:
Need For Follow-up Medical Care Post Discharge:
Medications Prescribed at Discharge:
Warning Signs/Symptoms of Stroke (FAST):
Risk Factors for Stroke:

Other Patient Education Topics Discussed:

==EDUCATION MATERIALS PROVIDED TO PATIENT==
TIA Brochure:
Stroke Brochure:
== VTE DISCHARGE INSTRUCTIONS ==

VTE Discharge Instructions:

Comments:

** CONTINUED ON NEXT PAGE **

Patient/Patient Rep educated/verbalized understanding and/or returned demonstration via teach back method. Copy of these instructions provided.

```
 Problem/Expected Outcome/Intervention Description
                                                              Sts  Directions                 From
    Activity       Occurred          Recorded                          Documented
    Type         Date      Time  by  Date      Time  by  Comment          Units           Change


 Activity Date: 06/03/20        Time: 2048

975050        Inventory Personal Belongings +          A   ADM.TX.DC                       AS
              ON ADMISSION & TRANSFER. PRINT OUT &
              HAVE PATIENT SIGN COPY.
- Document      06/03/20 2048 VTN  06/03/20 2048 VTN
Inventory Date: 06/03/20   Inventory Time: 2048 Performed By: Nguyen,Vina T
Reason For Inventory: DISCHARGE

                -N Contacts         -Y Glasses     Disposition: BELONGINGS KEPT BY PT

                -N Full Dentures                   Disposition:
                -N Partial Upper    -N Lower       Disposition:
                -N Hearing Aid                     Disposition:

Any Belongings Sent To Hospital Safe: N          Any Belongings Sent Home With Family: N
```

NOTE: Chino Valley Medical Center will only be responsible for items logged at the time of admission. Should Dentures, Hearing Aids, Eye Glasses be brought to the patient after admission, they must be logged with the Primary Nurse or Charge Nurse. Chino Valley Medical Center will not be responsible for any item not logged on the Belongings Form.

<< RELEASE OF LIABILITY OF VALUABLES KEPT WITH PATIENT >>
By Signing Below I Indicate I Have Been Advised To Send My Valuables Home With Family/ Friends, And Have Been Given The Opportunity To Have My Valuables Locked Up.

If I Refuse To Have My Valuables Locked Up Or Sent Home With Family Or Friends, I Release Chino Valley Medical Center From Any Liability For Lost Valuables.

PATIENT:________________________________________ Date:____________________

WITNESS:________________________________________

By Signing Below I Indicate I Have All My Belongings At The Time Of Discharge.

PATIENT:________________________________________ Date:____________________

WITNESS:________________________________________

```
 Activity Date: 06/03/20        Time: 2113

1000-B        ADMISSION/TRANSFER: Quick Start Form +   D   ON ADMISSION/TRANS              AS
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                 A => D
1000032       Bilateral Lower Extremity SCD            D                                   OE
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                 A => D
1005-H        ADM: ADULT Admission History +           D   ON ADMISSION                    AS
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                 A => D
1005-S        ADM: ADULT Admission Assessment +        D   ON ADMISSION                    AS
```

** CONTINUED ON NEXT PAGE **

```
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                          A => D
150000        Vital Signs                             D                                         OE
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                          A => D


 Problem/Expected Outcome/Intervention Description
                                                        Sts  Directions                         From
    Activity       Occurred          Recorded                   Documented
    Type         Date      Time  by  Date      Time  by  Comment         Units             Change


 Activity Date: 06/03/20        Time: 2113

7000105       ADM: Suicide Severity Rating Scale      D   ON ADMISSION & PRN                 AS
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                          A => D
900110        Case Management: DC Plan/Social Services D                                        AS
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                          A => D
90051         DC: Nursing Discharge Checklist/Assess  D   ON DISCHARGE                        PS
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                          A => D
975050        Inventory Personal Belongings +         D   ADM.TX.DC                           AS
              ON ADMISSION & TRANSFER. PRINT OUT &
              HAVE PATIENT SIGN COPY.
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                          A => D
9999011       MU July 2014 90 Day                     D                                         PS
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                          A => D
Problem: PROB: Impaired Cardiac Function               D
         Cardiac problem related to disease
         process and/or trauma.
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                                          A => D
Expected Outcome: Improve/maintain cardiac function/statusD   06/04/20
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                                          A => D
31231         Problem: Cardiovascular +               D   QS & Q4H IN ICU                     CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                          A => D
Problem: PROBLEM: Impaired Respiratory Function        D
         Respiratory problem identified related
         to disease process, injury, and/or
         immobilization.
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                                          A => D
Expected Outcome: Improve/maintain respiratory function/D   06/04/20
                  status.
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                                          A => D
31220         Problem: Respiratory +                  D   QS & Q4H IN ICU                     CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                          A => D
Problem: PROBLEM: Impaired Musc/Skeletal Function      D
         Musculo/Skeletal problem identified
         related to trauma, disease process,
         and/or surgical procedure.
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                                          A => D
Expected Outcome: Improve/maintain musculoskeletal     D   06/04/20
                  function/status.
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                                          A => D
31260         Problem: Musculoskeletal +              D   QS & Q4H IN ICU                     CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                          A => D
Problem: Developmental Age 66+ (OLDER ADULT)           D
         Based on Erickson's eight stages of
         development.
            --Development Need:
             - Feel good about how life was
               lived.
```

** CONTINUED ON NEXT PAGE **

```
             - Reminisce.
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                                  A => D



 Problem/Expected Outcome/Intervention Description
                                                              Sts  Directions                From
   Activity      Occurred          Recorded                           Documented
   Type        Date     Time  by  Date     Time  by  Comment        Units            Change


 Activity Date: 06/03/20        Time: 2113

Expected Outcome: Patient will be able to make informed D   06/04/20
                  about health care.
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                                  A => D
1001034       Age Guidelines: 66+ (OLDER ADULT)       D   VIEW PROTOCOL/DI QS           CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
Problem: CVMC STANDARD OF CARE                         D
           See Standard of Care Profile
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                                  A => D
Expected Outcome: All Patients Will Receive The FollowingD   06/04/20
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                                  A => D
1000461       Pneumococcal Vaccine Assessment         D   ON ADMISSION                  CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
1000466       Influenza Vaccine Assessment            D   ON ADM-OCT TO MARCH           CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
1000481       Multidisciplinary Pt Care Team Notes    D   WHEN APPLICABLE               CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
1001          Agency Documentation +                  D   WHEN APPLICABLE               CP
              ALL REGISTRY PERSONNEL MUST DOCUMENT
              THIS INTERVENTION ONCE PER SHIFT.
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
1041          Smoking Cessation                       D   ON ADMISSION                  CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
1060          Sepsis Screening +                      D   QSHIFT                        CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
1070          Shift Reassessment +                    D   QS & Q4H IN ICU               CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
15000         Care Plan: RN Review +                  D   Q12H                          CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
150010        Weight +                                D                                 CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
1501          I&O: Monitor                            D   AS NEEDED                     CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
20010         VS: Monitor +                           D   AS ORDERED                    CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
22300         IV/Invasive Lines: Insert/Remove +      D   INS/REMOVAL/CONVERT           CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
31320         Pain: Management Of +                   D   AS NEEDED                     CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
40250         Position Change +                       D   Q2H AS NEEDED                 CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
60010         Notify: MD +                            D   WHEN NECESSARY                CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
7007777       Critical Result Reporting               D   AS NEEDED                     CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
80010         Education: Patient/Family Teaching +    D   QS BY CAREGIVER               CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                                  A => D
```

** CONTINUED ON NEXT PAGE **

```
9990004       Daily Chart Check                        D   0600 & 1800              CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                              A => D



 Problem/Expected Outcome/Intervention Description
                                                        Sts  Directions             From
   Activity       Occurred          Recorded                   Documented
   Type         Date     Time  by  Date     Time  by  Comment        Units        Change


 Activity Date: 06/03/20        Time: 2113

Problem: STANDARD OF PRACTICE M/S/TELE                  D
         See Standard of Care Profile
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                              A => D
Expected Outcome: PRACTICE GUIDELINES                   D   06/04/20
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                              A => D
21090         Routine Care: MED/SURG/TELE +            D   .END OF SHIFT/TX         CP
              VIEW PROTOCOL
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                              A => D
Expected Outcome: All Patients will receive the followingD
-   Ed Status   06/03/20 2113 his  06/03/20 2113 his                              A => D
200001        Vital Signs: MST Monitor                 D                            CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                              A => D
21401         Nutrition Flowsheet                      D   AFTER MEALS & PRN        CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                              A => D
21402         Activity/ADL/Hygiene Flowsheet           D   QS & PRN                 CP
- Ed Status     06/03/20 2113 his  06/03/20 2113 his                              A => D
```

| Monogram | Initials | Name | Nurse Type |
|---|---|---|---|
| | 0 | D | None |
| AP | PHSPA3 | Peddibhotla,Aravind | VEN |
| ASK | CNAKAS | Kayed,Abla S | CNA |
| CA | CNAAC | Abloso,Cecilia | CNA |
| DA | EDAD | Abacherli,Darin | RN |
| EA | NURAE1 | Barreto,Elda | RN |
| EAM | NURMEA | Marin Garcia,Elissa | RN |
| ILG | CNAGIL | Garcia,Inez L | CNA |
| LIR | SWRLI | Ruiz,Lorraine I | SS |
| LMC | CNACLM1 | Coronado,Lesley M | CNA |
| MCM | CNAMMC | Moreno,Maria C | CNA |
| SLD | NURDSL | Chesterfield,Sonia L | RN |
| SNC | CNACSN | Chow,Sara N | CNA |
| SVG | CNAGSV | Green,Susan V | CNA |
| TBC | NURCTB | Clavano,Tyrone B | RN |
| VTN | NURNVT | Nguyen,Vina T | RN |
| WS | CNASW | Wane,Salamata | CNA |
| YGE | CNAGYE | Gaona,Yacksell E | CNA |
| ZC | DRCHAZARES | Khabibulina,Zarina | Provider |
| his | | automatic by program | |

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** END OF REPORT **

Age/Sex: 74 M
Unit #: M000273781
Admitted: 06/01/20 at 0153
Status: DIS IN

Attending: Crudo, Jeffrey J.
Account #: V00000905328
Location: MU
Room/Bed: 260-B

HANNA,ADEL S

Chino Valley Medical Center NUR **LIVE**
Patient's Plan of Care

Status: Discharged
Initiated: 06/01/20
Completed:
Protocol:

Page 1
Printed
06/09/20
at 1108

| | STS | INIT BY | TRGT | COMP BY | INTERVENTIONS | INIT BY | COMP BY | DATE & TIME | DIRECTIONS | STS |
|---|---|---|---|---|---|---|---|---|---|---|
| PROB: Impaired Cardiac Function<br>Cardiac problem related to disease process and/or trauma. | D | 06/01/20 TBC | | | | | | | | |
| * Improve/maintain cardiac function/status | D | 06/01/20 TBC | 06/04/20 | | * Problem: Cardiovascular + | 06/01/20 TBC | | 06/01/20 0302 | QS & Q4H IN ICU | D |
| PROBLEM: Impaired Respiratory Function<br>Respiratory problem identified related to disease process, injury, and/or immobilization. | D | 06/01/20 TBC | | | | | | | | |
| * Improve/maintain respiratory function/ status. | D | 06/01/20 TBC | 06/04/20 | | * Problem: Respiratory + | 06/01/20 TBC | | 06/01/20 0302 | QS & Q4H IN ICU | D |
| PROBLEM: Impaired Musc/Skeletal Function<br>Musculo/Skeletal problem identified related to trauma, disease process, and/or surgical procedure. | D | 06/01/20 TBC | | | | | | | | |
| * Improve/maintain musculoskeletal function/status. | D | 06/01/20 TBC | 06/04/20 | | * Problem: Musculoskeletal + | 06/01/20 TBC | | 06/01/20 0302 | QS & Q4H IN ICU | D |
| Developmental Age 66- (OLDER ADULT)<br>Based on Erickson's eight stages of development.<br>--Development Need:<br>- Feel good about how life was lived.<br>- Reminisce.<br>- PROTOCOL: AGE 66- | D | 06/01/20 TBC | | | | | | | | |
| * Patient will be able to make informed about health care. | D | 06/01/20 TBC | 06/04/20 | | * Age Guidelines: 66+ (OLDER ADULT)<br>- PROTOCOL: AGE 66+ | 06/01/20 TBC | | 06/01/20 0251 | VIEW PROTOCOL/DI QS | D |
| CVMC STANDARD OF CARE<br>See Standard of Care Profile | D | 06/01/20 TBC | | | | | | | | |
| * All Patients Will Receive The Following | D | 06/01/20 TBC | 06/04/20 | | | | | | | |
| | | | | | * Shift Reassessment + | 06/01/20 TBC | | 06/01/20 0251 | QS & Q4H IN ICU | D |
| | | | | | * VS: Monitor - | 06/01/20 TBC | | 06/01/20 0251 | AS ORDERED | D |
| | | | | | * Weight - | 06/01/20 TBC | | | | D |
| | | | | | * Notify: MD + | 06/01/20 TBC | | 06/01/20 0251 | WHEN NECESSARY | D |
| | | | | | * Education: Patient/Family Teaching + | 06/01/20 TBC | | 06/01/20 0251 | QS BY CAREGIVER | D |
| | | | | | * IV/Invasive Lines: Insert/Remove + | 06/01/20 TBC | | 06/01/20 0251 | INS/REMOVAL/CONVERT | D |
| | | | | | * Pain: Management Of + | 06/01/20 TBC | | 06/01/20 0251 | AS NEEDED | D |
| | | | | | * Care Plan: RN Review + | 06/01/20 TBC | | 06/01/20 0251 | Q12H | D |
| | | | | | * Agency Documentation +<br>ALL REGISTRY PERSONNEL MUST DOCUMENT THIS INTERVENTION ONCE PER SHIFT. | 06/01/20 TBC | | 06/01/20 0251 | WHEN APPLICABLE | D |
| | | | | | * Smoking Cessation | 06/01/20 TBC | | 06/01/20 0251 | ON ADMISSION | D |
| | | | | | * Daily Chart Check | 06/01/20 TBC | | 06/01/20 0251 | 0600 & 1800 | D |
| | | | | | * Position Change + | 06/01/20 TBC | | 06/01/20 0251 | Q2H AS NEEDED | D |
| | | | | | * Critical Result Reporting | 06/01/20 TBC | | 06/01/20 0251 | AS NEEDED | D |
| | | | | | * Pneumococcal Vaccine Assessment | 06/01/20 TBC | | 06/01/20 0251 | ON ADMISSION | D |
| | | | | | * Influenza Vaccine Assessment | 06/01/20 TBC | | 06/01/20 0251 | ON ADM-OCT TO MARCH | D |
| | | | | | * Multidisciplinary Pt Care Team Notes | 06/01/20 TBC | | 06/01/20 0251 | WHEN APPLICABLE | D |
| | | | | | * I&O: Monitor | 06/01/20 TBC | | 06/01/20 0251 | AS NEEDED | D |
| | | | | | * Sepsis Screening - | 06/01/20 TBC | | 06/01/20 0251 | QSHIFT | D |
| STANDARD OF PRACTICE M/S/TELE<br>See Standard of Care Profile | D | 06/01/20 TBC | | | | | | | | |

- PROTOCOL: S.M/S/TFLR

Age/Sex: 74 M
Unit #: M000273781
Admitted: 06/01/20 at 0153
Status: DIS IN

Attending: Crudo, Jeffrey J .
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HANNA,ADEL S

Chino Valley Medical Center NUR **LIVE**
Patient's Plan of Care

Status: Discharged
Initiated: 06/01/20
Completed:
Protocol:


Printed
06/09/20
at 1108

| | STS | INIT BY | TRGT | COMP BY | INTERVENTIONS | INIT BY | COMP BY | DATE & TIME | DIRECTIONS | STS |
|---|---|---|---|---|---|---|---|---|---|---|
| * PRACTICE GUIDELINES | D | 06/01/20 TBC | 06/04/20 | | | | | | | |
| | | | | | * Routine Care: MED/SURG/TELE + VIEW PROTOCOL - PROTOCOL: S.M/S/TELE | 06/01/20 TBC | | 06/01/20 0251 | .END OF SHIFT/TX | D |
| * ALL Patients will receive the following | D | 06/01/20 TBC | | | | | | | | |
| | | | | | * Nutrition Flowsheet | 06/01/20 TBC | | 06/01/20 0251 | AFTER MEALS & PRN | D |
| | | | | | * Activity/ADL/Hygiene Flowsheet | 06/01/20 TBC | | 06/01/20 0251 | QS & PRN | D |
| | | | | | * Vital Signs: MST Monitor | 06/01/20 TBC | | | | D |

| ADDITIONAL INTERVENTIONS | INIT BY | COMP BY | DATE & TIME | DIRECTIONS | STS | SRC |
|---|---|---|---|---|---|---|
| * Vital Signs | 06/01/20 ZC | | | | D | OE |
| * Bilateral Lower Extremity SCD | 06/01/20 ZC | | | | D | OE |
| * Inventory Personal Belongings + ON ADMISSION & TRANSFER. PRINT OUT & HAVE PATIENT SIGN COPY. | 06/01/20 DA | | 06/01/20 0157 | ADM.TX.DC | D | AS |
| * ADMISSION/TRANSFER: Quick Start Form + | 06/01/20 TBC | | 06/01/20 0251 | ON ADMISSION/TRANS | D | AS |
| * ADM: Suicide Severity Rating Scale - PROTOCOL: CSSRS | 06/01/20 TBC | | 06/01/20 0252 | ON ADMISSION & PRN | D | AS |
| * ADM: ADULT Admission History + | 06/01/20 TBC | | 06/01/20 0252 | ON ADMISSION | D | AS |
| * ADM: ADULT Admission Assessment + | 06/01/20 TBC | | 06/01/20 0257 | ON ADMISSION | D | AS |
| * MU July 2014 90 Day | 06/02/20 AP | | | | D | PS |
| * Case Management: DC Plan/Social Services | 06/02/20 LIR | | | | D | AS |
| * DC: Nursing Discharge Checklist/Assess | 06/03/20 | | 06/03/20 1153 | ON DISCHARGE | D | PS |

| Monogram | Initials | Name | Nurse Type |
|---|---|---|---|
| | 0 | D | None |
| AP | PHSPA3 | Peddibhotla,Aravind | VEN |
| DA | EDAD | Abacherli,Darin | RN |
| LIR | SWRLI | Ruiz,Lorraine I | SS |
| TBC | NURCTB | Clavano,Tyrone B | RN |
| ZC | DRCHAZARES | Khabibulina,Zarina | Provider |

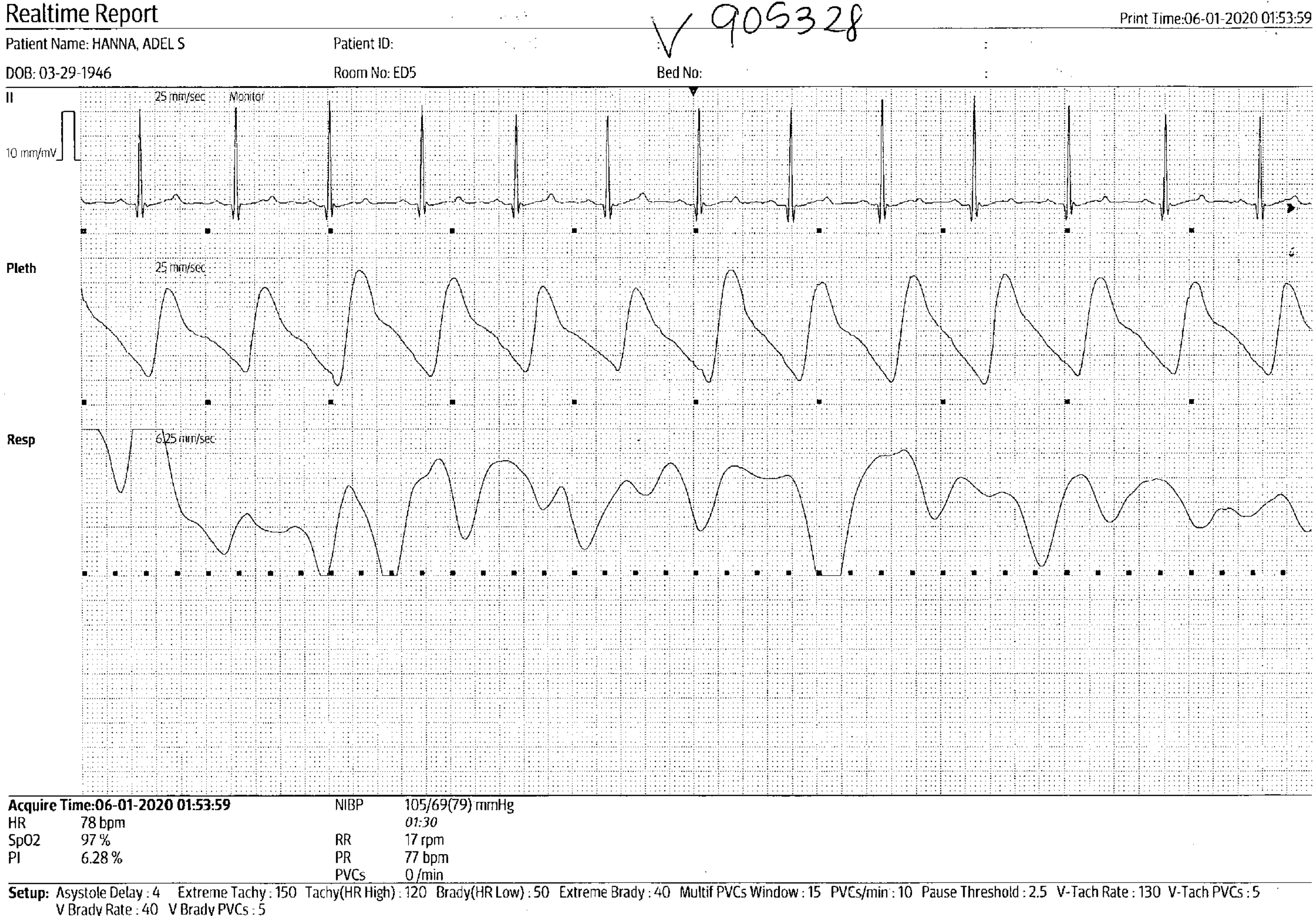
## Realtime Report

V 905328

Print Time:06-01-2020 01:53:59

Patient Name: HANNA, ADEL S    Patient ID:    :

DOB: 03-29-1946    Room No: ED5    Bed No:    :




**Acquire Time:06-01-2020 01:53:59**

| | | | |
|---|---|---|---|
| HR | 78 bpm | NIBP | 105/69(79) mmHg |
| | | | *01:30* |
| SpO2 | 97 % | RR | 17 rpm |
| PI | 6.28 % | PR | 77 bpm |
| | | PVCs | 0 /min |

**Setup:** Asystole Delay : 4 Extreme Tachy : 150 Tachy(HR High) : 120 Brady(HR Low) : 50 Extreme Brady : 40 Multif PVCs Window : 15 PVCs/min : 10 Pause Threshold : 2.5 V-Tach Rate : 130 V-Tach PVCs : 5 V Brady Rate : 40 V Brady PVCs : 5

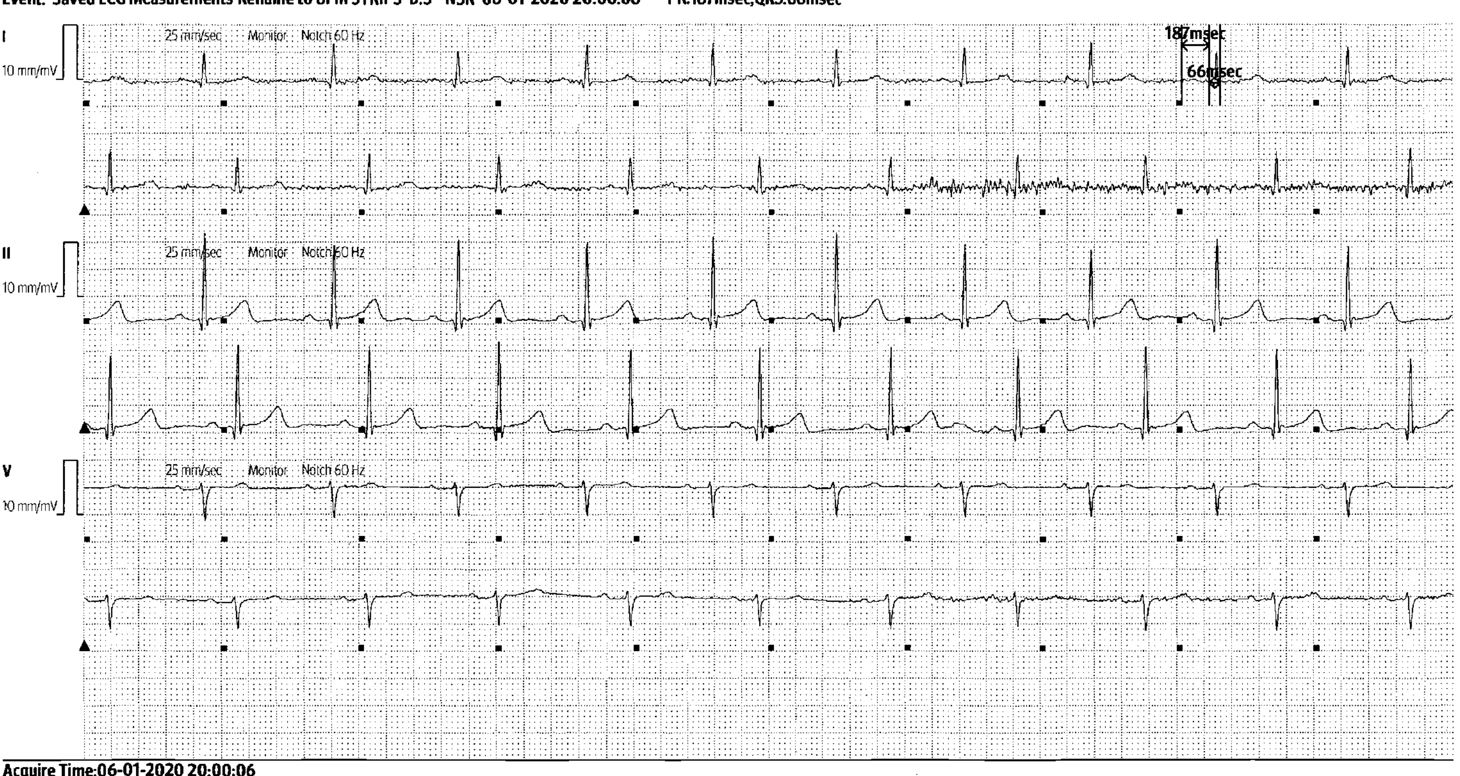
**mindray**    CHINO VALLEY MEDICAL    1/1

# Event Report

Print Time:06-01-2020 21:16:36

| Patient Name: HANNA, ADEL | Patient ID: 273781 | Patient Category: Adult | Paced: Unspecified |
|---|---|---|---|
| Room No: T2 | Bed No: 260B | DOB: | Admit Date: |

**Event: Saved ECG Measurements Rename to 8PM STRIPS D.S NSR 06-01-2020 20:00:06 PR:187msec,QRS:66msec**




**Acquire Time:06-01-2020 20:00:06**

| | |
|---|---|
| HR | 65 bpm |
| PVCs | 0 /min |
| Pauses | 0 /min |

**Setup:** QRS Threshold : 0.20 Asystole Delay : 4 Extreme Tachy : 160 Tachy(HR High) : 120 Brady(HR Low) : 50 Extreme Brady : 40 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 V-Tach Rate : 120 V-Tach PVCs : 5 V Brady Rate : 40 V Brady PVCs : 5

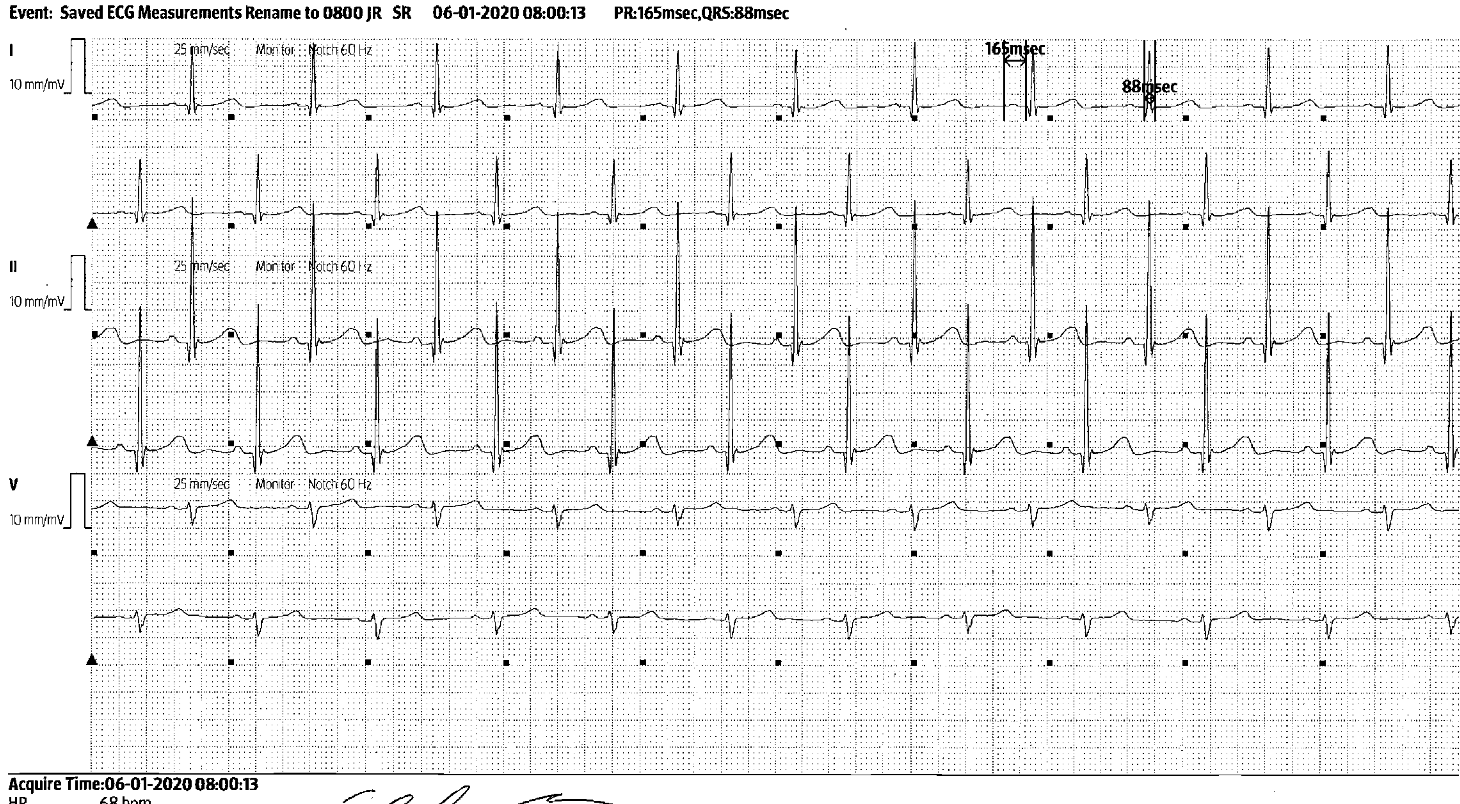
**mindray**

## Event Report

Print Time:06-01-2020 08:36:20

| Patient Name: HANNA, ADEL | Patient ID: 273781 | Patient Category: Adult | Paced: Unspecified |
|---|---|---|---|
| Room No: T2 | Bed No: 260B | DOB: | Admit Date: |

**Event: Saved ECG Measurements Rename to 0800 JR SR 06-01-2020 08:00:13 PR:165msec,QRS:88msec**




**Acquire Time:06-01-2020 08:00:13**

HR 68 bpm
PVCs 0 /min
Pauses 0 /min

**Setup:** QRS Threshold : 0.20 Asystole Delay : 4 Extreme Tachy : 160 Tachy(HR High) : 120 Brady(HR Low) : 50 Extreme Brady : 40 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 V-Tach Rate : 120 V-Tach PVCs : 5 V Brady Rate : 40 V Brady PVCs : 5

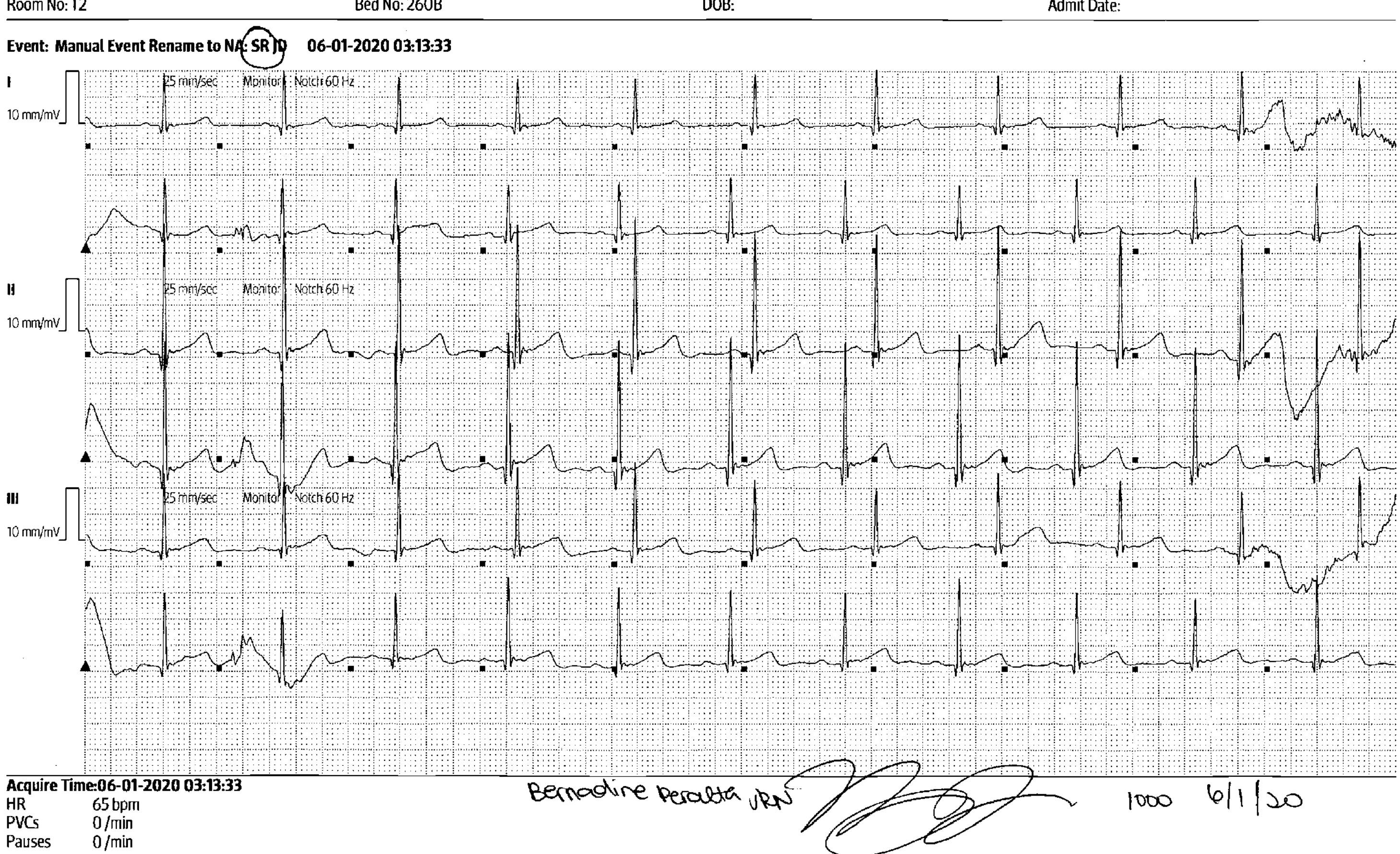
**mindray** 1/1

# Event Report

Print Time:06-01-2020 03:14:01

| Patient Name: HANNA, ADEL | Patient ID: 273781 | Patient Category: Adult | Paced: Unspecified |
|---|---|---|---|
| Room No: T2 | Bed No: 260B | DOB: | Admit Date: |

**Event: Manual Event Rename to NA: SR ID 06-01-2020 03:13:33**




**Acquire Time:06-01-2020 03:13:33**

Bernadine Peralta RN 1000 6/1/20

| HR | 65 bpm |
|---|---|
| PVCs | 0 /min |
| Pauses | 0 /min |

**Setup:** QRS Threshold : 0.20 Asystole Delay : 4 Extreme Tachy : 160 Tachy(HR High) : 120 Brady(HR Low) : 50 Extreme Brady : 40 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 V-Tach Rate : 120 V-Tach PVCs : 5 V Brady Rate : 40 V Brady PVCs : 5

mindray

# Event Report

Print Time:06-02-2020 08:30:31

| Patient Name: HANNA, ADEL | Patient ID: 273781 | Patient Category: Adult | Paced: Unspecified |
|---|---|---|---|
| Room No: T2 | Bed No: 260B | DOB: | Admit Date: |

**Event: Saved ECG Measurements Rename to 0800 KB SR, 1AVB 06-02-2020 08:00:06 PR:231msec,QRS:44msec**

I 10 mm/mV 25 mm/sec Monitor Notch 60 Hz 231msec 44msec

II 10 mm/mV 25 mm/sec Monitor Notch 60 Hz

V 10 mm/mV 25 mm/sec Monitor Notch 60 Hz

**Acquire Time:06-02-2020 08:00:06**

HR 62 bpm
PVCs 0 /min
Pauses 0 /min

**Setup:** QRS Threshold : 0.20 Asystole Delay : 4 Extreme Tachy : 160 Tachy(HR High) : 120 Brady(HR Low) : 50 Extreme Brady : 40 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 V-Tach Rate : 120 V-Tach PVCs : 5 V Brady Rate : 40 V Brady PVCs : 5

**mindray** 1/1

# Event Report

Print Time:06-01-2020 03:14:01

Patient Name: HANNA, ADEL | Patient ID: 273781 | Patient Category: Adult | Paced: Unspecified

Room No: T2 | Bed No: 260B | DOB: | Admit Date:

aVR 10 mm/mV — 25 mm/sec Monitor Notch 60 Hz

aVL 10 mm/mV — 25 mm/sec Monitor Notch 60 Hz

aVF 10 mm/mV — 25 mm/sec Monitor Notch 60 Hz

V 10 mm/mV — 25 mm/sec Monitor Notch 60 Hz

mindray

2/2

## Assessment Summary

06/01/2020 00:11:00

**Detailed Findings**

| Location | Description | Details |
|---|---|---|
| Skin | Warm<br>Dry | |

**Normal Findings**

**Not Done**

## Interventions

**Medications**

| Time | Crew | Medication | Route | Dosage | Response | PTA | Medication Comments |
|---|---|---|---|---|---|---|---|
| 23:41:00 | Monso, John | Normal saline | Intravenous (IV) | 10 Milliliters (ml) | Unchanged | No | |
| 23:57:00 | Monso, John | Nitroglycerin | Sublingual | 0.4 Milligrams (mg) | Improved | No | |

**Procedures**

| ocedure Performed Prior to this Units EMS Care | Time | Crew | Name | Location | Size of Equipment | Attempts | Response | Success | Procedure Comments |
|---|---|---|---|---|---|---|---|---|---|
| No | 23:41:00 | Monso, John | Venous Access - Extremity Catheterization | Hand-Left | 20 | 1 | Unchanged | Yes | |
| No | 23:53:10 | Monso, John | Electrocardiographic monitoring (procedure) | | | 1 | Unchanged | Yes | Import Event 'Leads On' |
| No | 23:55:35 | Monso, John | 12 lead ECG | | | 1 | Unchanged | Yes | Import Event 'Twelve Lead' |

## Vitals

**Vitals**

| Time | PTA | Response (AVPU) | BP | Method of Blood Pressure Measurement | B/Pressure | Patient Position | Airway | Pulse Rate | Method Heart Rate | Pulse Quality | Pulse Rhythm | Resp Rate | Resp Reg | Effort | SpO2 | Qual | CO2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23:53:00 | No | Alert | 122/74 | Cuff-Automated | Cuff-Automated | Semi-Fowlers | Patent | 101 | Palpated | Normal | Regular | 20 | Regularly-Regular | Normal | 94 | At Room Air | |
| 00:03:00 | No | Alert | 120/82 | Cuff-Automated | Cuff-Automated | Semi-Fowlers | Patent | 103 | Palpated | Normal | Regular | 20 | Regularly-Regular | Normal | 95 | At Room Air | |
| 00:11:00 | No | Alert | 122/75 | Cuff-Automated | Cuff-Automated | Semi-Fowlers | Patent | 101 | Palpated | Normal | Regular | 20 | Regularly-Regular | Normal | 95 | At Room Air | |

**Vitals**

| Date/Time | BP Location | Mean Arterial Pressure | Temperature | Temperature Method | Pain Scale Score | Pain Scale Type | Blood Glucose Level |
|---|---|---|---|---|---|---|---|
| 23:53:00 | Right Arm | 90 | Unable to Complete | | 10 | Numeric (0-10) | |
| 00:03:00 | Right Arm | 95 | Unable to Complete | | 8 | Numeric (0-10) | |
| 00:11:00 | Right Arm | 91 | Unable to Complete | | 8 | Numeric (0-10) | |

**PQRST**

| Date/Time Vital Signs Taken | Provoked | Quality | Region | Pain Scale Score | Duration | Duration Units | PQRST Narrative |
|---|---|---|---|---|---|---|---|
| 23:53:00 | | | | 10 | | | |
| 00:03:00 | | | | 8 | | | |
| 00:11:00 | | | | 8 | | | |

**ECG**

| Date/Time Vital Signs Taken | Cardiac Rhythm / Electrocardiography (ECG) | ECG Type | Method of ECG Interpretation |
|---|---|---|---|
| 23:53:00 | Sinus Tachycardia | 4 Lead | Manual Interpretation |
| 00:03:00 | Sinus Tachycardia | 4 Lead | Manual Interpretation |
| 00:11:00 | Sinus Tachycardia | 4 Lead | Manual Interpretation |

**GCS**

Incident # 20-05-842 Contact Made VIA: ☐ COR ☐ MED NET / HEAR ☒ Phone ☐ 800MHZ

Date 6/1/20 Time 0004 Unit 101 Location PR

Age 74 ☒ M ☐ F Approx. Weight 80 kg Pt ___ of ___ MCI ☐ Approx. Speed ___

**Chief Complaint** Chest pain

| P | Q | R | S | T |
|---|---|---|---|---|
| Ø | heavy | R shoulder | 10/10 -> 8/10 | 1 hr |

**Mechanism of Injury** Woke him up from sleep
Moderate Distress

Seat Belt Y/N
Helmet Y/N
LOC Y/N
Air Bag Y/N

Medical History ☐ Cardiac ☐ Arrhythmia ☐ Asthma ☐ COPD ☒ HTN ☐ DM ☐ Renal
☐ Dialysis ☐ Bypass ☐ Pacemaker ☐ Liver Thyroid ☐ Seizure ☐ Dementia ☐ PSYCH

Medication ☐ List Atenolol

Allergies ☐ Unknown Ø

| TIME | BLOOD PRESURE | PULSE Rate | PULSE Description | RESPIRATION Rate | Lung Sounds |
|---|---|---|---|---|---|
| PTC | 120/82 | 102 | | | clear |
| | | | | | |
| | | | | | |
| | | | | | |

O2 SAT 95% RA
Glucose 120
Temp ___
MLAPSS + / - ___

**HEAD TRAUMA** ☐ Yes ☐ No
**EARS** ☐ Clear ☐ Drainage
**NOSE** ☐ Clear ☐ Drainage
**TRACHEAL** ☐ Midline ☐ Deviated

**SKIN COLOR**: ☒A ☐B Normal; A B Pale/Ashen; A B Cyanotic; A B Flushed

**MOISTURE**: A B Normal; ☒A B Dry; A B Moist; A B Profuse

**SKIN TEMP**: A B Hot; ☒A B Warm; A B Cool; A B Cold

**PUPILS** (Rt. / Lt.): ☒A B Normal ☒A B; A B Constricted A B; A B Dilated A B

**PUPILS** (Rt. / Lt.): A B Non-reactive A B; A B Sluggish A B

**NECK VEINS** ☐ Flat ☐ Distended
**CHEST** ☐ Symmetrical ☐ Bruised ☐ Crepitus ☐ Paradoxical
**ABDOMEN** ☐ Soft ☐ Bruised ☐ Distended ☐ Rigid/Guarding
**PELVIS** ☐ Intact ☐ Bruised ☐ Unstable ☐ Full C-Spine imm. ___ Time

**RESPIRATORY EFF**: ☒A B Normal; A B Shallow/Retract/None

**CAPILLARY REFILL**: A B Immediate; A B Delayed; A B None

**EYE OPENING**: ☒4 4 Spontaneous; 3 3 To voice; 2 2 To pain; 1 1 None

**VERBAL RESPONSE**: ☒5 5 Oriented; 4 4 Confused; 3 3 Inappropriate; 2 2 Incomprehensible; 1 1 None

**MOTOR RESPONSE**: ☒6 6 Obedient; 5 5 Purposeful; 4 4 Withdrawal; 3 3 Flexion; 2 2 Extension; 1 1 None

**PULSE PRESENT** FEMORAL A B RADIAL A B CARTOID A B
PRESENT A B A B A B

GCS ☒ Normal 15

Does this patient meet trauma criteria? ☐ Yes ☐ No
Cont. Care Case ☐ Yes ☐ No
STEMI ☐ Yes ☐ No
Stroke ☐ Yes ☐ No
ROSC ☐ Yes ☐ No

| TIME | RHYTHM | DEFIB | RHYTHM |
|---|---|---|---|
| PTC | 12 lead ⊝ ST Δ or ectopy | | |
| | | | |
| | | | |
| | | | |

| TIME ORD | CASE RENDERED | RT | SIZE | DOSE | TIME ADM. |
|---|---|---|---|---|---|
| PTC | NS / NS LOCK / IO | | 20g | L Hand | |
| PTC | ASA 162 | | mg | | |
| PTA | Tylenol | | | | |
| PTA | Atenolol | | | | |
| PTC | Nitro x | 2 | (continue) | | |

| ORDER | DONE | PTC = Prior to Contact |
|---|---|---|
| | | CPAP |
| | | CPR |
| | | ET/NT/King |
| | | O2 L ___ min. |
| | | Needle Cric. |
| | | Needle Thorscostomy |
| | | Full C Spine Immob. |
| | | Splint / Ice |
| | | NG/OG |

☐ Other ___

Closest Hospital CVMC 0007
ETA: 5-7 min
Receiving Hospital CVMC
ETA: 5-7 min
1. (Closest)
2. Pat. Request
3. Spec. Request
4. Med. Req.
Code 2 ALS
Code 3 ___
Prenotified ___
RN ___
Prenotified ___
RN ___
Time Cleared 0007

| TIME | NURSING NOTES |
|---|---|
| 0007 | Recontact PRN |

MICN [signature] RN 1704
MD Ornelas

**BASE STATION HOSPITAL MOBILE INTENSIVE CARE RECORD**

1 RR

PATIENT I.D.

HANNA, ADEL S
V00000905328
DOB:03/29/46
DOS:06/01/20
CVMC ER
M/74
MR#: M000273781

PHSI-110-010 (12/12)

Complete ePCR w/attachments

## Patient Information

**Name:** Hanna, Adel
**Address:** 3019 Song of the Winds, City of Chino Hills, CA 91709
**Is Patient Homeless?:** No
**Age:** 74 Years
**Gender:** Male
**Weight:** 80 kg
**SSN#:** 999-99-9999
**D.O.B.:** 3/29/1946
**Race:** Other Race/Unknown

| Patient's Phone Number | Type |
|---|---|
| (999) 999-9999 | Home |

## Call Type/Location/Disposition

**Call Type:** Chest Pain (Non-Traumatic)
**Resp. Mode:** Emergent (Immediate Response)
**Response:** 911 Response (Scene)
**Location:** Private Residence/Apartment
**Incident Address:** 3019 Song of the Winds, City of Chino Hills, CA 91709
**Response Delay:** None/No Delay
**Disposition:** Patient Treated, Transported
**Primary Role of the Unit:** ALS Ground Transport
**Transport Mode:** Non-Emergent
**Destination:** Chino Valley Medical Center, 5451 Walnut Ave., Chino, CA 91710
**Dest. Determ.:** Closest Facility; Patient's Choice
**Transport Delay:** None/No Delay

## Response Times and Mileage

**PSAP:** 05/31/2020 23:25:52
**Disp. Notified:** 05/31/2020 23:25:52
**Unit Disp.:** 05/31/2020 23:26:07
**Enroute:** 05/31/2020 23:27:23
**At Scene:** 05/31/2020 23:33:29
**At Patient:** 05/31/2020 23:35:29
**Depart:** 05/31/2020 23:53:30
**Arrive Dest.:** 06/01/2020 00:07:30
**Destination PT Transfer of Care:** 06/01/2020 00:18:04
**In Service:** 06/01/2020 01:47:15
**Received From Agency Name:** Chino Valley Fire
**Incident Number:** 6047407
**Call Sign:** 1101
**Veh. #:** 12275
**Scene Odom:** 0
**Dest. Odom:** 5.5
**EMS Transport Method:** Ground-Ambulance
**Received From Call Sign:** MS-66
**To Dest:** 5.5

## Unit Personnel

| Crew Member | Level of Certification | Role |
|---|---|---|
| onso, John | EMT-Paramedic | Primary Patient Caregiver-At Scene ; Primary Patient Caregiver-Transport |
| Dawson, Kyle | EMT-Paramedic | Other Patient Caregiver-At Scene ; Other Patient Caregiver-Transport |
| Mendez, Roman | EMT-Basic | Driver/Pilot-Response ; Other Patient Caregiver-At Scene ; Driver/Pilot-Transport |

## Provider Impression

**Primary Impression:** Chest Pain - Suspected Cardiac
**Secondary Impression:** Respiratory Distress/Other

## Patient Condition

| Complaint Type | Complaint | Duration |
|---|---|---|
| Chief (Primary) | Chest pain | 1 Hours |

**Date/Time of Symptom Onset:** 05/31/2020 22:33:17
**Primary Symptom:** Pain, Chest - Cardiac
**Alcohol/Drug Use:** None Reported
**Chief Complaint Organ System:** Cardiovascular
**Possible Injury:** No
**Other Symptoms:** Pain, Chest Wall
**Barriers to Patient Care:** None Noted
**Chief Complaint Anatomic Location:** Chest
**Initial Patient Acuity:** Lower Acuity (Green)
**Final Patient Acuity:** Lower Acuity (Green)

## Narrative

**Patient Name:** Hanna, Adel **EMS Agency Name:** AMR - Rancho Cucamonga

**Narrative:** AMR 101 responding Code 3 to given address. Arrived on scene of private residence to find MS-66 assessing 74 y/o male lying semi-fowlers on bedroom recliner. Pt found Awake/Alert/Tracking EMS personnel and appearing in mild distress. A&Ox4 w/GCSx15, C/C Chest pain x1 hour that woke him from his sleep. Pt rates his pain a 10/10 and describes it to be a heaviness in the center of his chest, says that if feels as though someone is sitting on his chest and radiates to his right shoulder and arm. Pt states that he is also experiencing shortness of breath and nausea which began at the same time of onset as his chest pain. Pt has slightly increased pain upon palpation, denies any complaints of dizziness, vomiting, diarrhea, cough, fever, recent illness or injury. Pt states that he took some of his own medications prior to arrival consisting of Aspirin, Tylenol and Atenolol. MS-66 placed pt onto 4-lead ECG with pulse ox and blood pressure cuff. Vital signs obtained and found to be within normal limits. 12-lead ECG obtained and found to be Sinus Tachycardia with no Elevation/Depression or Ectopy noted. IV access established successfully via 20g in left hand by AMR. MS-66 administered Zofran, Nitroglycerin and additional Aspirin with improvements noted. Pt feels unable to ambulate from second floor bedroom to gurney, assisted in ambulating from recliner to Stair Chair without incident, secured via provided safety harness and brought down to gurney. Pt assisted in ambulating from Stair Chair to gurney without incident, placed into semi-fowlers for position of comfort and secured via use of five point safety harness. MS-66 administered additional dose of NTG, pt then loaded into ambulance for further assessment and treatment. Pt placed onto 4-lead ECG with pulse ox and blood pressure cuff. Vital signs obtained and found to be within normal limits. 12-lead ECG obtained with AMR monitor and matches 12-lead results obtained by MS-66. Skin Signs Normal/Warm/Dry, Normal Respiratory Rate/Rhythm/Effort, Lung Sounds Clear Bilateral in all fields, Capillary Refill Immediate, Pupils PERRLA. Equal Grips/Pedal Pushes/Pulls, no Arm Drift, no Facial Droop, no Slurred Speech. Pt taken to Chino Valley Medical Center via Code 2 transport. Vital signs and pt condition monitored throughout transport. Pt given additional dose of NTG with improvement noted from 10/10 to 8/10. No other significant changes noted throughout transport. Upon arrival to destination, pt taken in to ER and registered with hospital staff. Pt assigned to ER bed 5, released from safety harness and moved from gurney to hospital bed without incident. Report given to ER RN Darin receiving care, signature obtained for transfer of care. End of call.

## Past Medical History

**Patient Medications**

| Medication |
|---|
| Atenolol (Apo-Atenolol, Novo-Atenol, Tenormin) |

**Medication Allergies**

| Medication Allergies |
|---|
| No Known Drug Allergy |

**Medical History:** Hypertension
**Medical History Obtained From:** Patient; Family

**Is this patient a suspected PUI?:** No

**Is this patient a confirmed COVID-19? :** No

## Assessment Exam

**Date/Time of Assessment**

## Assessment Summary

**05/31/2020 23:53:00**

**Detailed Findings**

| *Location* | *Description* | *Details* |
|---|---|---|
| **Skin** | Warm<br>Dry | |

**Normal Findings**

**Not Done**

## Assessment Summary

**06/01/2020 00:03:00**

**Detailed Findings**

| *Location* | *Description* | *Details* |
|---|---|---|
| **Skin** | Warm<br>Dry | |

**Normal Findings**

**Not Done**

| Time | Total Glasgow Coma Score | Eye | Motor | Verbal | Score Qualifier |
|---|---|---|---|---|---|
| 23:53:00 | 15 | 4 - Opens Eyes spontaneously (All Age Groups) | 6 - Obeys commands (>2Years); Appropriate response to stimulation | 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts | Initial GCS has legitimate values without interventions such as intubation and sedation |
| ?:03:00 | 15 | 4 - Opens Eyes spontaneously (All Age Groups) | 6 - Obeys commands (>2Years); Appropriate response to stimulation | 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts | Initial GCS has legitimate values without interventions such as intubation and sedation |
| 00:11:00 | 15 | 4 - Opens Eyes spontaneously (All Age Groups) | 6 - Obeys commands (>2Years); Appropriate response to stimulation | 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts | Initial GCS has legitimate values without interventions such as intubation and sedation |

## EKG

**EKG**

| Time | Medical Device Serial Number | Medical Device Event Type | EKG Lead | EKG Interpretation | Type of Shock | Shock or Pacing Energy | Total Number of Shocks Delivered | Pacing Rate |
|---|---|---|---|---|---|---|---|---|
| 23:51:50 | 48375862 | Power On | | | | | | |
| 23:53:10 | 48375862 | ECG-Monitor | II | Sinus Tachycardia | | | | |
| 23:55:35 | 48375862 | 12-Lead ECG | | Sinus Tachycardia | | | | |

## Cardiac Arrest

**Cardiac Arrest:** No

## Referred To

**Receiving Hospital Contacted Date/Time:** 06/01/2020 00:02:00

## Hospital Team Activations

**Hospital Team Activations**

| Destination Team Pre-Arrival Alert or Activation |
|---|
| No |

## Base Hospital

**Base Hospital Contact Date:** 06/01/2020 00:02:00

**Base Hospital Contacted:** Chino Valley Medical Center

## Trauma Detail

**Work-Related Illness/Injury:** No

## Billing Information

**Payment:** No Insurance Identified

**Work Related?:** No

**ALS Assessment Performed and Warranted:** Yes

## Signatures

**Type of Person Signing:** Healthcare Provider

**Signature Reason:** Transfer of Patient Care

**Paragraph Text:** I acknowledge that the above patient was transferred to my care.

**Status:** Signed

**Printed Name:** Darin RN

**Date/Time Signature Locked:** 06/01/2020 00:18:04

**Signature Date:**

---

**Type of Person Signing:** EMS Crew Member (Other)

**Signature Reason:** EMS Provider

**ragraph Text:** I acknowledge that I have provided or that my partner has provided the above assessments/treatments for this patient.

**Status:** Signed

**Printed Name:** Kyle Dawson

**Date/Time Signature Locked:** 06/01/2020 00:18:36

**Signature Date:**

---

**Type of Person Signing:** EMS Primary Care Provider (for this event)

**Signature Reason:** EMS Provider

**Paragraph Text:** I acknowledge that I have provided or that my partner has provided the above assessments/treatments for this patient.

**Status:** Signed

**Printed Name:** John Monso

**Date/Time Signature Locked:** 06/01/2020 00:18:23

**Signature Date:**

---

**Type of Person Signing:** Patient

**Signature Reason:** HIPAA acknowledgement/Release; Permission to Transport; Release for Billing; Permission to Treat

**Paragraph Text:**
Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You ve the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I acknowledge that I am legally responsible for the ambulance services provided to me. I request payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to AMR for any ambulance services and supplies furnished to me by AMR, whether in the past, now or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers and their respective agents and contractors, as well as AMR, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services, whether in the past, now or in the future. I acknowledge that I have been provided with a copy of AMR's Notice of Privacy Practices on this date.

AFFORDABLE CARE ACT SECTION 1557 NOTICE OF NONDISCRIMINATION
Envision Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Envision Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Envision Healthcare:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
o Qualified sign language interpreters
o Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
o Qualified interpreters
o Information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Envision Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact our Civil Rights Coordinator to obtain information on how to file a grievance.

CIVIL RIGHTS COORDINATOR
P: 877.835.5267
F: 971.250.4125
complianceconcerns@evhc.net

Attn: Envision Healthcare Civil Rights Coordinator
13950 Ballantyne Corporate Place, Suite 300
Charlotte, NC 28277

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
oom 509F, HHH Building
shington, D.C. 20201
.0.368.1019, 800.537.7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

·glines Informing Individuals with Limited English Proficiency of Language Assistance
rvices:

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de
asistencia lingüística. Llame al 1.877.835.5267 (TTY: 711)
Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.877.835.5267 (TTY: 711)
Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho
bạn. Gọi số 1.877.835.5267. (TTY: 711)
Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니
다. 1.877.835.5267 (TTY: 711)번으로 전화해 주십시오.
Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные
услуги перевода. Звоните 1.877.835.5267.(TTY: 711)
French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki
disponib gratis pou ou. Rele 1.877.835.5267. (TTY 711)
French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont
proposés gratuitement. Appelez le 1.877.835.5267. (TTY: 711)
Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy
językowej. Zadzwoń pod numer 1.877.835.5267. (TTY: 711)
Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけま
す。まで、お電話にてご連絡ください。1.877.835.5267 (TTY:711)
: Farsi توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم
می‌باشد. با . 7625.538.778 تماس بگیرید
Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos,
grátis. Ligue para 1.877.835.5267. (TTY:711)
Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di
assistenza linguistica gratuiti. Chiamare il numero 1.877.835.5267. (TTY: 711)
German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche
Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.835.5267. (TTY: 711)
Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong
sa wika nang walang bayad. Tumawag sa 1.877.835.5267. (TTY: 711)
:Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1
: 1 الصم والبكم TTY 711-

**Status:** Signed

**Printed Name:** Adel Hanna

**Date/Time Signature Locked:** 06/01/2020 00:19:38

**Signature Date:**

## MCI

**Number of Patients at Scene:** Single

## Valuables

**Patient Belongings:** None

## Attachments

**File Name:** Transfer_132354673447045026
**Modified By:** John Monso
**Modified On:** 06/01/2020 01:47:50

Administration
14011 City Center Drive
Chino Hills, CA 91709
Work: (909) 902-5230

**Complete ePCR w/attachments**

## Patient Information

**Name:** Hanna, Adel
**Age:** 74 Years
**D.O.B.:** 3/29/1946
**Gender:** Male
**Race:** Other Race/Unknown
**Is Patient Homeless?:** No
**Weight:** 80 kg

| Patient's Phone Number | Type |
|---|---|
| | Home |

## Call Type/Location/Disposition

**Call Type:** Chest Pain (Non-Traumatic)
**Resp. Mode:** Emergent (Immediate Response)
**Response:** 911 Response (Scene)
**Location:** Private Residence/Apartment
**Incident Address:** 3019 Song Of The Winds CHINO HILLS, CA 91709
**Response Delay:** None/No Delay
**Disposition:** Patient Treated, Transferred Care
**Primary Role of the Unit:** Fire Apparatus, ALS (non-transport)
**Destination:** Chino Valley Medical Center 5451 Walnut Ave. Chino, CA 91710
**Dest. Determ.:** Closest Facility
**Transport Delay:** None/No Delay

## Response Times and Mileage

**PSAP:** 05/31/2020 23:24:26
**Disp. Notified:** 05/31/2020 23:24:26
**Unit Disp.:** 05/31/2020 23:25:42
**Enroute:** 05/31/2020 23:26:00
**At Scene:** 05/31/2020 23:32:00
**At Patient:** 05/31/2020 23:33:17
**Incident Number:** 20-116461
**Call Sign:** MS66
**Veh. #:** MS66
**EMS Transport Method:** Ground-Ambulance
**Received From Agency Name:** Chino Valley Fire
**Received From Call Sign:** MS66

## Unit Personnel

| Crew Member | Level of Certification | Role |
|---|---|---|
| Yu, Christopher | EMT-Paramedic | Other Patient Caregiver-At Scene ; Driver/Pilot-Response |
| Haton, Trevor | EMT-Paramedic | Primary Patient Caregiver-At Scene |

## Provider Impression

**Primary Impression:** Chest Pain - Suspected Cardiac
**Secondary Impression:** No Medical Complaint

## Patient Condition

| Complaint Type | Complaint | Duration |
|---|---|---|
| Chief (Primary) | Chest pain | 1 Hours |

**Date/Time of Symptom Onset:** 05/31/2020 22:33:17
**Primary Symptom:** Pain, Chest - Cardiac
**Alcohol/Drug Use:** None Reported
**Chief Complaint Organ System:** Cardiovascular
**Possible Injury:** No
**Other Symptoms:** No Complaint - Adult
**Barriers to Patient Care:** None Noted
**Chief Complaint Anatomic Location:** Chest
**Initial Patient Acuity:** Lower Acuity (Green)
**Final Patient Acuity:** Lower Acuity (Green)

## Past Medical History

**Patient Medications**

| Medication |
|---|
| Atenolol (Apo-Atenolol, Novo-Atenol, Tenormin) |

**Medication Allergies**

| Medication Allergies |
|---|
| No Known Drug Allergy |

**Medical History:** Hypertension
**Medical History Obtained From:** Patient; Family

## Assessment Exam

**Date/Time of Assessment**

## Assessment Summary

**05/31/2020 23:35:37**

Detailed Findings

| Location | Description | Details |
|---|---|---|
| Mental Status | Oriented-Person<br>Oriented-Time | |

Oriented-Event
Oriented-Place

**Normal Findings**

Skin ;

**Not Done**

## Interventions

**Medications**

| Time | Crew | Medication | Route | Dosage | Response | PTA | Medication Comments |
|---|---|---|---|---|---|---|---|
| 23:39:57 | Haton, Trevor | Aspirin (ASA) | Oral | 162 Milligrams (mg) | Unchanged | No | 162 pta |
| 23:40:31 | Haton, Trevor | Nitroglycerin | Sublingual | 0.4 Milligrams (mg) | Unchanged | No | |

## Vitals

**Vitals**

| Time | PTA | Response (AVPU) | BP | Method of Blood Pressure Measurement | B/Pressure | Patient Position | Airway | Pulse Rate | Method Heart Rate | Pulse Quality | Pulse Rhythm | Resp Rate | Resp Reg | Effort | SpO2 | Qual | CO2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23:38:49 | | Alert | 130/82 | Cuff-Automated | Cuff-Automated | | | 90 | | | Regular | 16 | | Normal | 95 | At Room Air | |

**Vitals**

| Date/Time | Mean Arterial Pressure | Temperature | Temperature Method | Pain Scale Score | Pain Scale Type | Blood Glucose Level |
|---|---|---|---|---|---|---|
| 23:38:49 | 98 | 37.2 | Tympanic | 10 | | |

**PQRST**

| Date/Time Vital Signs Taken | Provoked | Quality | Region | Pain Scale Score | Duration | Duration Units | PQRST Narrative |
|---|---|---|---|---|---|---|---|
| 23:38:49 | | Pressure | Substernal | 10 | | | |

**GCS**

| Time | Total Glasgow Coma Score | Eye | Motor | Verbal | Score Qualifier |
|---|---|---|---|---|---|
| 23:38:49 | 15 | 4 - Opens Eyes spontaneously (All Age Groups) | 6 - Obeys commands (>2Years); Appropriate response to stimulation | 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts | Not Applicable |

## Cardiac Arrest

**Cardiac Arrest:** No

## Trauma Detail

**Work-Related Illness/Injury:** No

## Billing Information

**Work Related?:** No

## Signatures

**Type of Person Signing:** EMS Primary Care Provider (for this event)

**Signature Reason:** EMS Provider

**Paragraph Text:** I acknowledge that CVFD has provided the above assessments/treatments for this patient.

**Status:** Signed

**Printed Name:** Trevor Haton

**Date/Time Signature Locked:**

**Signature Date:**

## MCI

Patient Name: Hanna, Adel

EMS Agency Name: Chino Valley Fire

Number of Patients at Scene: Single

**Valuables**

Patient Belongings: None

Unit Notified: 05/31/2020 23:25:42
Incident #: 20-116461

Patient Name: Hanna, Adel
Patient Care Report Number: b6ae9dcb32c1492dbdbe93f59035fc45

Call #: 20-116461
Date Printed: 05/31/2020 23:42

**File Name:** 20200531235150_AMR RANCHO 911
**Modified By:** John Monso
**Modified On:** 06/01/2020 01:47:48

**.me:** 05/31/2020 23:53:10
**File Name:** Physio_20200531235310.png

Name:
ID: 053120235150
Patient ID:
Incident ID:
Location:
Age: 74 Sex: M
5/31/2020

Initial Rhythm 11:53:10 PM

SpO2-PR 94-98
SpCO ---
SpMet ---

▼ Initial Rhythm

II x1.0

SpO2

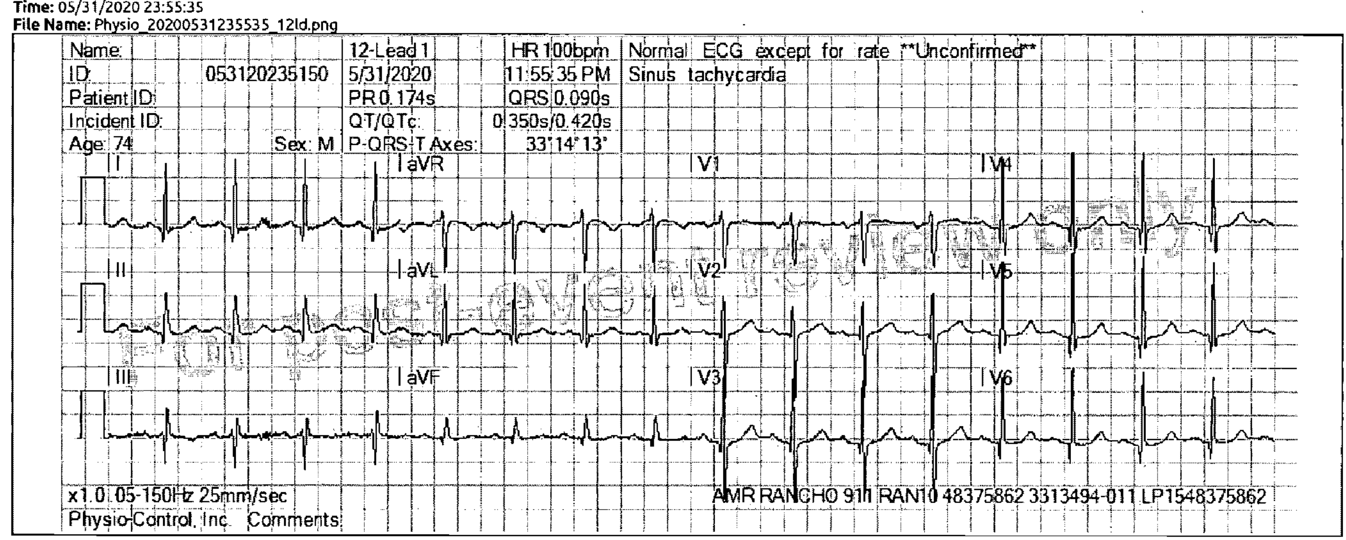
20
CO2 Filter Line Off
CO2 (mmHg)
0

Physio-Control, Inc.

25mm/sec
ECG 1-30Hz Paddles 2.5-30Hz

AMR RANCHO 911 RAN10 48375862 3313494-011 LP1548375862

**Time:** 05/31/2020 23:55:35
**File Name:** Physio_20200531235535_12ld.png



## CONDITIONS OF ADMISSION

**1. ARBITRATION OPTION**: It is understood that any dispute as to medical malpractice, as to whether any medical services rendered under this Contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as approved by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this Contract by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. Such arbitration shall be in accordance with the current Hospital Arbitration Regulations of the California Hospital Association-California Medical Association (copies available at Hospital's Admissions Office). This Mutual Arbitration Agreement shall apply to any legal claim or civil action in connection with this hospitalization or outpatient service against the Hospital or its employees and any doctor of medicine agreeing in writing to be bound by this provision. The execution of the Mutual Arbitration Agreement shall not be a precondition to the furnishing of services by the Hospital, and this Mutual Arbitration Agreement may be rescinded by written notice from the patient or patient's representative to the Hospital within 30 days of signature. The Mutual Arbitration Agreement shall bind the parties hereto and their heirs, representatives, executors, administrators, successors and assignees.

NOTICE: BY SIGNING THE CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT. IF YOU DO NOT AGREE TO ARBITRATION, PLEASE INITIAL ____________ .

**2. CONSENT TO MEDICAL AND SURGICAL PROCEDURES:** The undersigned consents to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services and which may include, but are not limited to, laboratory procedures, x-ray examinations, medical or surgical treatment or procedures, telehealth services, anesthesia, or hospital services rendered to the patient under the general and special instructions of the patient's physician or surgeon.

**3. NURSING CARE:** The hospital provides only general-duty nursing care unless, upon orders of the patient's physician, the patient is provided more intensive nursing care. If the patient's condition is such as to need the service of a special duty nurse it is agreed that such must be arranged by the patient or his/her legal representative. The hospital shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that the patient is not provided with such additional care.

**4. PERSONAL VALUABLES:** It is understood and agreed that the hospital maintain a fireproof safe for the safe keeping of money and valuables and the hospital shall not be liable for the loss or damage to any money, jewelry, documents, eye glasses, dentures, hearing aids, cell phones, laptops, other personal electronic devices or other articles of unusual value and small size, unless placed therein, and shall not be liable for loss or damage to any other personal property, unless deposited with the hospital for safe keeping. The liability of the hospital for loss of any personal property which is deposited with the hospital for safekeeping is limited for loss of any personal property which is deposited with the hospital for safekeeping is limited by statute to five hundred dollars($500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient.

**5. CONSENT TO PHOTOGRAPH:** Photographs may be recorded to document the patient's progress of care and shall be part of the patient's medical records or physician's office medical record. I consent to this and the use of the same for scientific, education or research purposes if approved. The hospital/physician will retain ownership rights to the photographs as well as to the medical records. Photographs may also be taken for the purpose of patient identification. I understand that I am not permitted to take photographs of or audio or video recordings of other patients or workforce members without their consent.

**6. LEGAL RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIANS:** All physicians and surgeons furnishing services to the patients, including the radiologist, pathologist, anesthesiologist and the like are independent contractors with the patient and are not employees or agents of the hospital. The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered to the patient under the general and special instructions of the physician.

Chino Valley Medical Center
5451 WALNUT AVENUE, CHINO, CA 91710

2 COA

**CONDITIONS OF ADMISSION-CALIFORNIA**
PHSI-070-011 (10/16) Page 1 of 4

PATIENT ID **HANNA,ADEL S**
Att Dr:
**03/29/46** M 74 **M000273781**
**V00000905328** REG ER 06/01/20

PHSI admpkp 06/01/2020

**7. EMERGENCY OR LABORING PATIENTS:** In accordance with Federal law, I understand my right to receive an appropriate medical screening examination performed by a doctor, or other qualified medical professional, to determine whether I am suffering from an emergency medical condition and, if such a condition exists, stabilizing treatment within the capabilities of the hospital's staff and facilities, even if I cannot pay for these services, do not have medical insurance or I am not entitled to Medicare or Medi-Cal. If I deliver an infant(s) while a patient of this hospital, I agree that these same Conditions of Admission apply to the infant(s).

**8. ASSIGNMENT OF INSURANCE OR HEALTH PLAN BENEFITS TO HOSPITAL:** The undersigned irrevocably assigns and hereby authorizes, whether he/she signs as agent or as patient, direct payment to the hospital of all insurance benefits otherwise payable to or on behalf of the patient for this hospitalization or for these outpatient services, including emergency services if rendered, at a rate not to exceed the hospital's actual charges. It is agreed that payment to the hospital, pursuant to this authorization, by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for allowed charges not paid pursuant to this assignment. In the event the undersigned's insurance company or health plan makes payment directly to the undersigned for services provided by the hospital, the undersigned shall remit such payment to the hospital within 15 days of his/her receipt of such payment.

9. **RELEASE OF INFORMATION:** The hospital will obtain the patient's consent and authorization to release medical information, other than basic information, concerning the patient, except in those circumstances when the hospital is permitted or required by law to release information. The undersigned has consented to the release of medical information to entities that provide care in post-acute setting. In accordance with the Safe Medical Device Act of 1990, the undersigned agrees that in the event a permanent medical device is implanted the hospital is hereby authorized to notify the manufacturer of patient's name, address, telephone number, and social security number (if available) as well as other information about the implantation. I authorize a copy of my record to be sent to my family physician or physician of referral at time of discharge.

Physician Name/Address ____None____

I authorize release of information regarding the birth of my child, as applicable.

___ Yes ___ No Initial _______

The hospital is authorized, without further action by or on behalf of the patient to disclose all or any part of the patient's record to any entity which is or may be liable to the hospital, patient or any entity affiliated with patient for all or part of the hospital's or hospital-based physicians' charges for the patient's services (including, without limitation, hospital or medical service companies, insurance companies, workers' compensation carriers, welfare funds, patient's employer, or medical utilization review organization designed by the forgoing).

**10. PARTICIPATION IN MEDICAL EDUCATION PROGRAM: (NA)**

It is understood that this hospital is a teaching institution and that unless the hospital is notified to the contrary in writing, the undersigned may participate as a teaching subject in the medical education program of the hospital and may receive treatment by residents, if approved by the undersigned's attending physician, and those clinical students acting under appropriate supervision as required by such medical education and clinical training programs.

**11. ORGAN DONATION:** California State Law requires hospitals to have a method to identify potential organ and tissue donors. We want you to be aware of the need for organ and tissue donations and to provide you with the opportunity to let your wishes regarding participation be known. Have you signed an organ donor card?

___Yes _X_No

Chino Valley Medical Center
5451 WALNUT AVENUE, CHINO, CA 91710

2 COA

**CONDITIONS OF ADMISSION-CALIFORNIA**
PHSI-070-011 (10/16) Page 2 of 4

PATIENT ID **HANNA,ADEL S**
Att Dr:
**03/29/46** M 74 **M000273781**
**V00000905328** REG ER 06/01/20

PHSIadmpkp 06/01/2020

**12. PROPOSITION 65 WARNING:** You may be exposed to chemicals commonly used in manufacturing processes for medical and drug products and material constituents in products and their packaging which are known to the State of California to cause cancer and birth defects or other reproductive harm.

**13. ASSIGNMENT OF INSURANCE OR HEALTH PLAN BENEFITS TO HOSPITAL-BASED PHYSICIANS:** The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to any hospital-based physician of any insurance or health plan benefits otherwise payable to or on behalf of the patient for professional services rendered during this hospitalization of for outpatient service, including emergency services if rendered, at a rate not to exceed such physician's regular charges. It is agreed that payment to such physician pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligation under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment to the extent permitted by state and federal law.

**14. HEALTH PLAN OBLIGATION:** A list of such plans is available upon request from the Financial Office.

**15. HOW YOUR BILL IS DETERMINED:** Hospital charges include a basic daily rate, which covers your room, nursing care and food service, or outpatient/emergency services. Additional charges are made for special services ordered by your doctor. Operating room, surgical supplies, medications, treatments, tests, oxygen, x-rays and physical therapy are some examples of such services. **Physician charges are billed separately.** In addition to receiving bills for services rendered by the hospital and your personal physician, **you will receive separate bills from hospital-based physicians who participate in your care.** These physicians may represent any of the following areas: anesthesiology, radiology, pathology, nuclear medicine, cardiodiagnostics, and the like.

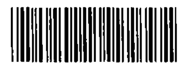
**16. FINANCIAL AGREEMENT:** Not withstanding section (6), (Emergency or Laboring Patients), I further understand that I am responsible to the hospital and physician(s) for all reasonable charges, listed in the hospital charge description master and if applicable the hospital's charity care and discount payment policies and state and federal law incurred by me and not paid by third party benefits. In the event that said bill, or any part thereof, is deemed delinquent by the hospital, I understand that I will be responsible for collection expenses as well as reasonable attorney's fees and court costs if a suit in instituted. All delinquent accounts shall bear interest in the maximum rate allowed by law. In the event that hospital is not paid by third parties within three (3) months from the date of billing for payment, I will promptly make arrangements to pay the outstanding account. I authorize the hospital, or collection agancy or other antity contracting with the hospital to obtain credit report about me from the national credit bureaus in connection with payment of my account

**NON-COVERED CHARGES:** in the event that insurance does not cover particular procedures, medications, and / or services, the undersigned hereby agrees to be personally responsible for payment of such charges, if not prohibited by law.

**17. MEDICARE INSURANCE, BENEFITS AND EXCLUSIONS:** If the patient is a Medicare beneficiary or will apply for Medicare benefits, the undersigned certifies that the information given about the patient is correct. It is also agreed and understood that we may release certain medical information about the patient to the Social Security Administration and/or its intermediaries and/or its carriers for this or a related Medicare claim. The undersigned requests that payment of authorized benefits be made on the patient's behalf. Some services may not be covered by Medicare, such as the following: 1) Worker's Compensation, 2) Dental, 3) Cosmetic Surgery, 4) Custodial Care, 5) personal comfort Items, and/or any services determined to be unnecessary or unreasonable by Medicare. If the patient is not on file with the Social Security Administration, the usual billing procedures will be used independent of the data access.

**18. IF YOU DO NOT HAVE INSURANCE:** You may be eligible for the Charity Care and Discounted Payment Program. Please contact the business office.

Chino Valley Medical Center
5451 WALNUT AVENUE, CHINO, CA. 91710



2 COA

**CONDITIONS OF ADMISSION-CALIFORNIA**
PHSI-070-011 (10/16) Page 3 of 4

PATIENT ID **HANNA,ADEL S**
Att Dr:
**03/29/46** M 74 **M000273781**
**V00000905328** REG ER 06/01/20

PHSIadmpkp 06/01/2020

**19. WAIVER OF LIABILITY:** I understand that some or all of these services may not be covered by Medicare and that I am financially responsible if these services are denied.

**20. FINANCIAL RESPONSIBILITY AGREEMENT BY PERSON OTHER THAN THE PATIENT OR THE PATIENT'S LEGAL REPRESENTATIVE:** I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement (Paragraph 7) and Assignment of Health Plan Benefits (Paragraphs 8 and 9) set forth above.

| Date/Time | Financially Responsible Party | Witness |
|---|---|---|

Translator: I have accurately and completely read the forgoing document to

_______________________________________________
(name of patient / person legally authorized to give consent)

in _______________________________________________
(the patient's or patient's representatives primary language.)

He/she understood all the terms and conditions and acknowledges his/her agreement thereto by signing this document in my presence.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF SERVICE, WHICH BECOME EFFECTIVE AT THE TIME SERVICE IS RENDERED.

| | |
|---|---|
| PATIENT / PARENT / CONSERVATOR / GUARDIAN | POLICY HOLDER OR FINANCIALLY RESPONSIBLE PARTY |
| | Self |
| | RELATIONSHIP TO PATIENT |
| WITNESS | |
| | SIGNATURE OF TRANSLATOR |
| 6/1/2020 | 0125 |
| DATE OF SIGNING | TIME OF SIGNING |

Patient unable to sign: _______________________________________________
(Reason)

Chino Valley Medical Center
5451 WALNUT AVENUE, CHINO, CA, 91710

2 COA

**CONDITIONS OF ADMISSION-CALIFORNIA**
PHSI-070-011 (10/16) Page 4 of 4

PATIENT ID **HANNA,ADEL S**
Att Dr:
**03/29/46** M 74 **M000273781**
**V00000905328** REG ER 06/01/20

PHSI.admpkp 06 01/2020

# INFORMED CONSENT BY PHYSICIAN

This form is to be completed only by the treating physician. Complete Part 1 if the patient or a surrogate decision maker is able to give consent. Complete Part B only if there is no one available to give consent by the needed procedure is medically emergent. Attach this documentation to "Authorization for and Consent to Surgery or Special Diagnostic or Therapeutic Procedures/Informed Consent by Patient" form with is to be signed by the patient or surrogate decision maker. (Note: certain procedures, such as Hysterectomies and Sterilizations have their own special consent forms, which can be substituted for the above named form). Attach the patient's consent form to this form and forward with the patient to where the procedure is to be performed.

Physicians: please complete all applicable sections. Cross out any section which does not apply. Do not leave any sections blank.

Procedure: CARDIOLITE STRESS WITH LEXISCAN

Part I: Complete this section if consent is being given by the patient or a surrogate decision maker.
I, the treating physician have provided the nature of the above stated procedure in laymen's terms, including the following potential risks, complications, potential/expected benefits, and alternative treatments:
I have provided the information to:

☐ Patient: Patient is an adult (18+) with the capacity to understand the risks and benefits of the procedure or a minor (< 17 years) with decision making capacity because of any of the following reasons: emancipated minor, minor on active duty in military, minors receiving pregnancy care, minors treated for reportable disease, rape victim, sexual assault victim, minor needing mental health tx. Minors treated for drug/ETOH problem, married minor, min or making blood donation.

☐ Surrogate Decision Maker: can be a family member or someone designated in writing (Power of Attorney for Healthcare or court order, etc.). A surrogate decision maker was informed because the patient does not have the capacity at this time to make informed decisions regarding his/her health care for the following reasons (check all that apply):

- ☐ Altered Level of Consciousness
- ☐ Minor not meeting any of the above criteria to give consent
- ☐ Other: ______________________

Name of Surrogate Decision Maker: ______________________ Relationship: __________

☐ Interpreter Used: Yes No Name: ______________________

☐ See progress notes for additional discussion in this matter.

By my signature, I certify that I have thoroughly discussed the above information with the patient and/or surrogate decision maker and have addressed all questions/concerns in this matter to the best of my ability.

✓ Physician Signature: [signature] Date: 6-2-2020

Part II: **Complete this section if the patient lacks the capacity to give consent and there is no surrogate decision maker.**

The patient has been assessed and has been determined to lack capacity to give consent at this time for the following reasons (check all that apply):

- ☐ Altered Level of Consciousness
- ☐ Minor not meeting any of the above criteria to give consent
- ☐ Other: ______________________

Additionally, there is no family or surrogate decision maker available to provide consent in this patient's behalf. However, it is necessary to proceed without consent because the recommended procedure is medically emergent and delay in providing this procedure could result in any or all of the following (check all that apply):

☐ Death ☐ Significant/Serious loss of function ☐ Unrelieved serious pain

☐ See progress notes for additional discussion in this matter.

By my signature, I certify that the patient lacks capacity to give consent and would likely do so if able. I have made diligent effort, unsuccessfully, to notify a surrogate decision maker of the needed procedure. Further, I certify, for the above state reasons, that the procedure is medically emergent.

Physician Signature: ______________________ Date: __________

**Chino Valley Medical Center**
5451 Walnut Avenue
Chino, California 91710

Patie[nt label]
HANNA, ADEL S CVMC
V00000905328 IN
DOB:03/29/46 M/74
DOS:06/01/20 MR#: M000273781
Crudo, Jeffrey J.

## DECLARATION OF FINANCIAL RESPONSIBILITY AND AUTHORIZATION TO PAY BENEFITS

Chino Emergency Medical Associates ("CEMA") at Chino Valley Medical Center

**Federal legislation known as COBRA-EMTALA:**

1. **Requires that any patient who comes to the Emergency Department at *Chino Valley Medical Center* be evaluated, treated, and stabilized regardless of the patient's ability to pay.**
2. **Prohibits the discussion of financial matters, including fees, contracted insurance relationships, and all other billing issues, that may delay your care.**

**Please read and acknowledge by signing below that you have read and understand each of the following statements:**

1. I understand that CEMA, including its contracted physicians, physician assistants and/or nurse practitioners are independent contractors and are NOT employed by the Hospital. CEMA is a separate entity from the hospital.
2. I understand that CEMA's charges for professional fees (charges related to my exam and treatment) are billed separately from the Hospital's charges.
3. If I am not insured, I am responsible for payment for CEMA's services. Based on a review of my situation CEMA may in its sole discretion offer to me a schedule of payments or a discount consistent with their hardship policy.
4. If I am insured, I am responsible for any co-payments or deductibles associated with my health insurance policy. I understand that CEMA may not be not contracted with my HMO, Health Plan, insurance company, or its designed medical group ("Insurance Company").
5. CEMA does participate in government programs such as Medicare and Medi-Cal. There are Insurance Companies with which CEMA is non-participating, or is a non-contracted provider. For these companies CEMA will accept reasonable reimbursement, which we believe is our billed charges.
6. I understand that my insurance company may not reimburse CEMA for certain medical services (**non covered benefits**), and that I will not be responsible for unpaid balances if my Insurance Company is regulated by the California Department of Managed Health Care (the "DMHC").
7. As a courtesy, CEMA will bill my Insurance Company. I hereby authorize my Insurance Company to directly pay CEMA all amounts due for medical services provided to me. If the Insurance Company pays me directly then I agree to turn over these payments to CEMA.
8. I understand that if CEMA is non-contracted and the payment from the Insurance Company is less than the billed amount, I remain responsible for the balance of the fees unpaid by a non-DMHC regulated Insurance Company, and I may receive a bill for the unpaid amount.

I hereby authorize CEMA to release any information requested by my Health Plan or insurance company regarding my medical condition, illness or injury, in order to determine the liability for payment. **By providing my contact information below, I hereby consent and authorize CEMA to contact me using any of the information provided (including e-mail or texting) regarding medical/social/healthcare/billing issues of possible relevance or any follow-up or other matter associated with my visit to the emergency department at *Chino Valley Medical Center*.**

If you have any questions regarding CEMA's bill please contact its billing service at **626-447-0296, Extension #254**, or visit **www.ema.us** for further information. By my signature below I agree to all of the terms above.

Signature of Patient or Representative — Date: 6/1 2020

*Please Circle One (Signer Above Is):*

Patient | Spouse | Parent or Guardian | Relative | Other

**Contact Information *(Please Print Legibly)***

Patient Name:

Patient's E-Mail Address — Patient's Cell Phone

Patient's Home Address

**Addressograph**

Chino Valley Medical Center
HANNA, ADEL S
Att Dr:
03/29/46 M 74Y M000273781
V00000905328 REG ER 06/01/20

Ver 4; 8/28/09

| For: ADP03 | From: Castellanos,Brenda B |
| --- | --- |
| Mon Jun 1, 2020 1:53 am | Taken by: SPELLCHECK USER () |

ADMISSION REQUEST FROM ED

Patient Name: HANNA,ADEL S
Account Number: V00000905328
Admitting DR: CRUJE
Attending DR: CRUJE
Diagnosis: CHEST PAIN,HYPOKALEMIA
Service requested: TELE
Registration Type: IN-PATIENT
Request Date: 06/01/20 Request Time: 0153

## VOLUNTARY PRIOR EXPRESS CONSENT FORM

I understand that by engaging the services of Prime Healthcare Services, "Service Provider" it will be important for Service Provider or the "Authorized Entities" (as defined below) to be able to communicate with me and have current contact information for me.

**Authorized Entities:** The term "Authorized Entities" shall mean the above referenced Service Provider, billing service(s), collection agencies, debt collectors and any related health care provider, physician, service provider, contractor, independent contractor, including, but not limited to, those that are located at the same physical location as Service Provider or to which Servicer Provider has referred services, and each of their respective successors, assigns, agents, representatives, employees, partners, parents, subsidiaries, affiliates, and billing service(s), collection agencies, or debt collectors of any of the previously listed persons/entities and all corporations, persons, or entities in privity with any of them.

☒ **Voluntary Communication Consent:** I hereby voluntarily grant consent for Service Provider or the Authorized Entities to contact me, my spouse, and where applicable legal guardian or representative, using an automatic telephone dialing system or an artificial or prerecorded voice, via e-mail, or via SMS text messages and any other forms of electronic communication. I also give my voluntary express consent for the Authorized Entities to communicate with me for any reason at any telephone or cellular phone number or email address I provide or may utilize, regardless of how Service Provider or the Authorized Entities obtains such contact information. Service Provider and Authorized Entities will treat any email address I provide as my private email address that is not accessible by unauthorized third parties.

I understand that my agreement to the terms of this Prior Express Consent Form is optional and not a condition of any Service Provider or Authorized Entity's willingness to provide services to me. I further promise to notify Service Provider and Authorized Entities if any telephone number, email address or other contact information that I provided to Service Provider or the Authorized Entities changes or is no longer used by me. I agree that the consent and authorizations I have provided herein may be revoked only in writing addressed to Service Provider and any Authorized Entities that contact me.

**I hereby consent and authorize that a photocopy of this authorization may be considered as valid as the original.**

☐ I ***DO NOT*** grant consent for Service Provider or the Authorized Entities to contact me, my spouse, and where applicable legal guardian or representative, using an automatic telephone dialing system or an artificial or prerecorded voice, via e-mail, or via SMS text messages and any other forms of electronic communication.

**Signature:** [signature] **Date:** 6/1/2020

*Relationship to Patient: Patient / Parent / Conservator / Guardian*

Chino Valley Medical Center
5451 WALNUT AVENUE, CHINO, CA 91710

1 ADM

**VOLUNTARY PRIOR EXPRESS CONSENT FORM**
PHSI-070-102 (03/16)

PATIENT ID
**HANNA,ADEL S**
Att Dr:
**03/29/46** M 74 **M000273781**
**V00000905328** REG ER 06/01/20

PHSI admpkp 06/01/2020

**EDUCATION MATERIALS:**

All patients will receive the following:

- Patient's Rights and Patient's Responsibilities
- Notice of Privacy Practices
- Patient Guide

Inpatients - Please review for education on the following:

- Your Right to Make Decisions About Your Medical Treatment
- An Important Message from Medicare (Medicare/HMO Medicare Only)
- Understanding Your Pain
- Patient Safety
- Smoking Cessation Information
- Pneumococcal Vaccine Information (Publication date 04/25/2015)
- Influenza Vaccine Information (During the Current Flu Season) (Publication date 08/07/2015)

**HEALTHCARE DIRECTIVE**

Do you have a Healthcare Directive or a Living Will? .................................... ☐ YES ☒ NO

Have you provided us with a copy? ☐ Yes ☒ No

1. If no, then note healthcare wishes below: ______________________

I permit Irma Kawaguchi to be involved in the care, treatment and service decisions during this hospital stay.

By signing below, I acknowledge that I have been provided the required **Educational Materials** and **Healthcare Directive** information.

Signature of Patient / Patient's Representative — Date / Time: 6/1/2020 0125

If other than patient, include relationship. — Witness

**FOR STAFF USE ONLY:**

If you are unable to provide any of the above information to the patient because of an emergency treatment situation, describe below the good faith efforts that you made to provide such information to the patient:

Employee Signature — Date / Time

Chino Valley Medical Center
5451 WALNUT AVENUE, CHINO, CA 91710

1 PTRTS

**PATIENT RIGHTS ACKNOWLEDGEMENT**
PHSI-070-013 (05/18)

PATIENT ID **HANNA,ADEL S**
Att Dr:
**03/29/46** M 74 **M000273781**
**V00000905328** REG ER 06/01/20

PHSI admpkp 06/01/2020

4N0T192.168.107.6.1
CVMC

# CHINO VALLEY MEDICAL CENTER
5451 Walnut Avenue Chino, CA 91710
(909)464-8600

## ADMISSION / REGISTRATION

| Patient | Unit Number | Account # | Reimb Type / Payor Type |
|---|---|---|---|
| HANNA, ADEL S | M000273781 | V00000603802 | FFS |

| Admit/Serv Dt | Time | Disch Dt | Time | Room/Bed | Location | Service | Pat Type |
|---|---|---|---|---|---|---|---|
| 12/23/14 | 1002 | | | | EMERGENCY DEPART | | REG ER |

| Arrival Mode | Source | Priority | Primary Care Phys | Office Phone | Family Physician | Office Phone |
|---|---|---|---|---|---|---|
| WALK | HOM | EM | NONSTAFF, PHYS | | | |

| Reason for Visit | Admission Comment | Admitted By |
|---|---|---|
| HEADACHE | PT ALSO HAS MEDICARE PART A | ADGDA |

| Emergency Physician | Office Phone | Attending Physician | Office Phone | Admitting Physician | Office Phone |
|---|---|---|---|---|---|
| Perez, Jorge | (310)379-2134 | | | | |

Previous Inpatient D/C Date: 11/21/08 Readmit No of Days: 222 Previous Visit Prin Dx:

## PATIENT

| Soc Sec No | DOB | Age | Sex | MS | Religion | VIP | Conf |
|---|---|---|---|---|---|---|---|
| 548-67-8932 | 03/29/46 | 68 | M | M | CH | Y | |

| Race | Ethnicity | Prim Lang | Maiden/Other Name |
|---|---|---|---|
| OTHER | 2 | ENG | HANNA, ADEL |

Address: 3019 SONG OF THE WINDS
CHINO HILLS, CA 91709
Alt Address: 3019 SONG OF THE WIND
CHINO HILL CA 91709
Home Phone: (909)342-9908
Cell Phone:

## PATIENT EMPLOYER

Employer: CALIFORNIA INSTITUTE FOR MEN
Address: 14901 S CENTRAL AVE
CHINO, CA 91710
Work Phone: (909)606-7144
Occupation: DOCTOR

## GUARANTOR

Name: HANNA, ADEL
SSN: 548-67-8932
Address: 3019 SONG OF THE WINDS
CHINO HILLS, CA 91709
Home Phone: (909)342-9908
Relationship to Patient: SP

## GUARANTOR EMPLOYER

Employer: CALIFORNIA INSTITUTE FOR MEN
Address: 14901 S CENTRAL AVE POX 128
CHINO, CA 91710
Work Phone: (909)606-7144
Occupation: DOCTOR

## PERSON TO NOTIFY

Relationship to Patient: WIFE
Name: KAWAGUCHI, IRMA
Address: 3019 SONG OF THE WINDS , CHINO HILLS, CA 91709
Home Ph: (909)342-9908 Work Ph:

## NEXT OF KIN

Relationship to Patient: SON
Name: HANNA, TAMER
Address: 3019 SONG OF THE WINDS , CHINO HILLS, CA 91
Home Ph: (909)342-9908 Work Ph: (949)413-8670

## INSURANCE #1 — AUTHORIZATION

Name: BLUE CROSS PRUDENT BUYER
Address:
PO BOX 60007
LOS ANGELES CA 900600007
Phone:

Insured: HANNA, ADEL
Rel to Pt: SELF / SAME AS PATIENT
Policy#: CPR226A67822
Coverage:
Group: CB010A-PERSCHOICE-CALPERS STAT

Auth #1:
Auth #2:
Medical GRP/IPA:

## INSURANCE #2 — AUTHORIZATION

Name:
Address:
Phone:

Insured:
Rel to Pt:
Policy:
Coverage:
Group:

Auth #1:
Auth #2:
Medical GRP/IPA:

Advance Directive
Does the patient have an advance directive on file (Y/N): N
Advance Directive Info Given: (Y/N): Y

Blood Product: YES
Organ Donor: NO

| Accident Occurance | Date | Time |
|---|---|---|
| DATE ONSET OF SYMPTOMS/ILLNESS | 12/20/14 | 1000 |

Accident Detail:

Primary Isolation Isolation Description

Influenza Vaccine: Date:
Pneumococcal Vaccine: Date:

Printed: 12/23/14
at: 1041

Chino Valley Medical Center
5451 Walnut Aveue
Chino,CA 91710

**DISCHARGE SUMMARY**

Dictated/Documented By: Dr. William Dalrymple
Date/Time: 12/24/14 1028

---

## Discharge Instructions

### Discharge Information

**Discharge Home**
**Discharge Patient To** HOME
**Discharge Transportation**
**Discharge Transport By** PRIVATE AUTO
**Family Notification**
**Patient Family/Representative Notified Of Discharge:** YES

### Patient Instructions

**Potential Complications**
Follow with your primary physician or local ER if any of the following occur:
- Worsening Symptoms: Temperature, Swelling, Pain, Shortness of Breath, etc.

**Pending Tests/Diagnostics**
Follow with your physician for updates and outcomes on the following pending tests:
- NONE

**Discharge Medications**
**Prescriptions Provided** YES
**Medication Reconcilation Done** YES

### Follow-Up Care

**Follow-Up Care**
**Physician Name** NONE
**Appointment Date/Time** 12/29/14
**Phone** none
**Follow-Up Clinic**
Pt is a physician and does not have a primary and does not wish to have one at this time. He does have an ENT follow up on 12/29/14.

Chino Valley Medical Center
5451 Walnut Aveue
Chino,CA 91710

**DISCHARGE SUMMARY**

Dictated/Documented By: Dr. William Dalrymple
Date/Time: 12/24/14 1028

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## Discharge Progress Note Teach

## Discharge Progress Note

**Admit Reason**
Patient seen, evaluated, discussed under supervision of attending, Lally, James M..
Patient admitted for: HEADACHE

**Admitting Diagnosis**
Intractable headache
History of migraines
GERD
Chronic sinusitis
History of exercise enduced asthma

**Discharge Diagnosis**
Intractable headache likely seconary to acute on chronic sinusitis
History of migraines
GERD
Chronic sinusitis
History of exercise enduced asthma
**Procedures**
Recent Impressions
**COMPUTERIZED TOMOGRAPHY - CT-HEAD W/O IV CONTRAST 12/23 1046**
*** Report Impression - Status: SIGNED Entered: 12/23/2014 1100
Impression:
No acute intracranial abnormality. There is evidence of
pansinusitis as above discussed.
Radiation : CTDI is 59.79 mGy. DLP is 988.11 mGy-cm.

Impression By: DRHANCU - Curtis R Handler, M.D.
**MAGNETIC RESONANCE IMAGING - MRI ANGIO BRAIN 12/23 1735**
*** Report Impression - Status: DRAFT (not yet signed) Entered: 12/23/2014 1935

Chino Valley Medical Center
5451 Walnut Aveue
Chino,CA 91710

## DISCHARGE SUMMARY

Dictated/Documented By: Dr. William Dalrymple
Date/Time: 12/24/14 1028

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Impression:
The visualized major intracranial arterial structures show no aneurysm or hemodynamically-significant stenosis. Please note that the intracranial vertebral arteries and lower half of the basilar artery are not captured in the field-of-view on this exam.

Impression By: DRRHESH - Sherman Ben Rhee,MD

**MAGNETIC RESONANCE IMAGING - MRI BRAIN W/WO CONTRAST 12/23 1735**

*** Report Impression - Status: DRAFT (not yet signed) Entered: 12/23/2014 1929
Impression:
1. Intracranially, no acute process or suspicious space-occupying mass lesion is seen. A small amount of T2 FLAIR hyperintensity of the periventricular white matter favors mild chronic small vessel ischemic change.
2. Extensive paranasal sinus disease as described above. This includes an air-fluid level within the right maxillary sinus, a finding which can be seen with acute sinusitis.

Impression By: DRRHESH - Sherman Ben Rhee,MD

**Hospital Course**

Pt presented to the ED with headache off and on for 3 weeks recently worsening. Pt has a history of migraine headaches but stated this headache was different than his migraines. Pt had a CT scan of the head that showed evidence of moderate to severe mucoperiosteal thickening involving the ethmoid ai cells and left frontal sinus. Moderate mucoperiosteal thickening involving the right maxillary sinus. An MRI brain showed complete opacification of the left frontal sinus. Near-complete opacification of the bilateral ethmoid air cells. Mucosal thickening of the bilateral maxillary sinuses with superimposed mucous retention cysts, right greater than left. Dr. Ries (neurology) was consulted and suggested the etiology of headaches was from his acute on chronic sinsusitis. Pt vitals remained stable and he stable for discharge home. He will be given prescriptions for Augmentin, prednisone, and intranasal glucocorticoid.

**Complications**

Chino Valley Medical Center
5451 Walnut Aveue
Chino,CA 91710

**DISCHARGE SUMMARY**

Dictated/Documented By: Dr. William Dalrymple
Date/Time: 12/24/14 1028

---

None,

**Condition Upon Discharge** STABLE

## Discharge Care Plan

## Discharge Care Plan

**Care Plan**

**Problem**

Acute on chronic sinusitis

**Goal**

Symptom resolution.

**Instructions**

Take medications as prescribed and follow up with primary care physician as well as ENT.

---

SIGNED DATE AND TIME: 12/24/14 / 1111
ELECTRONICALLY SIGNED BY: Dr. William Dalrymple RES DO

I evaluated the patient with Dr. William Dalrymple RES DO; I agree with the resident's findings and plans as written. See resident's note for details.

COSIGNED DATE AND TIME: 12/26/14 0810
ELECTRONICALLY SIGNED BY: Dr. James M. Lally DO

**Chino Valley Medical Center**
**5451 Walnut Avenue**
**Chino, CA 91710**

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/24/14

## Patient Health Summary

Patient Name: HANNA,ADEL S
Address: 3019 SONG OF THE WINDS
CHINO HILLS, CA 91709

Home Phone: (909)342-9908
Other Phone:
Med Rec #: M000273781
Date of Birth: 03/29/1946
Sex: M
Marital Status: MARRIED
Pregnant:
Race: OTHER
Ethnicity: NON-HISPANIC
Language Spoken: English
Religious Affiliation: CHRISTIAN

### Next of Kin

| Next of Kin | Relationship | Address | Phone Number |
|---|---|---|---|
| HANNA,TAMER | SON | 3019 SONG OF THE WINDS<br>CHINO HILLS, CA 91709 | (909)342-9908 |

### Healthcare Providers

| Role | Provider | Type | Phone | Organization |
|---|---|---|---|---|
| Primary Care | Nonstaff, Phys | Active | | |
| Attending | Lally, James M. | Active | (909)464-9675 | |
| Admitting | Lally, James M. | Active | (909)464-9675 | |
| Emergency | Perez, Jorge | Active | (310)379-2134 | |

### Visit Care Team
### For your Inpatient visit 12/23/14

| Role | Name | Primary Phone |
|---|---|---|
| Primary Care Physician | Nonstaff, Phys | |
| Admitting | Lally, James M. | (909)464-9675 |
| Attending | Lally, James M. | (909)464-9675 |
| Emergency | Perez, Jorge | (310)379-2134 |

### Insurance Providers

| Payer | Subscriber | Guarantor |
|---|---|---|
| Name: BLUE CROSS PRUDENT BUYER<br>Address:<br>PO BOX 60007<br>LOS ANGELES, CA 900600007<br>Phone: (800)333-0912 | Name: HANNA,ADEL S<br>DOB: 03291946<br>Policy Number: CPR226A67822<br>Insurance Type: 09<br>Group Number: CB010A<br>Subscriber Relationship: SELF / SAME AS PATIENT<br>Coverage Dates:<br>Effective:01/01/01 Exp:<br>Address:<br>3019 SONG OF THE WINDS<br>CHINO HILLS, CA 91709<br>Phone: (909)342-9908 | Name: HANNA,ADEL<br>Address:<br>3019 SONG OF THE WINDS<br>CHINO HILLS, CA 91709<br>Phone: (909)342-9908 |

**Chino Valley Medical Center**
**5451 Walnut Avenue**
**Chino, CA 91710**

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/24/14

## Patient Health Summary

### Allergies, Adverse Reactions, Alerts

| Allergen | Type | Severity | Reaction | Last Updated |
|---|---|---|---|---|
| Metoclopramide | Allergy | Unknown | | 11/21/08 |

### Active Problems

| Medical Problem | Status | Onset Date |
|---|---|---|
| Headache | Acute | ~12/23/14 |
| Migraine | Acute | ~12/23/14 |

### Medications

Medication: ATENOLOL 50 MG TAB
Dose: 1 TAB
Route: BY MOUTH
Frequency: DAILY
Quantity: 30
Fills: 5
Ordering Provider: [Reported Med]
Order Date/Time:

Medication: ASPIRIN (ASPI-COR) 81 MG CTB
Dose: 81 MILLIGRAM
Route: BY MOUTH
Frequency: DAILY
Ordering Provider: [Reported Med]
Order Date/Time:

### Advance Directives

| Directive | Response | Recorded Date/Time |
|---|---|---|
| Advance Directive: | No | 12/23/14 10:08am |
| Living Will: | No | 12/23/14 10:08am |
| Healthcare Proxy: | No | 12/23/14 10:08am |
| Healthcare Power of Attorney: | No | 12/23/14 10:08am |

### Immunizations

[no IMMUNIZATIONS recorded]

### Vital Signs
### For your Inpatient visit 12/23/14

| Vital Reading | How Taken | Value | Recorded Date/Time |
|---|---|---|---|
| Temperature/F: | TEMPORAL ARTERY | 98.2 | 12/24/14 10:29am |
| Blood Pressure: | AUTOMATIC | 142/80 | 12/24/14 7:02am |
| Respirations: | OBSERVED | 18 | 12/24/14 10:29am |
| Pulse: | AUTOMATIC, NONINVASIVE | 67 | 12/24/14 10:29am |
| SpO2 (%): | | 97 | 12/24/14 10:29am |

| Body Measurements | Value | Recorded Date/Time |
|---|---|---|
| Height | 5 ft 8 in | 12/23/14 3:48pm |
| Weight | 168 lbs 15.749152 oz | 12/23/14 3:48pm |
| Body Mass Index | 25.7 kg/m2 | 12/23/14 3:48pm |

Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/24/14

## Patient Health Summary

### Encounters

| Encounter | Location | Date/Time |
|---|---|---|
| Admitted Inpatient | Chino Valley Medical Center | 12/23/14 11:49am |

### Encounter Diagnosis
### For your Inpatient visit 12/23/14

| Diagnosis | Onset Date |
|---|---|
| Headache | ~12/23/14 |
| Migraine | ~12/23/14 |

### Procedures

| Procedure | Date |
|---|---|
| EGD BIOPSY SINGLE/MULTIPLE | 06/15/07 |
| LESION REMOVAL COLONOSCOPY | 06/15/07 |

### Diagnostic Lab Results

| Test Name | Result/Comment | Unit | Reference | Date/Time |
|---|---|---|---|---|
| Alanine Aminotransferase (ALT/SGPT) | 32 | IU/L | 12 - 78 | 12/23/14 10:35am |
| Albumin | 3.9 | g/dL | 3.4 - 5.0 | 12/23/14 10:35am |
| Albumin/Globulin Ratio | 1.1 | g/dL | 1.1 - 1.8 | 12/23/14 10:35am |
| Alkaline Phosphatase | 63 | U/L | 50 - 136 | 12/23/14 10:35am |
| Aspartate Amino Transf (AST/SGOT) | 18 | U/L | 15 - 37 | 12/23/14 10:35am |
| Blood Urea Nitrogen | 14.0 | mg/dL | 7.0 - 18.0 | 12/23/14 10:35am |
| Creatinine | 1.0 | mg/dL | 0.6 - 1.3 | 12/23/14 10:35am |
| Globulin | 3.7 High | g/dL | 1.5 - 3.5 | 12/23/14 10:35am |
| Glucose Level | 103 | mg/dL | 74 - 106 | 12/23/14 10:35am |
| Serum Total Protein | 7.6 | g/dL | 6.4 - 8.2 | 12/23/14 10:35am |
| Total Bilirubin | 0.86 | mg/dL | 0.20 - 1.00 | 12/23/14 10:35am |
| INR International Normalized Ratio | 1.1 | | 0 - 3.0 | 12/23/14 10:35am |
| Partial Thromboplastin Time - Dade | 25.0 | sec | 21.8 - 35.1 | 12/23/14 10:35am |
| Prothrombin Time | 10.9 | sec | 9.1 - 10.9 | 12/23/14 10:35am |
| Hemoglobin A1c | 5.6 | %T Hgb | 4.5 - 6.2 | 12/23/14 10:35am |
| Amylase Level | 44 | U/L | 25 - 115 | 12/23/14 10:35am |
| Lipase | 178 | IU/L | 73 - 393 | 12/23/14 10:35am |
| Magnesium Level | 2.4 | mg/dL | 1.8 - 2.4 | 12/23/14 10:35am |
| Phosphorus Level | 2.4 Low | mg/dL | 2.5 - 4.9 | 12/23/14 10:35am |
| Free Thyroxine | 0.98 | ng/dL | 0.76 - 1.46 | 12/23/14 10:35am |
| Free Thyroxine Index | 2.9 | ug/dL | 1.4 - 4.5 | 12/23/14 10:35am |
| Thyroid Stimulating Hormone (TSH) | 2.23 | uIU/mL | 0.36 - 3.74 | 12/23/14 10:35am |
| Thyroxine (T4) | 8.5 | ug/dL | 4.7 - 13.3 | 12/23/14 10:35am |
| Total Triiodothyronine | 1.10 | ng/mL | | 12/23/14 10:35am |
| Triiodothyronine (T3) Uptake | 34.0 | % UPTAKE | 31 - 39 | 12/23/14 10:35am |
| B-Type Natriuretic Peptide | 52.16 | pg/mL | 0 - 100 | 12/23/14 10:35am |
| Add Manual Differential | NO | | | 12/24/14 5:25am |
| Basophils # | 0.0 | 10^3/ul | 0 - 0.2 | 12/24/14 5:25am |
| Basophils % | 0.4 | % | 0 - 2 | 12/24/14 5:25am |
| Eosinophils # | 0.3 | 10^3/uL | 0 - 0.5 | 12/24/14 5:25am |
| Eosinophils % | 7.5 | % | 0.0 - 11.0 | 12/24/14 5:25am |
| Hematocrit | 51 | % | 42 - 52 | 12/24/14 5:25am |
| Hemoglobin | 16.6 | g/dL | 13.0 - 18.0 | 12/24/14 5:25am |
| Lymphocytes # | 1.5 | 10^3/ul | 1.0 - 4.8 | 12/24/14 5:25am |
| Lymphocytes % | 36.5 | % | 25 - 45 | 12/24/14 5:25am |

**Chino Valley Medical Center**
**5451 Walnut Avenue**
**Chino, CA 91710**

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/24/14

## Patient Health Summary

| | | | | |
|---|---|---|---|---|
| Mean Corpuscular Hemoglobin | 28 | pg | 27 - 31 | 12/24/14 5:25am |
| Mean Corpuscular Volume | 87 | fl | 80 - 99 | 12/24/14 5:25am |
| Mean Platelet Volume | 9.7 | fl | 7.4 - 10.4 | 12/24/14 5:25am |
| Monocytes # | 0.3 | 10^3/ul | 0 - 0.8 | 12/24/14 5:25am |
| Monocytes % | 7.8 | % | 2.5 - 10.0 | 12/24/14 5:25am |
| Neutrophils # | 1.9 | 10^3/uL | 1.8 - 7.7 | 12/24/14 5:25am |
| Neutrophils % | 47.8 | % | 40 - 70 | 12/24/14 5:25am |
| PUBS Mean Corpuscular Hgb Conc | 33 | pg | 32 - 37 | 12/24/14 5:25am |
| Platelet Count | 136 | x10^3mcL | 130 - 400 | 12/24/14 5:25am |
| RBC Morphology 2 | NO | | | 12/24/14 5:25am |
| Red Blood Count | 5.90 | M/mm3 | 4.52 - 5.90 | 12/24/14 5:25am |
| Red Cell Distribution Width | 15.1 High | % | 11.5 - 14.5 | 12/24/14 5:25am |
| White Blood Count | 4.0 Low | K/mm3 | 4.5 - 11.0 | 12/24/14 5:25am |
| Blood Urea Nitrogen | 16.0 | mg/dL | 7.0 - 18.0 | 12/24/14 5:25am |
| Calcium Level | 9.3 | mg/dL | 8.5 - 10.1 | 12/24/14 5:25am |
| Carbon Dioxide Level | 27.3 | mmol/L | 21 - 32 | 12/24/14 5:25am |
| Chloride Level | 103 | mmol/L | 98 - 107 | 12/24/14 5:25am |
| Cholesterol Level | 146 | mg/dL | <200 | 12/24/14 5:25am |
| Cholesterol Risk Factor | 3.5 | | 0.0 - 5.5 | 12/24/14 5:25am |
| Cholesterol/HDL Ratio | 3.5 | | | 12/24/14 5:25am |
| Creatinine | 1.2 | mg/dL | 0.6 - 1.3 | 12/24/14 5:25am |
| Estimated GFR (African American) | > 60 | ml/min | | 12/24/14 5:25am |
| Estimated GFR (Non-African American | > 60 | ml/min | | 12/24/14 5:25am |
| Glucose Level | 101 | mg/dL | 74 - 106 | 12/24/14 5:25am |
| HDL Cholesterol | 42 | mg/dL | 40 - 60 | 12/24/14 5:25am |
| LDL Cholesterol Direct | 95 | mg/dL | <100 | 12/24/14 5:25am |
| Serum Potassium | 4.3 | mmol/L | 3.5 - 5.1 | 12/24/14 5:25am |
| Sodium Level | 139 | mmol/L | 136 - 145 | 12/24/14 5:25am |
| Triglycerides Level | 123 | mg/dL | <150 | 12/24/14 5:25am |
| VLDL Cholesterol | 19.68 | mg/dL | | 12/24/14 5:25am |

## Microbiology Results
[no MICROBIOLOGY RESULTS recorded]

## Radiology Procedures

| Exam | Date/Time | Status |
|---|---|---|
| Brain MRI | 12/23/14 5:35pm | Draft |
| Brain MRI with MRA | 12/23/14 5:35pm | Draft |
| Head CT | 12/23/14 10:46am | Signed |

## Functional and Cognitive Status
[no FUNCTIONAL AND COGNITIVE STATUS recorded]

## Social History

| History | Response | Recorded Date/Time |
|---|---|---|
| Smoking Cessation: | NEVER SMOKER | 12/23/14 3:56pm |
| Have you smoked in the last 12 months: | No | 12/23/14 3:56pm |
| Do you dip or chew tobacco: | No | 12/23/14 3:56pm |
| Currently Using Alcohol: | No | 12/23/14 3:48pm |

## Family History
[no FAMILY HISTORY recorded]

## Plan of Care
[no PLAN OF CARE recorded]

## Patient Health Summary

### Discharge Summary

[no DISCHARGE SUMMARY available]

<Final Page>

# DISCHARGE PRESCRIPTIONS

Addressograph

CHINO VALLEY MEDICAL CENTER
HANNA, ADEL S 9990
ATT DR. Lally, James M.
03/29/46 M 68 M000273781
V00000603802 ADM 12/23/14

NON PROPRIETARY EQUIVALENT DRUG MAY BE DISPENSED UNLESS INITIALED ____
Refill ____
Phone ____
Address ____
DEA # [illegible] ST. LIC. # [illegible]

**Chino Valley Medical Center** 5451 Walnut Ave. Chino, CA 91710

Name ____ DOB ____ Gender: M
Address ____ City ____ , C

℞ Augmentin 875 mg tab
1 tab P.O. BID x 30 days for chronic Sinus.
#60 (sixty) Ø refills
Prednisone 20 mg tab
1 tab P.O. BID x 5 days
followed by 1 tab [illegible] daily x 5 days
#15 (fifteen)
[illegible] / Dr. [illegible] 12/24/14

Physician Signature Date

Addressograph

NON PROPRIETARY EQUIVALENT DRUG MAY BE DISPENSED UNLESS INITIALED ____
Refill ____
Phone ____
Address ____
DEA # [illegible] ST. LIC. # [illegible]

**Chino Valley Medical Center** 5451 Walnut Ave. Chino, CA 91710

Name ____ DOB ____ Gender: M
Address ____ City ____ , C

℞ Veramyst 27.5 mcg spray
two sprays in each nostril daily
#1 bottle [illegible] refills

Nitha 2 [illegible]
W Dalhewm DMD / Dr. Lally MD 12/24/14

Physician Signature Date

Addressograph

NON PROPRIETARY EQUIVALENT DRUG MAY BE DISPENSED UNLESS INITIALED ____
Refill ____
Phone ____
Address ____
DEA # ____ ST. LIC. # ____

**Chino Valley Medical Center** 5451 Walnut Ave. Chino, CA 91710

Name ____ DOB ____ Gender: M
Address ____ City ____ , C

℞

Physician Signature Date

006983
604.017
REV. (5/08)

**Patient Instructions Signature Page**

'atient Name: ADEL S HANNA

Guardian Name:

The above-named patient and/or guardian has received the following:

Patient Visit Report
Sinusitis
Patient Health Summary

Signature Disclaimer
Please make sure you have read through this information before signing.

**I have read and understand the instructions given to me by my caregivers.**

ADel S. Hanna
Print Patient Name

Patient (or Guardian) Signature — Date 12-24-14

Caregiver/RN/Doctor Signature — Date 12-24-14

**Chino Valley Medical Center**
**5451 Walnut Avenue**
**Chino, CA 91710**

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/26/14

## Patient Health Summary

Patient Name: HANNA,ADEL S
Address: 3019 SONG OF THE WINDS
CHINO HILLS, CA 91709

Home Phone: (909)342-9908
Other Phone:
Med Rec #: M000273781
Date of Birth: 03/29/1946
Sex: M
Marital Status: MARRIED
Pregnant:
Race: OTHER
Ethnicity: NON-HISPANIC
Language Spoken: English
Religious Affiliation: CHRISTIAN

### Next of Kin

| Next of Kin | Relationship | Address | Phone Number |
|---|---|---|---|
| HANNA,TAMER | SON | 3019 SONG OF THE WINDS<br>CHINO HILLS, CA 91709 | (909)342-9908 |

### Healthcare Providers

| Role | Provider | Type | Phone | Organization |
|---|---|---|---|---|
| Primary Care | Nonstaff, Phys | Active | | |
| Attending | Lally, James M. | Active | (909)464-9675 | |
| Admitting | Lally, James M. | Active | (909)464-9675 | |
| Emergency | Perez, Jorge | Active | (310)379-2134 | |

### Visit Care Team
### For your Inpatient visit 12/23/14

| Role | Name | Primary Phone |
|---|---|---|
| Primary Care Physician | Nonstaff, Phys | |
| Admitting | Lally, James M. | (909)464-9675 |
| Attending | Lally, James M. | (909)464-9675 |
| Emergency | Perez, Jorge | (310)379-2134 |

### Insurance Providers

| Payer | Subscriber | Guarantor |
|---|---|---|
| Name: BLUE CROSS PRUDENT BUYER<br>Address:<br>PO BOX 60007<br>LOS ANGELES, CA 900600007<br>Phone: (800)333-0912 | Name: HANNA,ADEL S<br>DOB: 03291946<br>Policy Number: CPR226A67822<br>Insurance Type: 09<br>Group Number: CB010A<br>Subscriber Relationship: SELF / SAME AS PATIENT<br>Coverage Dates:<br>Effective:01/01/01 Exp:<br>Address:<br>3019 SONG OF THE WINDS<br>CHINO HILLS, CA 91709<br>Phone: (909)342-9908 | Name: HANNA,ADEL<br>Address:<br>3019 SONG OF THE WINDS<br>CHINO HILLS, CA 91709<br>Phone: (909)342-9908 |

**Chino Valley Medical Center**
**5451 Walnut Avenue**
**Chino, CA 91710**

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/26/14

## Patient Health Summary

| | | |
|---|---|---|
| Name: MEDICARE PART A ONLY<br>Address:<br>MUTUAL OF OMAHA<br>PO BOX 1602<br>OMAHA, NE 68101<br>Phone: (866)580-9875 | Name: HANNA,ADEL S<br>DOB: 03291946<br>Policy Number: 548678932A<br>Insurance Type: 09<br>Group Number: PART A ONLY<br>Subscriber Relationship: SELF / SAME AS PATIENT<br>Coverage Dates:<br>Effective:10/01/11 Exp:<br>Address:<br>3019 SONG OF THE WINDS<br>CHINO HILLS, CA 91709<br>Phone: (909)342-9908 | |

## Allergies, Adverse Reactions, Alerts

| Allergen | Type | Severity | Reaction | Last Updated |
|---|---|---|---|---|
| Metoclopramide | Allergy | Unknown | | 11/21/08 |

## Active Problems

| Medical Problem | Status | Onset Date |
|---|---|---|
| Headache | Acute | ~12/23/14 |
| Migraine | Acute | ~12/23/14 |

## Medications

Medication: ATENOLOL 50 MG TAB
Dose: 1 TAB
Route: BY MOUTH
Frequency: DAILY
Quantity: 30
Fills: 5
Ordering Provider: [Reported Med]
Order Date/Time:

Medication: ASPIRIN (ASPI-COR) 81 MG CTB
Dose: 81 MILLIGRAM
Route: BY MOUTH
Frequency: DAILY
Ordering Provider: [Reported Med]
Order Date/Time:

Medication: [AUGMENTIN ] 875 MG TAB
Dose: 1 TAB
Route: BY MOUTH
Frequency: TWICE A DAY
Days: 30
Fills: 0
Indication: CHRONIC SINUSITIS
Ordering Provider: Dalrymple,William
Order Date/Time: 12/24/14 11:14am

**Chino Valley Medical Center**
**5451 Walnut Avenue**
**Chino, CA 91710**

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/26/14

## Patient Health Summary

Medication: PREDNISONE 20 MG TAB
Dose: 1 TAB
Route: BY MOUTH
Frequency: TWICE A DAY
Quantity: 10
Fills: 0
Ordering Provider: Dalrymple,William
Order Date/Time: 12/24/14 11:14am

Medication: Prednisone (Prednisone*) 20 MG TAB
Dose: 20 MILLIGRAM
Route: BY MOUTH
Frequency: DAILY
Days: 5
Fills: 0
Indication: CHRONIC SINUSITIS
Ordering Provider: Dalrymple,William
Order Date/Time: 12/24/14 11:14am

Medication: FLUTICASONE FUROATE (VERAMYST) 27.5 MCG/Actuation SPR
Dose: 2 Spray
Route: NASAL
Frequency: DAILY
Quantity: 10
Fills: 3
Indication: SINUSITIS
Ordering Provider: Dalrymple,William
Order Date/Time: 12/24/14 11:14am

## Advance Directives

| Directive | Response | Recorded Date/Time |
|---|---|---|
| Advance Directive: | No | 12/23/14 10:08am |
| Living Will: | No | 12/23/14 10:08am |
| Healthcare Proxy: | No | 12/23/14 10:08am |
| Healthcare Power of Attorney: | No | 12/23/14 10:08am |

## Immunizations

[no IMMUNIZATIONS recorded]

## Vital Signs
## For your Inpatient visit 12/23/14

| Vital Reading | How Taken | Value | Recorded Date/Time |
|---|---|---|---|
| Temperature/F: | TEMPORAL ARTERY | 98.2 | 12/24/14 10:29am |
| Blood Pressure: | AUTOMATIC | 142/80 | 12/24/14 7:02am |
| Respirations: | OBSERVED | 18 | 12/24/14 10:29am |
| Pulse: | AUTOMATIC, NONINVASIVE | 67 | 12/24/14 10:29am |
| SpO2 (%): | | 97 | 12/24/14 10:29am |

| Body Measurements | Value | Recorded Date/Time |
|---|---|---|
| Height | 5 ft 8 in | 12/23/14 3:48pm |
| Weight | 168 lbs 15.749152 oz | 12/23/14 3:48pm |
| Body Mass Index | 25.7 kg/m2 | 12/23/14 3:48pm |

## Encounters

Chino Valley Medical Center
5451 Walnut Avenue
Chino, CA 91710

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/26/14

## Patient Health Summary

| Encounter | Location | Date/Time |
|---|---|---|
| Discharged Inpatient | Chino Valley Medical Center | 12/24/14 12:05pm |

## Encounter Diagnosis
## For your Inpatient visit 12/23/14

| Diagnosis | Onset Date |
|---|---|
| Headache | ~12/23/14 |
| Migraine | ~12/23/14 |

## Procedures

| Procedure | Date |
|---|---|
| EGD BIOPSY SINGLE/MULTIPLE | 06/15/07 |
| LESION REMOVAL COLONOSCOPY | 06/15/07 |

## Diagnostic Lab Results

| Test Name | Result/Comment | Unit | Reference | Date/Time |
|---|---|---|---|---|
| Albumin | | | | 12/23/14 10:35am |
| Blood Urea Nitrogen | | | | 12/23/14 10:35am |
| Creatinine | | | | 12/23/14 10:35am |
| Glucose Level | | | | 12/23/14 10:35am |
| INR International Normalized Ratio | 1.1 | | 0 - 3.0 | 12/23/14 10:35am |
| Partial Thromboplastin Time - Dade | 25.0 | sec | 21.8 - 35.1 | 12/23/14 10:35am |
| Prothrombin Time | 10.9 | sec | 9.1 - 10.9 | 12/23/14 10:35am |
| Hemoglobin A1c | 5.6 | %T Hgb | 4.5 - 6.2 | 12/23/14 10:35am |
| Amylase Level | 44 | U/L | 25 - 115 | 12/23/14 10:35am |
| Lipase | 178 | IU/L | 73 - 393 | 12/23/14 10:35am |
| Magnesium Level | 2.4 | mg/dL | 1.8 - 2.4 | 12/23/14 10:35am |
| Phosphorus Level | 2.4 Low | mg/dL | 2.5 - 4.9 | 12/23/14 10:35am |
| Free Thyroxine | 0.98 | ng/dL | 0.76 - 1.46 | 12/23/14 10:35am |
| Free Thyroxine Index | 2.9 | ug/dL | 1.4 - 4.5 | 12/23/14 10:35am |
| Thyroid Stimulating Hormone (TSH) | 2.23 | uIU/mL | 0.36 - 3.74 | 12/23/14 10:35am |
| Thyroxine (T4) | 8.5 | ug/dL | 4.7 - 13.3 | 12/23/14 10:35am |
| Total Triiodothyronine | 1.10 | ng/mL | | 12/23/14 10:35am |
| Triiodothyronine (T3) Uptake | 34.0 | % UPTAKE | 31 - 39 | 12/23/14 10:35am |
| B-Type Natriuretic Peptide | 52.16 | pg/mL | 0 - 100 | 12/23/14 10:35am |
| Add Manual Differential | NO | | | 12/24/14 5:25am |
| Basophils # | 0.0 | 10^3/ul | 0 - 0.2 | 12/24/14 5:25am |
| Basophils % | 0.4 | % | 0 - 2 | 12/24/14 5:25am |
| Eosinophils # | 0.3 | 10^3/uL | 0 - 0.5 | 12/24/14 5:25am |
| Eosinophils % | 7.5 | % | 0.0 - 11.0 | 12/24/14 5:25am |
| Hematocrit | 51 | % | 42 - 52 | 12/24/14 5:25am |
| Hemoglobin | 16.6 | g/dL | 13.0 - 18.0 | 12/24/14 5:25am |
| Lymphocytes # | 1.5 | 10^3/ul | 1.0 - 4.8 | 12/24/14 5:25am |
| Lymphocytes % | 36.5 | % | 25 - 45 | 12/24/14 5:25am |
| Mean Corpuscular Hemoglobin | 28 | pg | 27 - 31 | 12/24/14 5:25am |
| Mean Corpuscular Volume | 87 | fl | 80 - 99 | 12/24/14 5:25am |
| Mean Platelet Volume | 9.7 | fl | 7.4 - 10.4 | 12/24/14 5:25am |
| Monocytes # | 0.3 | 10^3/ul | 0 - 0.8 | 12/24/14 5:25am |
| Monocytes % | 7.8 | % | 2.5 - 10.0 | 12/24/14 5:25am |
| Neutrophils # | 1.9 | 10^3/uL | 1.8 - 7.7 | 12/24/14 5:25am |
| Neutrophils % | 47.8 | % | 40 - 70 | 12/24/14 5:25am |
| PUBS Mean Corpuscular Hgb Conc | 33 | pg | 32 - 37 | 12/24/14 5:25am |
| Platelet Count | 136 | x10^3mcL | 130 - 400 | 12/24/14 5:25am |
| RBC Morphology 2 | NO | | | 12/24/14 5:25am |
| Red Blood Count | 5.90 | M/mm3 | 4.52 - 5.90 | 12/24/14 5:25am |
| Red Cell Distribution Width | 15.1 High | % | 11.5 - 14.5 | 12/24/14 5:25am |

**Chino Valley Medical Center**
**5451 Walnut Avenue**
**Chino, CA 91710**

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/26/14

## Patient Health Summary

| | | | | |
|---|---|---|---|---|
| White Blood Count | 4.0 Low | K/mm3 | 4.5 - 11.0 | 12/24/14 5:25am |
| Alanine Aminotransferase (ALT/SGPT) | 32 | IU/L | 12 - 78 | 12/23/14 10:35am |
| Albumin | 3.9 | g/dL | 3.4 - 5.0 | 12/23/14 10:35am |
| Albumin/Globulin Ratio | 1.1 | g/dL | 1.1 - 1.8 | 12/23/14 10:35am |
| Alkaline Phosphatase | 63 | U/L | 50 - 136 | 12/23/14 10:35am |
| Aspartate Amino Transf (AST/SGOT) | 18 | U/L | 15 - 37 | 12/23/14 10:35am |
| Globulin | 3.7 High | g/dL | 1.5 - 3.5 | 12/23/14 10:35am |
| Serum Total Protein | 7.6 | g/dL | 6.4 - 8.2 | 12/23/14 10:35am |
| Total Bilirubin | 0.86 | mg/dL | 0.20 - 1.00 | 12/23/14 10:35am |
| Blood Urea Nitrogen | 16.0 | mg/dL | 7.0 - 18.0 | 12/24/14 5:25am |
| Calcium Level | 9.3 | mg/dL | 8.5 - 10.1 | 12/24/14 5:25am |
| Carbon Dioxide Level | 27.3 | mmol/L | 21 - 32 | 12/24/14 5:25am |
| Chloride Level | 103 | mmol/L | 98 - 107 | 12/24/14 5:25am |
| Cholesterol Level | 146 | mg/dL | <200 | 12/24/14 5:25am |
| Cholesterol Risk Factor | 3.5 | | 0.0 - 5.5 | 12/24/14 5:25am |
| Cholesterol/HDL Ratio | 3.5 | | | 12/24/14 5:25am |
| Creatinine | 1.2 | mg/dL | 0.6 - 1.3 | 12/24/14 5:25am |
| Estimated GFR (African American) | > 60 | ml/min | | 12/24/14 5:25am |
| Estimated GFR (Non-African American | > 60 | ml/min | | 12/24/14 5:25am |
| Glucose Level | 101 | mg/dL | 74 - 106 | 12/24/14 5:25am |
| HDL Cholesterol | 42 | mg/dL | 40 - 60 | 12/24/14 5:25am |
| LDL Cholesterol Direct | 95 | mg/dL | <100 | 12/24/14 5:25am |
| Serum Potassium | 4.3 | mmol/L | 3.5 - 5.1 | 12/24/14 5:25am |
| Sodium Level | 139 | mmol/L | 136 - 145 | 12/24/14 5:25am |
| Triglycerides Level | 123 | mg/dL | <150 | 12/24/14 5:25am |
| VLDL Cholesterol | 19.68 | mg/dL | | 12/24/14 5:25am |

## Microbiology Results

| Source/Description | Procedure | Date/Time |
|---|---|---|
| NARES/BILATERAL | MRSA Screen | 12/23/14 11:53am |

## Radiology Procedures

| Exam | Date/Time | Status |
|---|---|---|
| Brain MRI | 12/23/14 5:35pm | Signed |
| Brain MRI with MRA | 12/23/14 5:35pm | Signed |
| Head CT | 12/23/14 10:46am | Signed |

## Functional and Cognitive Status

[no FUNCTIONAL AND COGNITIVE STATUS recorded]

## Social History

| History | Response | Recorded Date/Time |
|---|---|---|
| Smoking Cessation: | NEVER SMOKER | 12/23/14 3:56pm |
| Have you smoked in the last 12 months: | No | 12/23/14 3:56pm |
| Do you dip or chew tobacco: | No | 12/23/14 3:56pm |
| Currently Using Alcohol: | No | 12/23/14 3:48pm |

## Family History

[no FAMILY HISTORY recorded]

## Plan of Care

**Chino Valley Medical Center**
**5451 Walnut Avenue**
**Chino, CA 91710**

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/26/14

## Patient Health Summary

| | |
|---|---|
| Discharge Date: | 12/24/14 12:05pm |
| Disposition: | ROUTINE HOME/SELF CARE |
| Reason for Visit: | HEADACHE |
| Instructions/Education Provided: | Sinusitis |
| Prescriptions: | See Medication Section |

**Chino Valley Medical Center**
**5451 Walnut Avenue**
**Chino, CA 91710**

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/26/14

## Patient Health Summary

Discharge Instructions:

DISCHARGE
Date: 12/24/14
Time: 1030
Discharge Diagnosis: SINUSITIS
Discharge Disposition: ROUTINE HOME/SELF CARE

'PATIENT INFORMATION
Temperature/F: 98.2
Pulse: 67
Respirations: 18
Blood Pressure: 142/80
SpO2 (%): 97
Oxygen Device: ROOM AIR
FIO2: 21
Pain Scale at Discharge: 0/10
Pain Medication Given: NO
Condition Upon Leaving: ABLE TO COMMUNICATE
ALERT
ORIENTED
Isolation: NONE
Feeding: INDEPENDENT
Ambulating: INDEPENDENT
Transferring: INDEPENDENT

DISCHARGE SUMMARY AND INSTRUCTIONS
Discharge Home
Discharge Patient To HOME
Discharge Transportation
Discharge Transport By PRIVATE AUTO
Family Notification
Patient Family/Representative Notified Of Discharge: YES
Potential Complications
Follow with your primary physician or local ER if any of the following occur:
* Worsening Symptoms: Temperature, Swelling, Pain, Shortness of Breath, etc.

Pending Tests/Diagnostics
Follow with your physician for updates and outcomes on the following pending tests:
* NONE

Discharge Medications
Prescriptions Provided YES
Medication Reconcilation Done YES
Follow-Up Care
Physician Name NONE
Appointment Date/Time 12/29/14
Phone none
Follow-Up Clinic
Pt is a physician and does not have a primary and does not wish to have one at this time. He does have an ENT follow up on 12/29/14.
Admit Reason
Patient seen, evaluated, discussed under supervision of attending, Lally, James M..
Patient admitted for: HEADACHE

Admitting Diagnosis
Intractable headache
History of migraines
GERD
Chronic sinusitis
History of exercise enduced asthma

Discharge Diagnosis
Intractable headache likely seconary to acute on chronic sinusitis
History of migraines
GERD
Chronic sinusitis

**Chino Valley Medical Center**
**5451 Walnut Avenue**
**Chino, CA 91710**

**Patient Name:** HANNA,ADEL S
**Med Rec #:** M000273781
**Date:** 12/26/14

## Patient Health Summary

History of exercise enduced asthma
Procedures
Recent Impressions
COMPUTERIZED TOMOGRAPHY - CT-HEAD W/O IV CONTRAST 12/23 1046
*** Report Impression - Status: SIGNED Entered: 12/23/2014 1100
Impression:
No acute intracranial abnormality. There is evidence of
pansinusitis as above discussed.
Radiation : CTDI is 59.79 mGy. DLP is 988.11 mGy-cm.

Impression By: DRHANCU - Curtis R Handler, M.D.
MAGNETIC RESONANCE IMAGING - MRI ANGIO BRAIN 12/23 1735
*** Report Impression - Status: DRAFT (not yet signed) Entered: 12/23/2014 1935
Impression:
The visualized major intracranial arterial structures show no aneurysm
or hemodynamically-significant stenosis. Please note that the
intracranial vertebral arteries and lower half of the basilar
artery are not captured in the field-of-view on this exam.

Impression By: DRRHESH - Sherman Ben Rhee,MD
MAGNETIC RESONANCE IMAGING - MRI BRAIN W/WO CONTRAST 12/23 1735
*** Report Impression - Status: DRAFT (not yet signed) Entered: 12/23/2014 1929
Impression:
1. Intracranially, no acute process or suspicious space-occupying
mass lesion is seen. A small amount of T2 FLAIR hyperintensity of the
periventricular white matter favors mild chronic small vessel ischemic
change.
2. Extensive paranasal sinus disease as described above. This
includes an air-fluid level within the right maxillary sinus, a
finding which can be seen with acute sinusitis.

Impression By: DRRHESH - Sherman Ben Rhee,MD

Hospital Course
Pt presented to the ED with headache off and on for 3 weeks recently worsening. Pt has a history of migraine headaches but stated this headache was different than his migraines. Pt had a CT scan of the head that showed evidence of moderate to severe mucoperiosteal thickening involving the ethmoid air cells and left frontal sinus. Moderate mucoperiosteal thickening involving the right maxillary sinus. An MRI brain showed complete opacification of the left frontal sinus. Near-complete opacification of the bilateral ethmoid air cells. Mucosal thickening of the bilateral maxillary sinuses with superimposed mucous retention cysts, right greater than left. Dr. Ries (neurology) was consulted and suggested the etiology of headaches was from his acute on chronic sinsusitis. Pt vitals remained stable and he stable for discharge home. He will be given prescriptions for Augmentin, prednisone, and intranasal glucocorticoid.
Complications
None,

Condition Upon Discharge STABLE
Care Plan
Problem
Acute on chronic sinusitis
Goal
Symptom resolution.
Instructions
Take medications as prescribed and follow up with primary care physician as well as ENT.

## Discharge Summary

[no DISCHARGE SUMMARY available]

<Final Page>

CHINO VALLEY MEDICAL CENTER
5451 Walnut Avenue, Chino, CA 91710
Ph: (909)464-8600

Patient Name : HANNA ADEL S   DOB : 03-29-1946   SEX : M
Account# : V00000603802   MR# : M000273781   Report : ER   Dictating Dr : Perez Jorge M.D.

ACCOUNT #:V00000603802
PATIENT:HANNA, ADEL S.
DATE OF EVALUATION:10/23/2014
TIME SEEN:1015 Hours

EMERGENCY ROOM REPORT

MODE OF ARRIVAL: Via walk-in.

PRE-HOSPITAL CARE: None.

CHIEF COMPLAINT: Headache.

HISTORY OF PRESENT ILLNESS:
This is a 68-year-old gentleman with a headache on and off for three weeks, but worse in the last three days. It is frontal. No photophobia. No neck stiffness or rashes. No sudden onset. The patient feels nauseous, but he has had no vomiting. He states the pain decreased with Tylenol and then returned. The patient used to have a history of migraine headaches for 40 years, but has not had any migraines for the last three years. When initially started having the migraines, he used to have them every week, then it became every month, then every six months, and then discontinued approximately three years ago. He does take atenolol prophylactically for the migraine headaches.

PAST MEDICAL HISTORY: As above including migraine headaches, hypertension, and cholecystectomy.

MEDICATIONS: Atenolol.

ALLERGIES: METOCLOPRAMIDE.

SOCIAL HISTORY: He denies smoking and he states that he occasionally drinks.

FAMILY HISTORY: No significant medical problems.

REVIEW OF SYSTEMS:
GENERAL: Denies any fevers or weight loss. EYES: Denies any eye pain or discharge. No blurring of vision. ENT: Denies sore throat, ear pain, or difficulty swallowing. NECK: Denies neck pain or stiffness. PULMONARY: Denies any shortness of breath, DOE, cough, or pain on inspiration. CARDIAC: Denies any chest pain, palpitations, orthopnea, or PND. GASTROINTESTINAL: Denies any abdominal pain, nausea, vomiting, diarrhea, blood emesis or stool. GENITOURINARY: Denies any dysuria, frequency, urgency or hematuria. MUSCULOSKELETAL: Denies any arthralgias, myalgias or focal swelling. NEUROLOGIC: Positive headache as noted. This is not the worse headache of his life. No photophobia. No neck stiffness or rashes. SKIN: Denies any rash, irritation or erythema.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure is 179/105, pulse rate 60, respiratory rate 16,

and temperature 97.8 degrees.
GENERAL: The patient is awake, alert, pleasant, nontoxic, in no distress.
HEENT: Atraumatic. Extraocular muscles are intact. Pupils: PERRL. The oropharynx is clear. No nystagmus or photophobia. Fundi are sharp. TMs are clear bilaterally.
NECK: Supple. No lymphadenopathy. No Kernig and no Brudzinski.
CHEST: Clear to auscultation bilaterally.
CARDIOVASCULAR: Normal sinus rhythm.
ABDOMEN: Positive bowel sounds. Soft, nontender, and benign.
EXTREMITIES: Equal pulses bilaterally. No clubbing, cyanosis, or edema. Full range of motion. Neurovascularly intact.
NEUROLOGIC: He is awake, alert, and appropriate. Cranial nerves are grossly intact. No facial asymmetries or palsies. Motor strength is intact throughout. Sensation is intact throughout. Coordination and gait are normal. Grossly nonfocal examination.
SKIN: No petechiae or purpura. Warm and dry.

EMERGENCY DEPARTMENT COURSE:
The patient was initially treated with morphine 4 mg IM and Compazine 5 mg IM. He did have improvement in symptoms. We had a lengthy discussion regarding his clinical findings. The patient states that he was feeling more comfortable. He received IV antibiotics for sinusitis given that he has had progressive symptoms. He still has a mild headache. Therefore, IV of normal saline was established. He was hydrated with normal saline 100 mL per hour. The patient was given Unasyn 3 g IV and fentanyl 25 mcg IV. Repeat neurological examination at approximately 1140 hours revealed he is neurovascularly intact with a nonfocal examination. No meningismal signs or symptoms. no clinical toxicity. Nonfocal exam.

CRITICAL CARE: As above.

DIAGNOSTIC TEST INTERPRETATIONS:
Head CT was read by Radiology as no acute intracranial abnormality. There is evidence of pansinusitis as discussed above.

LABORATORY DATA:
Sodium is 138, potassium 4.7, chloride 105, CO2 29, glucose 103, BUN 14, creatinine 1.0, and calcium 9.0. Total bilirubin is 0.86. AST is 18, ALT 32, and alkaline phosphatase 63. White count is 2.6, hemoglobin 17.2, hematocrit 52 with a platelet count of 160,000.

PROCEDURES: None.

CONSULTANTS: We are in the process of contacting the admitting physician.

COORDINATION OF CARE: To be arranged by the admitting physician.

COUNSELING: The patient has been counseled on current condition.

DISPOSITION: Admit to Med/Surg service.

CURRENT CONDITION: Fair.

MEDICAL DECISION MAKING:
High complexity given in this gentleman who presents with above-noted complaints. Multiple etiologies have to be ruled out including, but not limited to acute intracranial masses, lesions, bleeds, meningitis, encephalitis, sinusitis, hypertension, among other causes. It does appear that the patient's symptoms may be secondary to sinusitis noted in the CT scan. He does have pansinusitis, which is most likely contributing to his headache.

However, he is neurologically intact with a nonfocal examination. He is afebrile. He has nonspecific neutropenia. He did present with significant elevation of his blood pressure, which has improved after treatment. At 1100 hours, his blood pressure was 155/98 with a heart rate of 58. However, he is still symptomatic and feels more comfortable receiving IV therapy for his pansinusitis. Therefore, the patient will be admitted for IV antibiotic therapy, serial neurological examinations, evaluation of his neutropenia, and better blood pressure control. I will discuss the case with the admitting physician, so they can arrange for ongoing care and evaluation and consultations on this patient.

MORBIDITY/MORTALITY: For this patient otherwise is low.

DIAGNOSES:
1. Intractable headache.
2. Sinusitis.
3. Neutropenia.
4. Hypertension.

DISCHARGE PLAN: Final disposition is to be arranged by the admitting physician.

________________________________________

Jorge Perez, M.D.

DR: JP/SM DD: 12/23/2014 11:44 DT: 12/23/2014 17:17 Job #: 0591268218

Authenticated by JORGE PEREZ, M.D. On 12/24/2014 06:42:36 AM

CHIEF COMPLAINT: ______ | 1008 | 1010 | 1015 |
ARRIVAL TIME | TO ROOM TIME | M.D. EVAL TIME

TEMP ______ PULSE ______ RESP ______ B/P ______ OX RA ______ WT. ______ kgs

Arrival in ER via: ☐ Paramedic/EMT ☐ Automobile ☐ Police Patient is ☐ Ambulatory ☐ Wheelchair ☐ Assisted ☐ Bedridden
☐ Review Prehosp. Notes ☐ ______

**Prehospital Treatment:**

- Preferred Language ☐ English ☐ Other ______ Translator ☐ Yes ☐ No
- Unable to obtain Hx from patient ☐ Reasons ______
- Other/Additional Sources of Medical Information ______
- **HISTORY OF PRESENT ILLNESS:** (time nature onset, location, severity, duration, quality, modifying factors, associated signs & symptoms, provokes, relieves, context) Headache none for 3 days Migraine x 40 y

**REVIEW OF SYSTEMS (circle all positives)** HA
**NEG**

| | | | | | |
|---|---|---|---|---|---|
| ☐ | **Const:** fever chills wt loss fatigue ↓ appetite diaphoresis | ☐ | **Musc:** bone/joint pain back pain neck pain restricted ROM |
| ☐ | **Eyes:** pain discharge redness visual change foreign body | ☐ | **Integ:** rash skin lesions erythema laceration bruising |
| ☐ | **ENT:** pain bleeding congestion sore throat dysphagia discharge | ☐ | **Neuro:** HA dizziness syncope seizure focal-weakness |
| ☐ | **Resp:** SOB cough sputum wheezing pain | ☐ | **Endo:** polyuria polydypsia dry-skin temp-intolerance |
| ☐ | **CV:** chest pain palpitations DOE PND edema | ☐ | **Lymph:** adenopathy tender nodes lymphedema |
| ☐ | **GI:** ↓ appetite pain nausea vomiting diarrhea blood constipation | ☐ | **Psych:** hallucinations depression anxiety suicidal ideation |
| ☐ | **GU:** dysuria hematuria flank pain discharge bleeding | ☐ | **Immun:** urticaria rhinitis pruritus immunodeficiency |
| ☐ | **Gyne:** LMP ☐ NLP Normal ______ Date | | |

**Additional Comments/other systems:** Last PO ______ ______ Last BM ______ Last meds ______

**PAST MEDICAL, SOCIAL, FAMILY HISTORY**

- **MEDICATIONS:** ☐ None ☐ See AMR ☐ Confirmed – list reviewed ______
- **ALLERGIES:** ☐ See AMR ☐ NKDA ☐ No food allergies ☐ Other ______ Migraine 40 y
- **IMMUNIZATIONS:** ☐ UTD ☐ Tet. Current ☐ Pneumovax ☐ Influenza Vac ☐ Other ______
- **MEDICAL:** ☐ None CAD CHF Asthma/COPD CVA HTN Seizures DM ☐ Other ______
- **SURG:** ☐ None CABG Hyst BACK ☐ Other ______
- **FAMILY Hx:** ☐ NEG CAD DM HTN CA Heart Stroke Other: ______ GB
- Soc Hx: Tobacco: Alcohol Illicit Drug ☐ Lives alone ☐ SNF ☐ Married ☐ Lives with family
- **EMPLOYMENT** ______ EXPOSURES ______

**PHYSICAL EXAMINATION**

**Infant:** ☐ Active ☐ Playful ☐ Fontanelle flat ☐ Well-hydrated ☐ Crying/consolable ☐ Feeding ☐ Good eye contact ounces taken
**Const:** ☐ Well-developed ☐ Well nourished ☐ Alert ☐ No distress ☐ Oriented x 3 ☐ Memory intact

**Psych:** ☐ Mood / Affect NL ☐ No Anxiety ☐ No Depression ☐ No Confusion ☐ Non Suicidal ______
**Head:** ☐ Normocephalic ☐ Atraumatic ☐ No Laceration ☐ No Hematoma ☐ Other ______
**Eyes:** ☐ PERRL ☐ Conjunctiva NL ☐ Fundi, disc NL ☐ EOMI ☐ Lids NL ☐ Non Icteric ☐ Other ______

**ENMT:** ☐ External EN NL ☐ TMS NL ☐ Canal NL ☐ Nasal mucosa, septum NL ☐ Oral mucosa, tongue, lips, teeth NL ☐ Oropharynx NL

**Neck:** ☐ Supple ☐ Nontender ☐ No JVD ☐ No Bruits ☐ No masses ☐ No thyromegaly ☐ No nuchal rigidity ______

**Resp:** ☐ NL respiratory effort ☐ CTA ☐ BS = bilat ☐ No Wheezing ☐ No Rales
☐ No Rhonchi ☐ No chest wall tenderness/crepitus ☐ Normal to inspection ☐ RR at time of exam ______
**CV:** ☐ HR at time of exam ☐ RRR ☐ No murmurs/extra sounds ☐ Pulses NL ☐ No edema

**GI:** ☐ Abdomen NL to inspection ☐ No surgical scars ☐ Nontender ☐ No rebound, guarding ☐ No masses ☐ Liver, spleen NL
☐ bs present ☐ rectal: No mass, guaiac ______

**GU:** ☐ Male: ☐ penis NL ☐ scrotum NL ☐ prostate NL ☐ no CVA tenderness ☐ Discharge ______
☐ Female: ☐ external genitalia NL ☐ vagina NL ☐ cervix NL ☐ No CMT ☐ uterus NL ☐ adnexae NL
☐ no CVA tenderness

**Musc:** ☐ Extremities NL to inspection ☐ Digits and nails NL ☐ Extremities NL to palpitation ☐ Gait and stance NL
☐ Spine non tender ☐ No limitations

**Neuro:** ☐ Mental status NL ☐ Speech NL ☐ CNS II-XII Intact ☐ DTRs symmetric ☐ Sensation NL ☐ Strength NL ☐ Focal weakness None

**Skin:** ☐ Turgor NL ☐ No rash or lesions ☐ No Ecchymosis ☐ No Laceration ☐ No Puncture ☐ No Diaphoresis

**Lymph:** ☐ Lymph nodes NL ☐ Nontender ☐ Not enlarged ☐ Other ______
**NURSES NOTES REVIEWED** ☐ **Comments** ______

Chino Valley Medical Center
5451 Walnut Ave Chino CA 91710

4 ER

**EMERGENCY DEPARTMENT**
**PHYSICIAN RECORDS - CVMC**

PHSI-110-003A-CVMC (10/11) PAGE 1 OF 4
**ORIGINAL** - CHART **COPY1** - PHARMACY **COPY2** - ER PHYSICIAN **COPY3** - BILLING

PATIENT ID

HANNA, ADEL S
ATTDG DR. ,
03/29/1946 68Y M M000273781
V00000603802 ER 12/23/2014

12/23/2014 10:07

**LAB:**

**X-RAY:**

**SAO₂%** ______ ☐ **NL** ☐ **Hypoxemia** ☐ **Corrective Action** ______

**Cardiac Monitor:** ☐ **NSR** ☐ **ABNORMAL**

**EKG:**

**Informed Consent:** The patient was apprised of the risks, benefits, alternatives, and aims of further management, had no further questions, and wished to proceed. | Physician's Initials:

**Procedures:** ☐ Digital Block ☐ ETT Intubation ☐ NG Tube ☐ Gastric Lavage
☐ Cardiovert ☐ CPR/ACLS ☐ Splint/Immobilization ☐ IV ☐ Disloc/Reduction
☐ Central Line ☐ Cerumen Removal ☐ Foley ☐ Epistaxis Control ☐ Lumbar Puncture
☐ Chest Tube ☐ Time Out Performed ASA Score ______ ☐ Sedation

Laceration: ☐ Simple ☐ Intermediate ☐ Complex Wound Length ______
Wound Depth ______ cm Inspection ______
Prep ______ Irrigation ______
Anesthesia ______ Suture Type # ______
Staples ☐ # ______ ☐ Dermabond Dressing: ______

**DIAGNOSTIC IMPRESSION**
1. Intractable Headache
2. Neuropathy
3. Symptoms
4. HTN

☐ Admit Accepting Physician Institution Time Accepted ___ ☐
Transfer Level of care
Other disposition: ☐ Discharge with After Care Instruction ☐ AMA ☐ LWBS ☐ Eloped ☐ DOA ☐ Expired
Disposition to: ☐ Home ☐ SNF ☐ Convalescent ☐ Other ______ (HH)
Transportation: ☐ Auto ☐ Taxi ☐ EMT ☐ Other ______
Left dept: ☐ Ambulatory ☐ Wheelchair ☐ Gurney ☐ Other M/S
Condition on discharge: ☐ Good ☐ Stable ☐ Fair ☐ Serious ☐ Critical

Signature:
Supervising Physician Signature ID # [signature] Date 12/23 Time ______
No Dictation Required ☐ Dictated ☐ Job # 1268218

Chino Valley Medical Center
5451 Walnut Ave Chino CA 91710

4 ER

**EMERGENCY DEPARTMENT**
**PHYSICIAN RECORDS- CVMC**

PHSI-110-003A-CVMC (10/11) PAGE 3 OF 4
ORIGINAL - CHART COPY1 - PHARMACY COPY2 - ER PHYSICIAN COPY3 - BILLING

PATIENT ID

HANNA, ADEL S
ATTDG DR. ,
03/29/1946 68Y M M000273781
V00000603802 ER 12/23/2014

12/23/2014 10:07:52

**Patient:** HANNA,ADEL S **Age/Sex:** 68/M **Acct No:** V00000603802
**ED Provider:** Perez, Jorge, ACT **Unit No:** M000273781

## **********ER CAREGIVERS*********

**ED Physician:** Perez, Jorge, ACT
**Practitioner:**
**Nurse:** Bacani,Marlene O, RN

**Arrival Date/Time:** 12/23/14 - 1002
**Triage Date/Time:** 12/23/14 - 1008
**Date of Birth:** 03/29/1946

**Stated Complaint:** HEADACHE
**Chief Complaint:** HEADACHE

**Priority:**

## ALLERGIES

Metoclopramide

## ASSESSMENT DATA

***12/23/14 1008 Adult Triage*** ***Mamisay-Andrada,Deb, RN***

**ESI TRIAGE LEVEL:** 3
**Date:** 12/23/14
**Time:** 1008
**Workers Comp:** N
**Has pt traveled out of the country in the last 30 days:** NO
**MICN Run:** N
**Mode:** WALK-IN
**Informant:** PATIENT
**Temperature/F:** 97.8
**Source:** ORAL
**Pulse:** 60
**Respirations:** 16
**Blood Pressure:** 179/105
**SpO2 (%):** 99
**On:** ROOM AIR
**Weight - Lb:** 172
**Kg:** 78.01
**WT Source:** ACTUAL - SCALE
**Chief Complaint:**
HEADACHE
**Pain Scale:** 6/10
**Mode of Injury:**
X3 WEEKS
**Tetanus UTD:** N
**Medications:**
ATENOLOL
****MEDICATION GIVEN IN TRIAGE****
NONE
**Suspected Abuse:** N
**Prior Hx:** Y
**Other:**
MIGRAINE HEADACHE

***12/23/14 1009 ED Assessment*** ***Mamisay-Andrada,Deb, RN***

**NEUROLOGICAL Assessment Within Normal Limits:** N
**Speech:** CLEAR
**Headaches:** Y
**Describe:**
ACHING, SHARP
**Behavior/Appearance Inappropriate:** N
**Eye Response:** 4=SPONTANEOUS

**Patient:** HANNA,ADEL S **Age/Sex:** 68/M **Acct No:** V00000603802
**ED Provider:** Perez, Jorge, ACT **Unit No:** M000273781

**Verbal Response:** 5=ORIENTED
**Motor Response:** 6=OBEYS COMMANDS
**Total:** 15
**Recent Seizure Activity:** N
**Additional Neuro Assessment Performed and WNL:** Y
**RESPIRATORY Assessment Within Normal Limits:** Y
**CARDIAC Assessment Within Normal Limits:** Y
**GASTROINTESTINAL Assessment Within Normal Limits:** Y
**UROLOGY Assessment Within Normal Limits:** Y
**SKIN Assessment Within Normal Limits:** Y
**NEUROVASCULAR Assessment Within Normal Limits:** Y
**EYE Assessment Within Normal Limits:** Y
**EAR Assessment Within Normal Limits** Y
**NOSE Assessment Within Normal Limits:** Y
**Has Patient Been Placed in Isolation:** Y
**Isolation:** STANDARD PROCEDURES

***12/23/14 1100 Vital Signs*** ***Bacani,Marlene O, RN***
**Blood Pressure:** 155/98
**Respirations:** 20
**Pulse:** 58
**SpO2 (%):** 96
**Pain Level:** 6/10
**On O2:** N

***12/23/14 1149 Bed Request Information*** ***Tripathi,Astha M***
**Diagnosis:**
INTRACTABLE HEADACHE
**Admitting:** LALJA
**Attending:** LALJA
**Admission Type:** IN-PATIENT
**Called by (ED):**
MAIJA
**Received by (UNIT):**
EMILY
**Date:** 12/23/14
**Time Called:** 1149

***12/23/14 1223 Vital Signs*** ***Bacani,Marlene O, RN***
**Blood Pressure:** 147/90
**Respirations:** 22
**Pulse:** 56
**Temperature/F:** 98
**SpO2 (%):** 99
**Pain Level:** 0/10
**On O2:** N

***12/23/14 1316 ED Discharge*** ***Guardado,Benjamin, RN***
**Home:** N
**Admit/Transfer/Other:** Y
**Time:** 1316
**Disposition:** ADMIT
**Facility/Room:**
228
**Accompanied By:** NURSE
**Mode:** GURNEY
**Report Called To:**

**Patient:** HANNA,ADEL S **Age/Sex:** 68/M **Acct No:** V00000603802
**ED Provider:** Perez, Jorge, ACT **Unit No:** M000273781

JING
**Personal Belongings Sent With Patient:** Y
**Patient Belongings Sent with Family:** Y
**Blood Pressure:** 147/90
**Pulse:** 56
**Respirations:** 22
**Temperature/F:** 98
**Pain Level:** 0/10
**Condition on Discharge:** STABLE
**Medications Reviewed With Patient:** YES
**Medications Reviewed/Reconciled By Physician:** YES
**Comment:**
PT TRANSPORTED ON GURNEY ACCMPANIED BY NURSE AND EMT. PT LEFT
ED BREATHING EVEN UNLABORED IN NAD WITH PORTABLE MONITOR.

**NOTES**

***Entered by Bacani,Marlene O, RN on 12/23/14 at 1236***
MEDICATED PT AS ORDERED, SEE MAR. WILL MONITOR FOR ADVERSE REACTIONS.

***Entered by Bacani,Marlene O, RN on 12/23/14 at 1200***
PT BACK IN ROOM FROM CT SCAN VIA WHEELCHAIR.

***Entered by Bacani,Marlene O, RN on 12/23/14 at 1155***
PT TAKEN TO CT SCAN VIA WHEELCHAIR.

***Entered by Bacani,Marlene O, RN on 12/23/14 at 1130***
ALL TEST RESULTS COMPLETE, PATIENT READY FOR MD RE-EVALUATION.

***Entered by Bacani,Marlene O, RN on 12/23/14 at 1051***
MEDICATED PT AS ORDERED, SEE MAR. WILL MONITOR FOR ADVERSE REACTIONS

***Entered by Bacani,Marlene O, RN on 12/23/14 at 1041***
PT TAKEN TO CT SCAN VIA GURNEY.

***Entered by Bacani,Marlene O, RN on 12/23/14 at 1020***
ED PHYSICIAN AT BEDSIDE FOR PATIENT EVALUATION. MEDICAL SCREENING EXAMINATION
COMPLETED BY ED PHYSICIAN.

**TREATMENTS**

*12/23/14 1231 IV Management* *Bacani,Marlene O, RN*
**Established -- Date:** 12/23/14; **IV Location:** R HAND; **Catheter Size (ga.):** 22

**MEDICATIONS**

| Ordered | Medication | Provider |
|---|---|---|
| 12/23/14 1027 | MORPHINE SULFATE 4 MG SYRINGE IM/ONCE/ONE<br>MAY CAUSE DROWSINESS<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, ED, ICU, OR | PERJO |
| 12/23/14 1027 | PROCHLORPERAZINE EDISYLATE 5 MG VIAL IM/ONCE/ONE<br>MAY CAUSE DROWSINESS<br>AVAILABLE IN PYXIS: CL | PERJO |
| 12/23/14 1137 | SODIUM CHLORIDE 0.9% 1,000 ML BAG IV/ONCE/ONE | PERJO |
| 12/23/14 1137 | AMPICILLIN SOD/SULBACTAM SOD 3 GM in SODIUM CHLORIDE 0.9% 100 ML<br>VIAL IV/ONCE/ONE<br>** CONTRA-INDICATED FOR PT WITH PENICILLIN ALLERGY ** | PERJO |

**Patient:** HANNA,ADEL S **Age/Sex:** 68/M **Acct No:** V00000603802
**ED Provider:** Perez, Jorge, ACT **Unit No:** M000273781

| Ordered | Medication | Provider |
|---|---|---|
| 12/23/14 1138 | FENTANYL CITRATE 25 MCG AMPULE IV/ONCE/ONE<br>** BLACK BOX WARNING, REFER TO MICROMEDEX FOR PRECAUTIONS AND MONITORING PATIENTS ** MAY CAUSE DROWSINESS<br>AVAILABLE IN PYXIS: CL, ED, ICU, OPS, OR | PERJO |

**Medication**
**Sch Date-Time Ordered Dose Admin Dose**
**Doc Date-Time Given - Reason Site User**
**Override Comment**

**MORPHINE SULFATE 4 MG/ML SYR (MORPHINE SULFATE) IM/ONCE/ONE**
12/23/14-1027 4 MG 4 MG
12/23/14-1051 Y Bacani,Marlene O , RN
====MEDICATION ADMINISTRATION DETAILS====
Route of Administration: IM
Injection Site: Left Deltoid
IV Site:
Document Type of Fluid Used to Mix Medication If Applicable:
:
IV Rate: MLS/HR IV Start Time: IV End Time:
Total Amount Infused: (MLS)
IV Push Start Time: IV Push Stop Time:
Med Still Infusing at Transfer: Transfer Time:

**PROCHLORPERAZINE 5 MG/ML VIAL (COMPAZINE) IM/ONCE/ONE**
12/23/14-1027 5 MG 5 MG
12/23/14-1052 Y Bacani,Marlene O , RN
====MEDICATION ADMINISTRATION DETAILS====
Route of Administration: IM
Injection Site: Right Deltoid
IV Site:
Document Type of Fluid Used to Mix Medication If Applicable:
:
IV Rate: MLS/HR IV Start Time: IV End Time:
Total Amount Infused: (MLS)
IV Push Start Time: IV Push Stop Time:
Med Still Infusing at Transfer: Transfer Time:

## RADIOLOGY RESULTS

| Performed | Procedure | Result Code | Status |
|---|---|---|---|
| 12/23/14 1046 | CT-HEAD W/O IV CONTRAST<br>Impression:<br>No acute intracranial abnormality. There is evidence of pansinusitis as above discussed.<br>Radiation : CTDI is 59.79 mGy. DLP is 988.11 mGy-cm. | | Signed |

## ORDERS

| Ordered | Order | Ordering Provider | E-Signed |
|---|---|---|---|
| 12/23/14 1027 | CT-HEAD W/O IV CONTRAST | Perez, Jorge | Yes |
| 12/23/14 1027 | COMPREHENSIVE METABOLIC PANEL | Perez, Jorge | Yes |
| 12/23/14 1027 | CBC | Perez, Jorge | Yes |

**Patient:** HANNA,ADEL S **Age/Sex:** 68/M **Acct No:** V00000603802
**ED Provider:** Perez, Jorge, ACT **Unit No:** M000273781

**LABS**

**Patient:** HANNA,ADEL S **Age/Sex:** 68/M **Acct No:** V00000603802
**ED Provider:** Perez, Jorge, ACT **Unit No:** M000273781

**** HEMATOLOGY ****

| Test | Date | Time | Result | Reference | Units | Ver Date/Time |
|---|---|---|---|---|---|---|
| WBC | 12/23/14 | 1035 | 3.6 L | (4.5-11.0) | K/mm3 | 12/23/14 1044 |
| RBC | 12/23/14 | 1035 | 6.16 H | (4.52-5.90) | M/mm3 | 12/23/14 1044 |
| HGB | 12/23/14 | 1035 | 17.2 | (13.0-18.0) | g/dL | 12/23/14 1044 |
| HCT | 12/23/14 | 1035 | 53 H | (42-52) | % | 12/23/14 1044 |
| MCV | 12/23/14 | 1035 | 86 | (80-99) | fl | 12/23/14 1044 |
| MCH | 12/23/14 | 1035 | 28 | (27-31) | pg | 12/23/14 1044 |
| MCHC | 12/23/14 | 1035 | 32 | (32-37) | pg | 12/23/14 1044 |
| RDW | 12/23/14 | 1035 | 14.7 H | (11.5-14.5) | % | 12/23/14 1044 |
| PLT | 12/23/14 | 1035 | 160 | (130-400) | x10^3mcL | 12/23/14 1044 |
| MPV | 12/23/14 | 1035 | 9.6 | (7.4-10.4) | fl | 12/23/14 1044 |
| NEUT % | 12/23/14 | 1035 | 45.9 | (40-70) | % | 12/23/14 1044 |
| LYMPH % | 12/23/14 | 1035 | 38.1 | (25-45) | % | 12/23/14 1044 |
| MONO % | 12/23/14 | 1035 | 8.1 | (2.5-10.0) | % | 12/23/14 1044 |
| EOS % | 12/23/14 | 1035 | 6.8 | (0.0-11.0) | % | 12/23/14 1044 |
| BASO % | 12/23/14 | 1035 | 1.1 | (0-2) | % | 12/23/14 1044 |
| NE# | 12/23/14 | 1035 | 1.6 L | (1.8-7.7) | 10^3/uL | 12/23/14 1044 |
| LY # | 12/23/14 | 1035 | 1.4 | (1.0-4.8) | 10^3/ul | 12/23/14 1044 |
| MO # | 12/23/14 | 1035 | 0.3 | (0-0.8) | 10^3/ul | 12/23/14 1044 |
| EO# | 12/23/14 | 1035 | 0.2 | (0-0.5) | 10^3/uL | 12/23/14 1044 |
| BA# | 12/23/14 | 1035 | 0.0 | (0-0.2) | 10^3/ul | 12/23/14 1044 |
| MANUAL DIFF REQ | 12/23/14 | 1035 | NO | | | 12/23/14 1044 |
| MORPH REQUIRED | 12/23/14 | 1035 | NO | | | 12/23/14 1044 |

**Patient:** HANNA,ADEL S **Age/Sex:** 68/M **Acct No:** V00000603802
**ED Provider:** Perez, Jorge, ACT **Unit No:** M000273781

**** CHEMISTRY ****

| Test | Date | Time | Result | Reference | Units | Ver Date/Time |
|---|---|---|---|---|---|---|
| NA | 12/23/14 | 1035 | 138 | (136-145) | mmol/L | 12/23/14 1100 |
| K | 12/23/14 | 1035 | 4.7 | (3.5-5.1) | mmol/L | 12/23/14 1100 |
| CL | 12/23/14 | 1035 | 105 | (98-107) | mmol/L | 12/23/14 1100 |
| CO2 | 12/23/14 | 1035 | 29.4 | (21-32) | mmol/L | 12/23/14 1100 |
| GLUCOSE | 12/23/14 | 1035 | 103 | (74-106) | mg/dL | 12/23/14 1100 |
| BUN | 12/23/14 | 1035 | 14.0 | (7.0-18.0) | mg/dL | 12/23/14 1100 |
| CREAT | 12/23/14 | 1035 | 1.0(a) | (0.6-1.3) | mg/dL | 12/23/14 1100 |
| GFR NON AFR-AME | 12/23/14 | 1035 | > 60(b) | | ml/min | 12/23/14 1100 |
| GFR AFRI-AMERI | 12/23/14 | 1035 | > 60(c) | | ml/min | 12/23/14 1100 |
| TOTAL PROT | 12/23/14 | 1035 | 7.6 | (6.4-8.2) | g/dL | 12/23/14 1100 |
| ALB | 12/23/14 | 1035 | 3.9 | (3.4-5.0) | g/dL | 12/23/14 1100 |
| GLOB | 12/23/14 | 1035 | 3.7 H | (1.5-3.5) | g/dL | 12/23/14 1100 |
| A/G | 12/23/14 | 1035 | 1.1 | (1.1-1.8) | g/dL | 12/23/14 1100 |
| CA | 12/23/14 | 1035 | 9.0 | (8.5-10.1) | mg/dL | 12/23/14 1100 |
| TBI | 12/23/14 | 1035 | 0.86 | (0.20-1.00) | mg/dL | 12/23/14 1100 |
| AST/SGOT | 12/23/14 | 1035 | 18 | (15-37) | U/L | 12/23/14 1100 |

NOTES: (a) GFR estimate is calculated using the Modification of Diet Renal Disease (MDRD) Equation. The National Kidney Disease Education Program notes that performance of the MDRD Equation has not been tested in children, adults below 18 years of age and over 70 years of age, pregnant women, some patients with extremes of body size, muscle mass or nutritional status. Application of the equation to these patient groups may lead to errors in GFR estimate.

(b) INTERPRETATIVE DATA:
Normal: Greater than or equal to 60 ml/min/1.73 sq. meters
Abnormal: Less than 60 ml/mim/1.73 sq. meters

ALL NORMAL RESULTS WILL BE REPORTED AS >60 INSTEAD OF THE ACTUAL CALCULATED NUMERIC VALUE. ALL ABNORMAL RESULTS WILL BE REPORTED AS THE ACTUAL NUMERIC VALUE

(c) INTERPRETATIVE DATA:
Normal: Greater than or equal to 60 ml/min/1.73 sq. meters
Abnormal: Less than 60 ml/mim/1.73 sq. meters

ALL NORMAL RESULTS WILL BE REPORTED AS >60 INSTEAD OF THE ACTUAL CALCULATED NUMERIC VALUE. ALL ABNORMAL RESULTS WILL BE REPORTED AS THE ACTUAL NUMERIC VALUE

STAGES OF CHRONIC KIDNEY DISEASE

| STAGE | GFR | DESCRIPTION |
|---|---|---|
| 1 | 90+ | Normal kidney function but urine findings or structural abnormalities or genetic trait point to kidney disease |
| 2 | 60-89 | Mildly reduced kidney function, and other findings (as for stage 1) point to kidney disease |
| 3 | 30-59 | Moderately reduced kidney function |
| 4 | 15-29 | Severely reduced kidney function |
| 5 | <15 | Very severe, or endstage kidney failure |

**Patient:** HANNA,ADEL S **Age/Sex:** 68/M **Acct No:** V00000603802
**ED Provider:** Perez, Jorge, ACT **Unit No:** M000273781

**** CHEMISTRY ****

| | | | | | |
|---|---|---|---|---|---|
| ALT/SGPT | 12/23/14 1035 | 32 | (12-78) | IU/L | 12/23/14 1100 |
| ALK PHOS | 12/23/14 1035 | 63 | (50-136) | U/L | 12/23/14 1100 |

CHINO VALLEY MEDICAL CENTER
5451 Walnut Avenue, Chino, CA 91710
Ph: (909)464-8600

Patient Name : HANNA ADEL S   DOB : 03-29-1946   SEX : M
Account# : V00000603802   MR# : M000273781   Report : LHP   Dictating Dr : Dalrymple William RES D.O.

ACCOUNT #:V00000603802
PATIENT:HANNA, ADEL S.
DATE OF ADMISSION:12/23/2014

HISTORY & PHYSICAL

INFORMANT: The history is obtained from the patient who is alert and oriented to person, place, and time, and who appears to be an accurate historian, comprehends and speaks English adequately.

CHIEF COMPLAINT: Severe headache, on and off, for the past three weeks.

HISTORY OF PRESENT ILLNESS:
The patient is a 68-year-old male who was brought in by severe headache for the past three days, located bilaterally and diffusely throughout the head, 9/10 on the pain scale. Headaches have been on and off. No known triggers. Excedrin and Tylenol help. Nothing makes it worse. No associated symptoms. Most recent headache occurred at work and was severe for 15 minutes and the pain became more tolerable. The last previous migraine headache was three years ago.

PAST MEDICAL HISTORY:
The patient has a past medical history of allergic rhinitis, exercise-induced asthma, GERD, migraines, chronic sinusitis, and a history of right lower lobe atelectasis, which occurred during a Nissen fundoplication surgery. He is currently up to date on all of his immunizations.

PAST SURGICAL HISTORY: His surgical history includes cholecystectomy in 1986 and a Nissen fundoplication in 1998.

ALLERGIES: The patient is currently allergic to Reglan and it causes the patient to have shakiness.

MEDICATIONS:
The patient currently uses atenolol 50 mg for migraine prophylaxis. He takes baby aspirin 81 mg and Tylenol for migraines.

SOCIAL HISTORY:
The patient does not consume alcohol or use any tobacco products. He does not drink regularly. He consumes one or two ounces of beverage once a month for social occasions. He denies heavy use of caffeine, stating that he only has a caffeinated beverage every few days. He denies any recreational drug use and he states that he is currently married and his occupation, he states that he is a chief psychiatrist at a local facility. Point-of-contact is Irma Kawaguchi. Phone number is 909-374-7216. The patient's code status is Full Care to be given in case of the emergency and he denies any primary care physician sitting. He has not seen a doctor in many years.

FAMILY HISTORY:
The patient denies any family history of heart disease, tuberculosis, cancer,

or blood disorders. The patient also denies diabetes.

REVIEW OF SYSTEMS:
GENERAL: The patient denies any recent changes in weight, fatigue, fever, chills, or night sweats.
SKIN: The patient denies any rashes, changes in hair or nails, or skin lesions.
HEENT: The patient does currently complain of headache. The patient has no decreased vision or visual changes. No complaints such as blurriness, increased tearing, or photophobia. The patient denies hearing loss, pain, tinnitus, discharge, or vertigo. The patient denies nasal trauma, pain, obstruction, epistaxis, head cold, discharge, or rhinitis.
ORAL: The patient denies history of soreness of the mouth or tongue. No history of mouth ulcers. The patient does not wear dentures.
THROAT: The patient denies dysphagia, sore throat, laryngitis, or speech defect.
NECK: The patient denies history of goiter, swelling, enlarged nodes, trauma, stiffness, or limitations with range of motion.
BREASTS: The patient denies any masses, pain, discharge, or infection.
RESPIRATORY: The patient denies chest pain, asthma, cough, recent upper respiratory infection, and/or night sweats.
CARDIOVASCULAR: The patient denies any chest pain or pressure, dyspnea, cardiac irregularities, orthopnea, palpitations, peripheral edema, cramps, and/or varicosities.
GASTROINTESTINAL: The patient denies any food intolerances, nausea, vomiting, hematemesis, pain, jaundice, melena, constipation, and/or diarrhea.
GENITOURINARY: The patient denies frequency, urgency, hesitancy, pyuria, dysuria and/or hematuria, STDs, or any genitourinary surgeries.
METABOLIC: The patient denies any recent change in appetite or weight.
ENDOCRINE: The patient denies thyroid disease or diabetes mellitus, excessive thirst, change in skin color or texture.
HEMOPOIETIC/BLOOD: The patient denies history of anemia or other blood disorders. No bleeding tendencies. No transfusion history.
LYMPHATICS: The patient denies history of enlarged, swollen, and/or tender lymph nodes.
EXTREMITIES/MUSCULOSKELETAL/OSTEOPATHIC: The patient denies history of trauma, arthritis, and fractures, joint and/or low back pain, limitation in range of motion.
NEUROLOGIC: The patient denies history of headaches, strokes, seizures, loss of consciousness, paresthesias or numbness, changes in thinking or memory.
PSYCHIATRIC: The patient denies history of nervousness, anxiety, mood swings, depression, hallucinations, schizophrenia, psychiatric consultations, medications, or hospitalizations.

PHYSICAL EXAMINATION:
GENERAL: The patient is a 68-year-old male, well developed, well nourished, well hydrated, alert and oriented to person, place, and time.
VITALS: Temperature is 97.8 degrees, pulse 60, respiratory rate 16, blood pressure 179/105, height 68 inches, and weight 172 pounds. Body mass index is 26.1.
HEENT: Normocephalic and atraumatic. The patient has binocular vision. The patient does wear glasses. Pupils are equal, round, reactive to light. Extraocular movements are intact. Funduscopic examination reveals physiologic cup-to-disc ratio without AV nicking or evidence of papilledema, hemorrhages or/and exudates. The pinnae are symmetrical. External auditory canals are patent. No sign of infection. Nose is midline and patent. Septum is without ulcerations and/or perforation. No sign of nasal obstruction. Sinuses are nontender to palpation. Lips are moist and symmetrical. Teeth are in good repair. Tongue is midline and protrudes to the midline without deviation. No sign of ulcerations or leukoplakia. Good phonation without hoarseness. No difficulty with swallowing.

SKIN: Skin is warm and dry with good turgor. Normal color and pigmentation without lesions. The patient does have a scar on his right upper quadrant from his previous cholecystectomy surgery.
NECK: The patient's neck is supple. Full range of motion. No jugular venous distention. No bruit. No lymphadenopathy. No thyroid enlargement and/or masses. Trachea is midline without obstruction.
LUNGS: Clear to auscultation. No rhonchi, rales, wheeze, or crepitus.
HEART: Regular rate at 60 beats per minutes without murmur. Point of maximal impulse is in the fifth intercostal space. Normal S1 and S2. No S3, S4, thrill, friction rubs, and/or gallops.
ABDOMEN: Bowel sounds are present and are normoactive. Abdomen is soft and nontender. No guarding, pinpoint tenderness, or rebound. No organomegaly noted.
EXTREMITIES/MUSCULOSKELETAL/OSTEOPATHIC: Joint examination reveals no tenderness, swelling, redness, and restriction of range of motion. No clubbing, cyanosis, or edema.

Radial, femoral, popliteal, and pedal pulses are palpable and equal bilaterally. Upper and lower extremities are normal for size, shape, strength, and symmetry.

Muscle size and strength are within normal limits, 5+/5+.

Shoulders and iliac crest heights are equal. Cervical, thoracic, and lumbar spine is without spasm, nontender to palpation. No costovertebral angle tenderness noted bilaterally.

LYMPHATICS: No cervical lymphadenopathy present.

NEUROLOGIC: The patient's general behavior reveals level of consciousness oriented to person, place, and time. Kernig and Brudzinski sign is negative.

CN II, III, IV, AND VI: The patient has binocular vision and visual acuity within normal limits. Passes visual fields to confrontation. Extraocular muscles are intact. Pupils are equal and reactive to light and accommodation. No nystagmus.
CN V: The patient is able to clench jaws, able to move jaw from side to side.

CN VII: The patient demonstrates muscles of facial expressions.

CN VIII: No nystagmus.

CN IX AND X: Soft palate and uvula pull upward in the midline and good phonation without hoarseness.

CN XI: The patient can turn head in all directions against resistance. The patient can shrug shoulders symmetrically.

CN XII: The patient can protrude tongue in the midline, no atrophy or fasciculations.

ASSESSMENT:
Intractable headaches, rule out mass, vasculitis, and aneurysm. Possible migraine exacerbation versus sinusitis.
History of migraines.
Gastroesophageal reflux disease.
Sinusitis.
Allergic rhinitis.
Asthma.

PLAN:
Admit to telemetry on 2-South. Consult Neurology. MRI with and without contrast of the brain. Magnetic resonance angiography. Pain control and restart home medications. Care plan was discussed with the patient at length. He is aware and is in agreement with plan of treatment. Due to the patient's comorbidities, this patient will be monitored for any potential complications. It is my best opinion that the patient is expected to stay longer than two midnights, although it is possible the patient may improve sooner than expected.

PROGNOSIS: Guarded.

DISPOSITION: To be determined over the course of hospital stay.

________________________________________

James M. Lally, D.O.

________________________________________

William Dalrymple, RES D.O.

DR: WD/KKR DD: 12/23/2014 16:10 DT: 12/23/2014 17:16 Job #: 0591268252

Authenticated and Edited by DALRYMPLE, WILLIAM, RES DO On 1/01/15 6:28:02 AM
Authenticated by James M. Lally, D.O. On 01/05/2015 12:23:32 PM

CHINO VALLEY MEDICAL CENTER
5451 Walnut Avenue, Chino, CA 91710
Ph: (909)464-8600

Patient Name : HANNA ADEL S   DOB : 03-29-1946   SEX : M
Account# : V00000603802   MR# : M000273781   Report : CON   Dictating Dr : Ries Jeffrey D.O.

ACCOUNT #:V00000603802
PATIENT:HANNA, ADEL S.
DATE OF CONSULTATION:12/24/2014

CONSULTATION

REQUESTING PHYSICIAN:James M. Lally, D.O.
CONSULTING PHYSICIAN:Jeffrey D. Ries, D.O.

REASON FOR NEUROLOGIC EVALUATION: Headache.

HISTORY OF PRESENT ILLNESS:
This is a 68-year-old physician from the California Institute for Men where he serves as chief psychiatrist. The patient has severe headache for the past three days, which seems to be located bilaterally and diffusely throughout the head. The headaches have been daily. The patient states that he may have had them longer than this time. The patient states that most of these headaches have occurred while he is at work. He does have a history of migraine headache. The patient has had migraine since he was in his 30s. He takes prophylactic propranolol for this. The patient presented because the headache would not dissipate. As description of the headache, he does not use descriptors of migraine. He has no nausea or vomiting. He has not had photophobia, sonophobia, and has not had any incapacity with these headaches. He has not taken any true migraine medication, although he was taking Excedrin and was taking Tylenol as well as ibuprofen, which was provided temporary relief.

He does have a history of chronic sinus infection. He denies any recent nasal discharge or facial pressure.

Because of the symptoms, he presented to the emergency room. CT scan of the brain was completed, which was unremarkable. MRI with MRA was unremarkable. Metabolic survey has been unremarkable. His white count is normal. He has no fever.

PAST MEDICAL HISTORY: History of allergic rhinitis, exercise-induced asthma, GERD, migraines, and chronic sinusitis.

PAST SURGICAL HISTORY: Nissen fundoplication in 1998 and cholecystectomy in 1986.

ALLERGIES: REGLAN.

SOCIAL HISTORY:
The patient does not smoke cigarettes or drink alcohol. He is currently taking atenolol for migraine and prophylaxis. He takes baby aspirin once a day.

FAMILY HISTORY:
Included in the History and Physical dictated by the house staff. No additions or subtractions are noted.

REVIEW OF SYSTEMS:
Included in the History and Physical dictated by the house staff. No additions or subtractions are noted.

PHYSICAL EXAMINATION:
GENERAL: This is an awake gentleman who appeared to be comfortable.
VITAL SIGNS: Blood pressure is noted at 142/80, respirations 18, pulse 67, and temperature 98.2 degrees.
HEENT: The head is normocephalic. The pupils are round and reactive. Extraocular movements are intact. Smooth pursuit and saccadic eye functions are normal. Visual fields are full. Face is symmetrical. Tongue protrudes to midline and palate elevates symmetrically.
LUNGS: Clear.
HEART: Regular in rate and rhythm.
ABDOMEN: Soft. There is no evidence of masses.
EXTREMITIES: Notable for no edema.
NEUROLOGIC: Mental Status: The patient is awake. He is alert. He is attentive. Motor examination reveals symmetrical strength. There is no evidence of focality. Deep tendon reflexes are noted to be symmetrical.

LABORATORY DATA:
White count is 4.0, hemoglobin 16.6, hematocrit 31, and platelet count 136,000. Sodium is 139, potassium 4.3, chloride 103, carbon dioxide 27.3, BUN 16, and creatinine 1.2. Cholesterol numbers were unremarkable.

IMPRESSION:
After review of the history and neurologic exam, clinical impressions are as follows:
1. Suspect chronic sinusitis as the cause of current headache. Other possibility would be a muscular based headache. I do not feel this is migraine. It certainly has no characteristics of migraine nor does it have characteristic of cluster. I find no evidence for subarachnoid hemorrhage. I do not believe this patient has nuchal rigidity. There is no indication for spinal tap evaluation.
2. Essential hypertension with fluctuation of blood pressure may have been related to pain.
3. History of migraine.
4. Gastroesophageal reflux disease.

RECOMMENDATIONS:
1. Treat for chronic sinus.
2. Observe for future blood pressure elevations.
3. Reassess for future direction of headache control. At the present time, I do not believe this is a chronic daily headache or migraine. He is feeling better. As he stood up this morning, he apparently had more headache. I will discuss this with the attending.

______________________________
Jeffrey D. Ries, D.O.

DR: JDR/SRP DD: 12/24/2014 08:42 DT: 12/25/2014 01:10 Job #: 0591268365

Authenticated by Jeffrey D Ries,MD On 12/26/2014 12:35:07 PM

# HEADACHES

*(Circle/check or initial the applicable condition/criteria)*

Admission to inpatient status for two midnights or more is indicated for **ANY ONE** of the following (1)(2)(3)(4):

I. Inpatient admission required rather than observational care (Also use Headaches: Observation Care as appropriate) because of **ANY ONE** of the following:

a) Significant finding or clinical condition judged too severe (e.g., treatment intensity or expected duration requires inpatient admission) or too persistent (e.g., insufficient improvement or worsening despite initial intervention or treatment for up to 24 hrs) to be within scope of observation care, including **ANY ONE** of following:
   - i) Severe pain requiring acute inpatient management
   - ii) Altered mental status that is severe or persistent
   - iii) Vomiting or dehydration that is severe or persistent
   - iv) New-onset focal neurologic deficit that is severe or persistent
   - v) Hypertension requiring inpatient treatment
   - vi) Severe (new) neurologic findings requiring inpatient care as indicated by **ANY ONE** of following(9)(10):
     - 1) Papilledema
     - 2) Cerebral edema
     - 3) Mass effect on CT scan
     - 4) Cerebral bleeding, ischemia, or vasospasm (9)(10)
     - 5) Hydrocephalus (11)(12)(13)
     - 6) Uncontrolled seizures (17)
   - vii) Other significant finding or clinical condition judged not to be within the scope of observation care

b) Treatment or monitoring requiring inpatient admission (e.g., due to intensity or expected duration) as indicated by need for **ANY ONE** of the following (15):
   - i) Continued inpatient IV hydration due to failure of rehydration treatment (e.g., for greater than 24 hours) and expected improvement with further inpatient evaluation and treatment
   - ii) Continuous IV infusion of anticoagulation, platelet inhibitor, vasoactive, or antiarrhythmic medication
   - iii) Cerebral bleeding, hydrocephalus, or vasospasm monitoring (16)
   - iv) Increased intracranial pressure or cerebral edema monitoring (17)
   - v) Other treatment or monitoring requiring inpatient admission ____________

II. Unruptured but threatening aneurysm or vascular malformation

III. Venous sinus thrombosis

IV. Increased intracranial pressure

V. Cerebral spinal fluid leak with decreased intracranial pressure

VI. Medication-overuse headache that has failed all outpatient management options (6)

VII. Giant cell arteritis in older patient

VIII. Extended stay beyond goal length of stay may be needed for (27)(28):

a) Intractable migraine b) Subarachnoid or intracranial hemorrhage c) Malignant hypertension d) Detoxification from drug withdrawal in medication-overuse headache (29)

IX. Others Sensitivity of Hypertension, Neutropenia

[signature] 12/23

Physician Signature Date &Time | Case Manager/CDS Date& Time

3 ACF

PATIENT ID

Chino Valley Medical Center

HANNA, ADEL S

ATT DR.,

03/29/1946 M 68Y M000273781

V00000603802 ER 12/23/2014

HEADACHES

(04/14)

FRONT

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FOOTNOTES:

[A] See Clinical Indications for Admission to Inpatient Care in this guideline.

[B] Discharge instructions should be given in patient's and family's native language using trained language interpreters whenever possible.(31)

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PATIENT ID

Chino Valley Medical Center

HANNA, ADEL S

ATT DR.,
03/29/1946 M 68Y M000273781
V00000603802 ER 12/23/2014

**HEADACHES**

(04/14) BACK

## PATIENT INFORMATION

NAME: LAST Hanna FIRST Adel
MR: M000273781 DATE: 12/23/14
DOB: 3/29/1946 TIME: 13:00
SEX: Male RACE: Caucasian
CC: "I am having a severe headache" off and on for 3 weeks
HPI: Patient has had a severe headache for the past 3 days, located bilaterally and diffused throughout head, 9/10, headaches have been on and off, no known triggers, Excedrin and Tylenol help, nothing makes it worse, no associated symptoms. The most recent headache occurred at work and was severe for 15 minutes and the pain became more tolerable. 68 y.o. male. Previous migraine headache was 3 years ago.
PRIMARY PHYSICIAN: None
SNF / B & C: Home
PAST HISTORY (MEDICAL & SURGICAL): Allergic rhinitis, exercise induced asthma, GERD, migraines, chronic sinusitis, RLL atelectasis during Nissen Fundoplication surgery, up to date on immunizations
Surgical hx: Cholecystectomy (1986), Nissen Fundoplication (1998).
ALLERGIES (RXN): Reglan (causes shakiness)
MEDICATIONS (DOSE): Atenolol 50mg for migraine prophylaxis, Baby Aspirin 81mg for heart health, Tylenol for migraines
SOCIAL HISTORY: Chief psychiatrist, married, 3 children, drinks one shot of whisky a month, non-smoker, denies recreational drug use.
FAMILY HISTORY: None stated. The patient denies any family history of heart disease, cancer, blood disorders, or diabetes.
REVIEW OF SYSTEMS: General: denies changes in weight, fatigue, fever, chills or night sweats, HEENT: denies head trauma, increased tearing or photophobia, patient admits right ear hearing loss over time, CV: patient denies chest pain, dyspnea or cardiac irregularities, Neuro: patient denies stroke, seizures, changes in thinking or memory, patient admits to headaches. All other ROS were non-contributory.

## PHYSICAL EXAM

BP: 179/105 T: 97.8 P: 60 R: 16 HT.: 68" WT.: 172 lbs.
GEN: The patient is a 68 year old male, BMI: 26.1 well-developed, well-nourished, well-hydrated, A/O to P, P, T.
EENT: Normocephalic / Atraumatic, Patient wears glasses, pupils RRLA, no sinus tenderness, EOMI.
HEART: Regular rate at 60 without murmur, Normal S1 and S2. No S3, S4, thrill, friction rubs, or gallops.
LUNGS: Clear to auscultation. No rhonchi, rales, wheezes, or crackles.
ABDOMEN: Bowel sounds are present and normoactive. Abdomen is soft and non-tender, no organomegaly noted.
RECTAL / GU:
EXT. / OSTEO: Joint exam reveals no tenderness, swelling, or restricted ROM. Muscle strength within normal limits 5+/5+
NEURO / PSYCH: The patient's general behavior reveals level of consciousness oriented to person, place, and time.
SKIN: Skin is warm, dry, with good turgor. Normal color and pigmentation. Abdominal scar in RUQ from surgery.
DIAGNOSTIC DATA (LABS, X-RAYS, ETC.):
3.6 / 17.2 / 51 / 160; 138 | 105 | 14 / 4.7 | 29.4 | 1.0 / 103; HbA1C: 5.6
CT head w/o contrast: No acute intracranial abnormality, thus evidence of pachysinusitis
DIAGNOSIS: Intractable headache, rule out mass, possibly aneurysm. Possible migraine exacerbation versus sinusitis. History of migraines, GERD, sinusitis, allergic rhinitis, and asthma.
PLAN: Admit to telemetry on 2 south, consult neurology, MRI w/ contrast of brain, MRA, pain control, restart home meds
CODE STATUS DETERMINED / VERIFIED ☒YES ☐NO
☒FULL ☐DNR ☐MODIFIED
NEXT OF KIN NOTIFIED ☒YES ☐NO
NAME / PHONE # Irma Kawaguchi (909) 374-7216
H & P DICTATION #: 126825 2
SIGNATURES: [signatures] Melchione OMS III / [signature] / Dr. Lally, D.O.

## ATTENDING NOTE:

Patient was seen and evaluated at the time of service. The Patient's case was discussed and reviewed with the housestaff at time of the visit.
Given a history of Headache, the exam and assessment shows [illegible]
(STATE FINDINGS OF SIGNIFICANCE)
I agree / revise Plan of Care as follows
Attending Signature: [signature] Date & Time: 12/23/14 1400

PATIENT I.D.
CHINO VALLEY MEDICAL CENTER
HANNA, ADEL S 9990
ATT DR. Lally, James M.
03/29/46 M 68 M000273781
V00000603802 ADM 12/23/14

**TEACHING SERVICE ADMISSION NOTE**

130-005

PHSI-130-005 (5/07)

ALL ENTRIES MUST BE DATED, TIMED AND SIGNED

| DATE | TIME | NOTES |
|---|---|---|
| 12/23/14 | 1315 | DIIR1 PN / Problem list |
| | | Pt. seen, evaluated, discussed under supervision of Dr. Lally p.o. |
| | | pt. admitted for Intractable Headache |
| | | BP 174/105 T97.8 P60 R18 Ht 68" wt 172 lbs BMI 26 |
| | | 138 / 105 / 14 / 103 GFR 60 |
| | | 4.7 / 29.4 / 1.0 CKD 2 |
| | | pt. skin warm/dry c̄ good turgor mucus membrane moist |
| | | EKG (P) |
| | | Echo (P) |
| | | Problem list |
| | | Intractable Headache r/o mass, vasculitis, aneurysm |
| | | (s) Migraine vs Sinusitis |
| | | History of migraines |
| | | GERD |
| | | Sinusitis |
| | | Asthma |
| | | [signature] / [signature] |
| | | [illegible] / Dr. Gonzales p.o. |
| | | |
| | | |
| 12/24/14 | 0830 | Intractable HA |
| | | Hx of Migraines |
| | | Accel HTN improved |
| | | CT ∅ MRI neg except for small vessel Δ's |
| | | [signature] |
| | | |

Chino Valley Medical Center
5451 Walnut Ave Chino CA 91710

3 PN

PATIENT I.D.
HANNA, ADEL S
ATTDG DR. Lally, James
03/29/1946 68Y M M000273781
V00000603802 IN 12/23/2014

12/23/2014 12:13:54

# PROGRESS NOTES

PHSI-100-002 (08/13)

**ALL ENTRIES MUST BE DATED, TIMED AND SIGNED**

| DATE | TIME | NOTES |
|---|---|---|
| 12/24 | 8:30 | Neuro Consult |
| | | (1) Suspect chronic sinusitis as cause of |
| | | current HA; possible muscle contraction HA |
| | | but pattern denies precipitant. |
| | | (2) Essential HTN |
| | | (3) H/o migraine |
| | | (4) GERD |
| | | |
| | | Rec |
| | | (1) Treat for chronic sinus |
| | | (2) Observe for future BP elevation |
| | | (3) Reassess c̄ future direction of HA |
| | | |
| | | |
| | | [signature] |
| 12/24/14 | 1100 | DOR1 MUSEC note |
| | | Pt seen, evaluated, discussed under supervision of Dr. Gonzalez MD |
| | | Pt admitted for intractable headache |
| | | M: headache, pressure |
| | | U: Migraine, Asthma, GERD, Age, [illegible] |
| | | S: moderate |
| | | I: Age, [illegible] |
| | | C: Sepsis, organ failure, MI, stroke, death |
| | | Due to pt comorbidities pt may return to hospital earlier than |
| | | expected. |
| | | Point of Contact: [illegible] Kawasaki: 909 374 7276 |
| | | F/u: pt does not wish to see a primary and refuses |
| | | follow up appt. He has scheduled an ENT follow up on 12/24/14 |
| | | |
| | | [signature] |
| | | [illegible] / Dr. Gonzalez MD [signature] |
| | | Pt stable for D/C |
| 12/24/14 | 1200 | |
| | | |

Chino Valley Medical Center
5451 Walnut Ave Chino CA 91710

PATIENT I.D.
HANNA, ADEL S
ATTDG DR. Lally, James
03/29/1946 68Y M M000273781
V00000603802 IN 12/23/2014

12/23/2014 12:1

**PROGRESS NOTES**
PHSI-100-002 (08/13)

Chino Valley Medical Center

# Inpatient Stability Assessment

Daily Documentation Indicating Reason for Continued Inpatient Level of Care

This inpatient continues to be **unstable for discharge/transfer** due to one or more of the following criteria, and therefore requires continued hospitalization for further stabilization care:

- ☐ Intensive vital sign monitoring required.
- ☑ Telemetry monitoring is required.
- ☐ Low, high, and/or fluctuating blood pressure.
- ☐ Requires medication for stabilization of vital signs.
- ☐ May require CPR or a bedside activity to intervene in anticipation of a possible rapid decline in the patient's condition.
- ☐ Needs higher than EMT Level I transport.
- ☐ Other / Additional: ______

Physician Signature: ______

Date: 12/24/14 Time: 0800

INPATIENT STABILITY ASSESSMENT

To Record
Daily Documentation Indicating Reason for Continued Inpatient Level of Care

Patient Identification:

CHINO VALLEY MEDICAL CENTER
HANNA, ADEL S 9990
ATT DR. Lally, James M.
03/29/46 M 68 M000273781
V00000603802 ADM 12/23/14

CVMC/HIM/s

**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

----ORDER---- Date Time | PROCEDURE | ORDERING PHYSICIAN | ORDER #
---SERVICE--- Date Time | | | ORDER STATUS / ORDER SOURCE

12/23/14 1027 CT-HEAD W/O IV CONTRAST Perez, Jorge 1223-0011
12/23/14 1046 HWO PERJO Stat CMP POE
POM

Mode of Transportation:
Reason for Exam:
Comment:
Electronically signed by Perez, Jorge on 12/23/14 at 1027
Amended by : interface 12/23/14 1100

12/23/14 1027 COMPREHENSIVE METABOLIC PANEL Perez, Jorge 1223-0348
12/23/14 1027 CMP PERJO Stat CMP POE
POM

Collected By Care Area: N
Comments to Phlebotomist:
Specimen Comment:
Electronically signed by Perez, Jorge on 12/23/14 at 1027
Amended by : interface 12/23/14 1027

12/23/14 1027 CBC Perez, Jorge 1223-0349
12/23/14 1027 CBC PERJO Stat CMP POE
POM

Collected By Care Area: N
Comments to Phlebotomist:
Specimen Comment:
Electronically signed by Perez, Jorge on 12/23/14 at 1027
Amended by : interface 12/23/14 1027

12/23/14 1027 MEDICATIONS Perez, Jorge 1223-0323
12/23/14 1027 MED PERJO CMP POE
POM

**RX:** 002877180 **Start:** 12/23/14 1027
**Stop:** 12/23/14 1028
Morphine SO4 4MG inj (Morphine SO4 4MG inj) 4 MG/ SYRINGE
**Dose:** 4 MG
**Route:** IM **Direction:** ONCE **Schedule:** ONE
Electronically signed by Perez, Jorge on 12/23/14 at 1027
Amended by : SCHEDULER 12/23/14 1028
Acknowledged by: EDBMO 12/23/14 1049

**PERMANENT MEDICAL RECORD COPY**

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**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

| ----ORDER---- Date Time<br>---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | ORDER #<br>ORDER STATUS<br>ORDER SOURCE |
|---|---|---|---|

12/23/14 1027 MEDICATIONS Perez, Jorge 1223-0324
12/23/14 1027 MED PERJO CMP POE
POM

**RX:** 002877181 **Start:** 12/23/14 1027
**Stop:** 12/23/14 1028
Prochlorperazine (Compazine 5MG/ML inj.) 5 MG/ VIAL
**Dose:** 5 MG
**Route:** IM **Direction:** ONCE **Schedule:** ONE
Electronically signed by Perez, Jorge on 12/23/14 at 1027
Amended by : SCHEDULER 12/23/14 1028
Acknowledged by: EDBMO 12/23/14 1052

12/23/14 1137 INTRAVENOUS Perez, Jorge 1223-0373
12/23/14 1137 IV PERJO CMP POE
POM

**RX:** 002877281 **Start:** 12/23/14 1137 **Schedule:** ONE
**Route:** IV **Stop:** 12/23/14 2136
NS 0.9% 1000ML **Volume:** 1,000 ML
Premixed at 1,000 ML (1,000 ML)
**Rate:** 100 ML/HR **Direction:** ONCE
**Bag Duration:** 10 HR
**Rx Duration:** 9.98 Hrs
Electronically signed by Perez, Jorge on 12/23/14 at 1137
Acknowledged by: EDBMO 12/23/14 1237
Acknowledged by: EDBMO 12/23/14 1238
Amended by : SCHEDULER 12/23/14 2136

12/23/14 1137 IVPB Perez, Jorge 1223-0374
12/23/14 1137 IVPB PERJO CMP POE
POM

**RX:** 002877282 **Start:** 12/23/14 1137 **Schedule:** ONE
**Route:** IV **Stop:** 12/23/14 1206
Sodium Chloride 0.9% 100 ML **Volume:** 100 ML
Ampicillin Sod/Sulbactam Sod **Dose:** 3 GM
**Rate:** 200 ML/HR **Direction:** ONCE
**Bag Duration:** 30 MIN
**Rx Duration:** 0.48 Hrs
Electronically signed by Perez, Jorge on 12/23/14 at 1137
Amended by : SCHEDULER 12/23/14 1206
Acknowledged by: EDBMO 12/23/14 1238

**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

| ----ORDER---- Date Time<br>---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | | ORDER #<br>ORDER STATUS<br>ORDER SOURCE |
|---|---|---|---|---|
| 12/23/14 1138<br>12/23/14 1138 | MEDICATIONS<br>MED | Perez, Jorge<br>PERJO | | 1223-0377<br>CMP POE<br>POM |

**RX:** 002877283 **Start:** 12/23/14 1138
**Stop:** 12/23/14 1139

Fentanyl Citrate 100mcg (Sublimaze 100mcg/2ml inj.) 100 MCG/2 ML AMPULE
**Dose:** 25 MCG
**Route:** IV **Direction:** ONCE **Schedule:** ONE
Electronically signed by Perez, Jorge on 12/23/14 at 1138
Amended by : SCHEDULER 12/23/14 1139
Acknowledged by: EDBMO 12/23/14 1235

| | | | | |
|---|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | MRSA CULTURE<br>MRSAC | Lally, James M.<br>LALJA | | 1223-0016<br>CMP POE<br>NURPRO |

Specimen Description: BIL BILATERAL
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1153

| | | | | |
|---|---|---|---|---|
| 12/23/14 1153<br>12/24/14 0500 | BASIC METABOLIC PROFILE<br>BMP | Lally, James M.<br>LALJA | Urgent | 1224-0073<br>CMP POE<br>POM |

Collected By Care Area: N
Comments to Phlebotomist: AM LABS
Specimen Comment: POSS ELECTROLYTE IMBALANCE
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0437
Amended by : interface 12/23/14 1154

| | | | | |
|---|---|---|---|---|
| 12/23/14 1153<br>12/24/14 0500 | CBC<br>CBC | Lally, James M.<br>LALJA | Urgent | 1224-0074<br>CMP POE<br>POM |

Collected By Care Area: N
Comments to Phlebotomist: AM LABS
Specimen Comment: POSS ANEMIA
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0437
Amended by : interface 12/23/14 1154

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**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

| ----ORDER---- Date Time<br>---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | ORDER #<br>ORDER STATUS<br>ORDER SOURCE |
|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1500 | INTRAVENOUS<br>IV | Lally, James M.<br>LALJA | 1223-0407<br>CMP POE<br>POM |

**RX:** 002877309 **Start:** 12/23/14 1500 **Schedule:** SCH
**Route:** IV **Stop:** 01/22/15 1459
NS 0.9% 1000ML **Volume:** 1,000 ML
Premixed at 1,000 ML (1,000 ML)
**Rate:** 60 ML/HR **Direction:** Q16H
**Bag Duration:** 16 HR 40 MIN
**Rx Duration:** 30 Days
**Special Instructions:** IVF HYDRATION
**DC Comments:** DOSE CHANGED
Electronically signed by Dalrymple,William on 12/23/14 at 1510
Electronically signed by Lally, James M. on 12/24/14 at 0441

Amended by : RXWMC 12/23/14 1209
Acknowledged by: NURLJ1 12/23/14 1323
Amended by : DRDALWIDO 12/23/14 1510
Acknowledged by: NURLJ1 12/23/14 1548

| | | | |
|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | Vital Signs<br>VS | Lally, James M.<br>LALJA | 1223-0048<br>IPR POE<br>POM |

Comment:
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441

| | | | |
|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | Diagnosis-<br>DIAGNOSIS | Lally, James M.<br>LALJA | 1223-0018<br>TRN POE<br>POM |

Admitting Diagnosis: HEADACHE
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441

| | | | |
|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | Condition<br>CONDITION | Lally, James M.<br>LALJA | 1223-0019<br>TRN POE<br>POM |

Condition: Guarded
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441

**PERMANENT MEDICAL RECORD COPY**

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**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

----ORDER---- Date Time | PROCEDURE | ORDERING PHYSICIAN | ORDER #
---SERVICE--- Date Time | | | ORDER STATUS / ORDER SOURCE

12/23/14 1153 Bilateral Lower Extremity SCD Lally, James M. 1223-0049
12/23/14 1153 DVTSCD LALJA IPR POE
POM

Comment: Thrombotic Prevention
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441

12/23/14 1153 MEDICATIONS Lally, James M. 1223-0408
12/23/14 1153 MED LALJA CMP POE
POM

**RX:** 002877308 **Start:** 12/23/14 1153
**Stop:** 01/22/15 1152

Ondansetron Hcl 4MG inj. (Zofran 4MG inj.) 4 MG/2 ML VIAL
**Dose:** 4 MG
**Route:** IV **Direction:** Q4HP **Schedule:** PRN
**PRN Reason:** NAUSEA/VOMITING
**Special Instructions:** PRN N/V
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : RXWMC 12/23/14 1209
Amended by : DISCHARGE 12/24/14 1216

12/23/14 1153 MEDICATIONS Lally, James M. 1223-0409
12/23/14 1153 MED LALJA CMP POE
POM

**RX:** 002877307 **Start:** 12/23/14 1153
**Stop:** 12/26/14 1152

Acetaminophen/Hydrocodone Bi (Norco 7.5/325 tab) 1 TAB TABLET
**Dose:** 1 TAB
**Route:** PO **Direction:** Q4HP **Schedule:** PRN
**PRN Reason:** MODERATE - SEVERE PAIN
**Special Instructions:** PRN MODERATE TO SEVERE PAIN
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : DISCHARGE 12/24/14 1216

**PERMANENT MEDICAL RECORD COPY**

<Continued>

**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

| ----ORDER---- Date Time<br>---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | | ORDER #<br>ORDER STATUS<br>ORDER SOURCE |
|---|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | MEDICATIONS<br>MED | Lally, James M.<br>LALJA | | 1223-0412<br>CMP POE<br>POM |

**RX:** 002877306 **Start:** 12/23/14 1153
**Stop:** 01/22/15 1152

Acetaminophen (Tylenol) 325 MG TABLET
**Dose:** 650 MG
**Route:** PO **Direction:** Q6HP **Schedule:** PRN
**PRN Reason:** TEMP > 100.4/ HEADACHE
**Special Instructions:** PRN HEADACHE OR TEMP > 100.4
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : RXWMC 12/23/14 1208
Acknowledged by: NURDE1 12/24/14 0958
Amended by : DISCHARGE 12/24/14 1216

| | | | | |
|---|---|---|---|---|
| 12/23/14 1153<br>12/24/14 0500 | LIPID PROFILE<br>LIPID | Lally, James M.<br>LALJA | Urgent | 1224-0075<br>CMP POE<br>POM |

Collected By Care Area: N
Comments to Phlebotomist: AM LABS
Specimen Comment: POSS DYSLIPIDEMIA
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0437
Amended by : interface 12/23/14 1154

**PERMANENT MEDICAL RECORD COPY**

<Continued>

**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

----ORDER---- Date Time | PROCEDURE | ORDERING PHYSICIAN | ORDER #
---SERVICE--- Date Time | | | ORDER STATUS / ORDER SOURCE

12/23/14 1153 NOTHING BY MOUTH EXCEPT MEDS Lally, James M. 1224-0008
12/24/14 L NPOEXM LALJA CNC POE
Cancel Date/Time 12/23/14 1321 Cancelled by Dalrymple,William
POM

NPO Reason: PENDING EVALUATION
Consistent Carb:
General:
Renal:
Texture:
Cardiac:
Comment:

Electronically signed by Dalrymple,William on 12/23/14 at 1321
Electronically signed by Gonzales,David J. on 12/23/14 at 1356
Electronically signed by Lally, James M. on 12/24/14 at 0437
Acknowledged by: NURLJ1 12/23/14 1323

12/23/14 1153 MEDICATIONS Lally, James M. 1223-0413
12/23/14 1153 MED LALJA CMP POE
POM

**RX:** 002877305 **Start:** 12/23/14 1153
**Stop:** 12/26/14 1152

Morphine SO4 2MG inj (Morphine SO4 2MG inj) 2 MG/ SYRINGE
**Dose:** 2 MG
**Route:** IV **Direction:** Q3HP **Schedule:** PRN
**PRN Reason:** SEVERE PAIN
**Special Instructions:** PRN SEVERE PAIN
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : DISCHARGE 12/24/14 1216

**PERMANENT MEDICAL RECORD COPY**

<Continued>

**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

| ----ORDER---- Date Time<br>---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | | ORDER #<br>ORDER STATUS<br>ORDER SOURCE |
|---|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | MAGNESIUM<br>MG | Lally, James M.<br>LALJA | Urgent | 1223-0401<br>CMP POE<br>POM |

Collected By Care Area: N
Comments to Phlebotomist: ADD TO ER BLOOD IF NOT YET DONE
Specimen Comment: POSS HYPOMAGNESEMIA
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1154

| ----ORDER---- Date Time<br>---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | | ORDER #<br>ORDER STATUS<br>ORDER SOURCE |
|---|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | PHOSPHOROUS<br>PHOS | Lally, James M.<br>LALJA | Urgent | 1223-0402<br>CMP POE<br>POM |

Collected By Care Area: N
Comments to Phlebotomist: ADD TO ER BLOOD IF NOT YET DONE
Specimen Comment: POSS HYPOPHOSPHATEMIA
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1154

| ----ORDER---- Date Time<br>---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | | ORDER #<br>ORDER STATUS<br>ORDER SOURCE |
|---|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | GLYCOSYLATED HEMOGLOBIN (A1C)<br>A1C | Lally, James M.<br>LALJA | Urgent | 1223-0403<br>CMP POE<br>POM |

Collected By Care Area: N
Comments to Phlebotomist: ADD TO ER BLOOD IF NOT YET DONE
Specimen Comment: POSS DMOOC
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1154

**PERMANENT MEDICAL RECORD COPY**

<Continued>

**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

| ----ORDER---- Date Time<br>---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | | ORDER #<br>ORDER STATUS<br>ORDER SOURCE |
|---|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | BRAIN NATRIURETIC PEPTIDE<br>BNP | Lally, James M.<br>LALJA | Urgent | 1223-0404<br>CMP POE<br>POM |

Collected By Care Area: N
Comments to Phlebotomist: ADD TO ER BLOOD IF NOT YET DONE
Specimen Comment: POSS ACSDHF
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1154

| | | | | |
|---|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | THYROID PANEL<br>THYPAN | Lally, James M.<br>LALJA | Urgent | 1223-0405<br>CMP POE<br>POM |

Collected By Care Area: N
Comments to Phlebotomist: ADD TO ER BLOOD IF NOT YET DONE
Specimen Comment: POSS HYPOTHYROIDISM
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1154

| | | | | |
|---|---|---|---|---|
| 12/23/14 1153<br>12/23/14 1153 | PROTHROMBIN TIME<br>PT | Lally, James M.<br>LALJA | Urgent | 1223-0406<br>CMP POE<br>POM |

Collected By Care Area: N
Comments to Phlebotomist: ADD TO ER BLOOD IF NOT YET DONE
Specimen Comment: POSS COAGULOPATHY
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1154

**PERMANENT MEDICAL RECORD COPY**

<Continued>

**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

----ORDER---- Date Time | PROCEDURE | ORDERING PHYSICIAN | ORDER #
---SERVICE--- Date Time | | | ORDER STATUS / ORDER SOURCE

12/23/14 1153 PARTIAL THROMBOPLASTIN TIME Lally, James M. 1223-0407
12/23/14 1153 PTT LALJA Urgent CMP POE
POM

Collected By Care Area: N
Comments to Phlebotomist: ADD TO ER BLOOD IF NOT YET DONE
Specimen Comment: POSS COAGULOPATHY
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1154

12/23/14 1153 AMYLASE Lally, James M. 1223-0408
12/23/14 1153 AMY LALJA Urgent CMP POE
POM

Collected By Care Area: N
Comments to Phlebotomist: ADD TO ER BLOOD IF NOT YET DONE
Specimen Comment: POSS PANCREATITIS
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1154

12/23/14 1153 LIPASE Lally, James M. 1223-0409
12/23/14 1153 LIP LALJA Urgent CMP POE
POM

Collected By Care Area: N
Comments to Phlebotomist: ADD TO ER BLOOD IF NOT YET DONE
Specimen Comment: POSS PANCREATITIS
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1154

12/23/14 1153 SPECIMEN TO OBTAIN Lally, James M. 1223-0017
12/23/14 1153 STO LALJA Urgent TRN POE
POM

Specimen to Obtain: URINE OTHER-SEE COMMENT
Comment: URINE FOR UA WITH C&S (POSS UTI) IF NOT YET DONE
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441

**PERMANENT MEDICAL RECORD COPY**

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**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

----ORDER---- Date Time | PROCEDURE | ORDERING PHYSICIAN | ORDER #
---SERVICE--- Date Time | | | ORDER STATUS / ORDER SOURCE

12/23/14 1153 RESUSCITATION CODE STATUS Lally, James M. 1223-0010
12/23/14 1153 RSCODE LALJA TRN POE
POM

Resuscitation Status: FULL CODE
** Modified Code ** Chest Compressions: Intubation/Reintubation:
Defibrillation: ACLS Drugs/Vasopressors: BiPAP (Non Invasive PPV):
Cardioversion: ** IF Patient is DNR, Fill out the DNR Order Set **
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441

12/23/14 1153 Admit Orders Lally, James M. 1223-0009
12/23/14 1153 ADMSTATUS LALJA TRN POE
POM

Admitting Diagnosis: HEADACHE
Comment:
Admit to Inpatient (Expected to stay 2 mid-nights or more): Inpatient Status
Level of Care: Telemetry
Admit to Inpatient Status for Inpatient Surgery: No
Place in Outpatient Status for Observation Services Only: No
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0441

12/23/14 1153 MEDICATIONS Lally, James M. 1224-0015
12/24/14 0630 MED LALJA CMP POE
POM

**RX:** 002877332 **Start:** 12/24/14 0630
**Stop:** 01/23/15 0629

Omeprazole 20MG cap (Prilosec 20MG cap) 20 MG CAPSULE CONTROLLED-RELEASE
**Dose:** 20 MG
**Route:** PO **Direction:** ACBK **Schedule:** SCH
**Special Instructions:** GERD
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0437

Amended by : RXWMC 12/23/14 1231
Acknowledged by: NURLJ1 12/23/14 1323
Acknowledged by: NURCL1 12/24/14 0652
Amended by : DISCHARGE 12/24/14 1216

**PERMANENT MEDICAL RECORD COPY**

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**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

| ----ORDER---- Date Time / ---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | ORDER # / ORDER STATUS / ORDER SOURCE |
|---|---|---|---|
| 12/23/14 1153<br>12/24/14 0900 | MEDICATIONS<br>MED | Lally, James M.<br>LALJA | 1224-0016<br>CMP POE<br>POM |

**RX:** 002877333 **Start:** 12/24/14 0900
**Stop:** 01/23/15 0859

Docusate Sodium (Colace 100MG cap) 100 MG CAPSULE
**Dose:** 100 MG
**Route:** PO **Direction:** DAILY **Schedule:** SCH
**Special Instructions:** CONSTIPATION
Electronically signed by Dalrymple,William on 12/23/14 at 1153
Electronically signed by Lally, James M. on 12/24/14 at 0437

Amended by : RXWMC 12/23/14 1231
Acknowledged by: NURLJ1 12/23/14 1323
Acknowledged by: NURDE1 12/24/14 0816
Amended by : DISCHARGE 12/24/14 1216

| | | | |
|---|---|---|---|
| 12/23/14 1232<br>12/23/14 1232 | MRSA CULTURE<br>MRSAC | Lally, James M.<br>LALJA | 1223-0018<br>CNC POE<br><br>NURPRO |

Cancel Date/Time 12/23/14 1822 Cancelled by Stitzinger,Kyle

Specimen Description: BIL BILATERAL
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : interface 12/23/14 1233

**PERMANENT MEDICAL RECORD COPY**

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**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

----ORDER---- Date Time PROCEDURE ORDERING PHYSICIAN ORDER #
---SERVICE--- Date Time ORDER STATUS ORDER SOURCE

12/23/14 1322 REGULAR DIET Gonzales,David J. 1223-0050
12/23/14 L REG GONDA TRN POE
POM

Consistent Carb:
General:
Renal:
Texture:
Cardiac:
Comment:

Electronically signed by Dalrymple,William on 12/23/14 at 1322
Electronically signed by Gonzales,David J. on 12/23/14 at 1356
Acknowledged by: NURLJ1 12/23/14 1323

12/23/14 1406 MEDICATIONS Lally, James M. 1223-0483
12/23/14 1405 MED LALJA CMP POE
POM

**RX:** 002877399 **Start:** 12/23/14 1405
**Stop:** 01/22/15 1404

Acetaminophen/Caffeine/Butalb (Fioricet/ Esgic tab.) 1 TAB TABLET
**Dose:** 1 TAB
**Route:** PO **Direction:** Q4HP **Schedule:** PRN
**PRN Reason:** HEADACHE
**Special Instructions:** headache
Electronically signed by Dalrymple,William on 12/23/14 at 1406
Electronically signed by Lally, James M. on 12/24/14 at 0441
Amended by : RXWMC 12/23/14 1407
Acknowledged by: NURLJ1 12/23/14 1413
Amended by : DISCHARGE 12/24/14 1216

12/23/14 1414 MRI BRAIN W/WO CONTRAST Lally, James M. 1223-0001
12/23/14 1735 BRAINWWO LALJA CMP POE
POM

Mode of Transportation: WHEELCHAIR Administrative Approval: Y
Any Metallic Foreign Bodies, SX Hardware, Pacemaker? NONE
Reason for Exam: INCREASING HEADACHE FREQUENCY AND SEVERITY
Electronically signed by Dalrymple,William on 12/23/14 at 1414
Electronically signed by Lally, James M. on 12/24/14 at 0441
Acknowledged by: NURLJ1 12/23/14 1437
Amended by : interface 12/23/14 1929

**PERMANENT MEDICAL RECORD COPY**

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**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

| ----ORDER---- Date Time / ---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | ORDER # / ORDER STATUS / ORDER SOURCE |
|---|---|---|---|
| 12/23/14 1414<br>12/23/14 1735 | MRI ANGIO BRAIN<br>MRABRAIN | Lally, James M.<br>LALJA | 1223-0002<br>CMP POE<br>POM |

Mode of Transportation: WHEELCHAIR Administrative Approval: Y
Any Metallic Foreign Bodies, SX Hardware, Pacemaker? NONE
Reason for Exam: INCREASING HEADACHE FREQUENCY AND SEVERITY
Electronically signed by Dalrymple,William on 12/23/14 at 1414
Electronically signed by Lally, James M. on 12/24/14 at 0441
Acknowledged by: NURLJ1 12/23/14 1437
Amended by : interface 12/23/14 1935

| | | | |
|---|---|---|---|
| 12/23/14 1504<br>12/23/14 | PHYSICIANS CONSULT<br>PHY | Lally, James M.<br>LALJA | 1223-0028<br>TRN POE<br>POM |

Reason for consult: Intractable headache
Level of Participation:- a. Consult Only: N b. Assume Management of the Patient: N
c. Consult & may participate in the care and management: Y
Consulting Physician: RIEJE Ries, Jeffrey D.
Specialty: NEUROLOGY
Phone: (909)579-0779
*****Consulting Physicians MUST Be Notified Personally By The Requesting Physician*****
Electronically signed by Dalrymple,William on 12/23/14 at 1504
Electronically signed by Lally, James M. on 12/24/14 at 0441
Acknowledged by: NURLJ1 12/23/14 1548

| | | | |
|---|---|---|---|
| 12/23/14 1511<br>12/23/14 1510 | IV: Saline Lock & Flush<br>SALLOCKF | Lally, James M.<br>LALJA | 1223-0061<br>IPR POE<br>POM |

Comment:
Electronically signed by Dalrymple,William on 12/23/14 at 1511
Electronically signed by Lally, James M. on 12/24/14 at 0441
Acknowledged by: NURLJ1 12/23/14 1548

**PERMANENT MEDICAL RECORD COPY**

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**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

----ORDER---- Date Time | PROCEDURE | ORDERING PHYSICIAN | ORDER #
---SERVICE--- Date Time | | | ORDER STATUS / ORDER SOURCE

12/23/14 1511 MEDICATIONS Lally, James M. 1224-0037
12/24/14 0900 MED LALJA CMP POE
POM

**RX:** 002877455 **Start:** 12/24/14 0900
**Stop:** 01/23/15 0859

Atenolol 50MG tab (Tenormin 50MG tab) 50 MG TABLET
**Dose:** 50 MG
**Route:** PO **Direction:** DAILY **Schedule:** SCH
Electronically signed by Dalrymple,William on 12/23/14 at 1511
Electronically signed by Lally, James M. on 12/24/14 at 0437

Acknowledged by: NURLJ1 12/23/14 1548
Acknowledged by: NURDE1 12/24/14 0817
Amended by : DISCHARGE 12/24/14 1216

12/23/14 1511 MEDICATIONS Lally, James M. 1224-0038
12/24/14 0900 MED LALJA CMP POE
POM

**RX:** 002877456 **Start:** 12/24/14 0900
**Stop:** 01/23/15 0859

Aspirin chew tab 81mg (Aspirin chew tab 81mg) 81 MG TABLET CHEWABLE
**Dose:** 81 MG
**Route:** PO **Direction:** DAILY **Schedule:** SCH
Electronically signed by Dalrymple,William on 12/23/14 at 1511
Electronically signed by Lally, James M. on 12/24/14 at 0437

Amended by : RXLWH 12/23/14 1521
Acknowledged by: NURLJ1 12/23/14 1548
Acknowledged by: NURDE1 12/24/14 0816
Amended by : DISCHARGE 12/24/14 1216

**PROVIDER ORDER SUMMARY**
Chino Valley Medical Center

PATIENT STATUS: DIS IN ADM/SERVICE DATE: 12/23/14 MR#: **M000273781**
LOCATION: DU DISCHARGE DATE: 12/24/14
PATIENT NAME: HANNA,ADEL S ACCT#: V00000603802

| ----ORDER---- Date Time / ---SERVICE--- Date Time | PROCEDURE | ORDERING PHYSICIAN | | ORDER # / ORDER STATUS / ORDER SOURCE |
|---|---|---|---|---|
| 12/23/14 1737<br>12/23/14 1737 | ELECTROCARDIOGRAM<br>EKG | Gonzales,David J.<br>GONDA | | 1223-0034<br>TRN POE<br>POM |

****** PAGE CARDIOPULMONARY TECH FOR ALL STAT ORDERS ******
Doctor To Read:
Comment:
Electronically signed by Dalrymple,William on 12/23/14 at 1737
Electronically signed by Gonzales,David J. on 12/24/14 at 0410
Acknowledged by: NURLJ1 12/23/14 1740

| | | | | |
|---|---|---|---|---|
| 12/24/14 1020<br>12/24/14 1030 | Discharge Order/Disposition<br>DCDIS | Gonzales,David J.<br>GONDA | | 1224-0008<br>TRN POE<br>POM |

Date: 12/24/14 Time: 1030
Discharge Diagnosis: SINUSITIS
Discharge Disposition: HOM ROUTINE HOME/SELF CARE
D/C IV: Y D/C Central Line: Y
D/C Urinary Catheter: Y D/C JP Drain: Y
Electronically signed by Dalrymple,William on 12/24/14 at 1020
Electronically signed by Gonzales,David J. on 12/26/14 at 0811
Acknowledged by: NURDE1 12/24/14 1029

| | | | | |
|---|---|---|---|---|
| 12/24/14 1103<br>12/24/14 | REQUEST CD IMAGES<br>RADIMAGE | Gonzales,David J.<br>GONDA | Urgent | 1224-0002<br>TRN POE<br>POM |

Comment: Pt would like CT and MRI images for ENT follow up
Request For Patient RAD Images on CD or Film
CD Requested: Y Film Requested: Y Date Needed: 12/24/14
Reason Needed: ENT follow up
Requested By: Dalrymple,William
Electronically signed by Dalrymple,William on 12/24/14 at 1103
Electronically signed by Gonzales,David J. on 12/26/14 at 0811
Acknowledged by: NURDE1 12/24/14 1119

**PERMANENT MEDICAL RECORD COPY**

CHINO VALLEY MEDICAL CENTER
5451 WALNUT AVE. CHINO, CALIFORNIA 91710 (909) 464-8600
Lynne Lin-Chang, M.D., Medical Director

Summary Report By Patient

| | | | |
|---|---|---|---|
| PATIENT: HANNA,ADEL S | ACCT #: V00000603802 | LOC: DU | U #: M000273781 |
| | AGE/SX: 68/M | ROOM: 228T | REG: 12/23/14 |
| REG DR: Lally, James M. | DOB: 03/29/46 | BED: B | DIS: 12/24/14 |
| | STATUS: DIS IN | TLOC: | |

**** HEMATOLOGY ****

| Day | 2 | 1 | | | | Reference Units |
|---|---|---|---|---|---|---|
| Date | 12/24/14 | 12/23/14 | | | | |
| Time | 0525 | 1035 | | | | |
| WBC | 4.0 L | 3.6 L | | | | (4.5-11.0) K/mm3 |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| RBC | 5.90 | 6.16 H | | | | (4.52-5.90 M/mm3 |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| HGB | 16.6 | 17.2 | | | | (13.0-18.0 g/dL |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| HCT | 51 | 53 H | | | | (42-52) % |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| MCV | 87 | 86 | | | | (80-99) fl |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| MCH | 28 | 28 | | | | (27-31) pg |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| MCHC | 33 | 32 | | | | (32-37) pg |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| RDW | 15.1 H | 14.7 H | | | | (11.5-14.5 % |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| PLT | 136 | 160 | | | | (130-400) x10^3m |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| MPV | 9.7 | 9.6 | | | | (7.4-10.4) fl |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| NEUT % | 47.8 | 45.9 | | | | (40-70) % |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| LYMPH % | 36.5 | 38.1 | | | | (25-45) % |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |
| MONO % | 7.8 | 8.1 | | | | (2.5-10.0) % |
| | 12/24/14 | 12/23/14 | | | | Verified Date |
| | 0551 | 1044 | | | | Time |

** CONTINUED ON NEXT PAGE **

CHINO VALLEY MEDICAL CENTER
5451 WALNUT AVE. CHINO, CALIFORNIA 91710 (909) 464-8600
Lynne Lin-Chang, M.D., Medical Director

Summary Report By Patient

Name: HANNA,ADEL S Age/Sex: 68/M Attend Dr: Lally, James M.
Acct#: V00000603802 Unit#: M000273781 Status: DIS IN Location: DU 228T-B
Reg: 12/23/14 Disch: 12/24/14

HEMATOLOGY ....(Continued)

| Day | 2 | 1 | | | | Reference Units |
|---|---|---|---|---|---|---|
| Date | 12/24/14 | 12/23/14 | | | | |
| Time | 0525 | 1035 | | | | |
| EOS % | 7.5<br>12/24/14<br>0551 | 6.8<br>12/23/14<br>1044 | | | | (0.0-11.0) %<br>Verified Date<br>Time |
| BASO % | 0.4<br>12/24/14<br>0551 | 1.1<br>12/23/14<br>1044 | | | | (0-2) %<br>Verified Date<br>Time |
| NE# | 1.9<br>12/24/14<br>0551 | 1.6 L<br>12/23/14<br>1044 | | | | (1.8-7.7) 10^3/u<br>Verified Date<br>Time |
| LY # | 1.5<br>12/24/14<br>0551 | 1.4<br>12/23/14<br>1044 | | | | (1.0-4.8) 10^3/u<br>Verified Date<br>Time |
| MO # | 0.3<br>12/24/14<br>0551 | 0.3<br>12/23/14<br>1044 | | | | (0-0.8) 10^3/u<br>Verified Date<br>Time |
| EO# | 0.3<br>12/24/14<br>0551 | 0.2<br>12/23/14<br>1044 | | | | (0-0.5) 10^3/u<br>Verified Date<br>Time |
| BA# | 0.0<br>12/24/14<br>0551 | 0.0<br>12/23/14<br>1044 | | | | (0-0.2) 10^3/u<br>Verified Date<br>Time |
| MANUAL DIFF REQ | NO<br>12/24/14<br>0551 | NO<br>12/23/14<br>1044 | | | | Verified Date<br>Time |
| MORPH REQUIRED | NO<br>12/24/14<br>0551 | NO<br>12/23/14<br>1044 | | | | Verified Date<br>Time |

**** COAGULATION ****

| Day | 1 | | | | | Reference Units |
|---|---|---|---|---|---|---|
| Date | 12/23/14 | | | | | |
| Time | 1035 | | | | | |
| PROTIME | 10.9<br>12/23/14<br>1248 | | | | | (9.1-10.9) sec<br>Verified Date<br>Time |
| INR | 1.1<br>12/23/14<br>1248 | | | | | (0-3.0)<br>Verified Date<br>Time |

** CONTINUED ON NEXT PAGE **

CHINO VALLEY MEDICAL CENTER
5451 WALNUT AVE. CHINO, CALIFORNIA 91710 (909) 464-8600
Lynne Lin-Chang, M.D., Medical Director

Summary Report By Patient

Name: HANNA,ADEL S Age/Sex: 68/M Attend Dr: Lally, James M.
Acct#: V00000603802 Unit#: M000273781 Status: DIS IN Location: DU 228T-B
Reg: 12/23/14 Disch: 12/24/14

COAGULATION .....(Continued)

| Day | 1 | | | | | |
|---|---|---|---|---|---|---|
| Date | 12/23/14 | | | | | |
| Time | 1035 | | | | | Reference Units |
| PTT | 25.0 | | | | | (21.8-35.1 sec |
| | 12/23/14 | | | | | Verified Date |
| | 1248 | | | | | Time |

**** SENDOUT CHEMISTRY ****

| Day | 1 | | | | | |
|---|---|---|---|---|---|---|
| Date | 12/23/14 | | | | | |
| Time | 1035 | | | | | Reference Units |
| GLYCO HGB A1C | 5.6 | | | | | (4.5-6.2) %T Hgb |
| | 12/23/14 | | | | | Verified Date |
| | 1301 | | | | | Time |

** CONTINUED ON NEXT PAGE **

CHINO VALLEY MEDICAL CENTER
5451 WALNUT AVE. CHINO, CALIFORNIA 91710 (909) 464-8600
Lynne Lin-Chang, M.D., Medical Director

Summary Report By Patient

Name: HANNA,ADEL S Age/Sex: 68/M Attend Dr: Lally, James M.
Acct#: V00000603802 Unit#: M000273781 Status: DIS IN Location: DU 228T-B
Reg: 12/23/14 Disch: 12/24/14

**** CHEMISTRY ****

| Day | 2 | 1 | | | |
|---|---|---|---|---|---|
| Date | 12/24/14 | ------------12/23/14------------ | | | |
| Time | 0525 | 1035 | 1035 | 1035 | Reference Units |
| NA | 139 | | | 138 | (136-145) mmol/L |
| | 12/24/14 | | | 12/23/14 | Verified Date |
| | 0638 | | | 1100 | Time |
| K | 4.3 | | | 4.7 | (3.5-5.1) mmol/L |
| | 12/24/14 | | | 12/23/14 | Verified Date |
| | 0638 | | | 1100 | Time |
| CL | 103 | | | 105 | (98-107) mmol/L |
| | 12/24/14 | | | 12/23/14 | Verified Date |
| | 0638 | | | 1100 | Time |
| CO2 | 27.3 | | | 29.4 | (21-32) mmol/L |
| | 12/24/14 | | | 12/23/14 | Verified Date |
| | 0638 | | | 1100 | Time |
| GLUCOSE | 101 | | | 103 | (74-106) mg/dL |
| | 12/24/14 | | | 12/23/14 | Verified Date |
| | 0638 | | | 1100 | Time |
| BUN | 16.0 | | | 14.0 | (7.0-18.0) mg/dL |
| | 12/24/14 | | | 12/23/14 | Verified Date |
| | 0638 | | | 1100 | Time |
| CREAT | 1.2(a) | | | 1.0(a) | (0.6-1.3) mg/dL |
| | 12/24/14 | | | 12/23/14 | Verified Date |
| | 0638 | | | 1100 | Time |

NOTES: (a) GFR estimate is calculated using the Modification of Diet Renal Disease (MDRD) Equation. The National Kidney Disease Education Program notes that performance of the MDRD Equation has not been tested in children, adults below 18 years of age and over 70 years of age, pregnant women, some patients with extremes of body size, muscle mass or nutritional status. Application of the equation to these patient groups may lead to errors in GFR estimate.

** CONTINUED ON NEXT PAGE **

Summary Report By Patient

Name: HANNA,ADEL S Age/Sex: 68/M Attend Dr: Lally, James M.
Acct#: V00000603802 Unit#: M000273781 Status: DIS IN Location: DU 228T-B
Reg: 12/23/14 Disch: 12/24/14

CHEMISTRY .... (continued)

| Day | 2 | 1 | | | | | |
|---|---|---|---|---|---|---|---|
| Date | 12/24/14 | 12/23/14 | | | | | |
| Time | 0525 | 1035 | 1035 | 1035 | | Reference | Units |
| GFR NON AFR-AME | (b)<br>12/24/14<br>0638 | | | (d)<br>12/23/14<br>1100 | | | ml/min<br>Verified Date<br>Time |
| GFR AFRI-AMERI | (e)<br>12/24/14<br>0638 | | | (g)<br>12/23/14<br>1100 | | | ml/min<br>Verified Date<br>Time |

NOTES:
(b) > 60
See also (c)
(c) INTERPRETATIVE DATA:
Normal: Greater than or equal to 60 ml/min/1.73 sq. meters
Abnormal: Less than 60 ml/mim/1.73 sq. meters

ALL NORMAL RESULTS WILL BE REPORTED AS >60 INSTEAD OF THE ACTUAL CALCULATED NUMERIC VALUE. ALL ABNORMAL RESULTS WILL BE REPORTED AS THE ACTUAL NUMERIC VALUE

(d) > 60
See also (c)
(e) > 60
See also (f)
(f) INTERPRETATIVE DATA:
Normal: Greater than or equal to 60 ml/min/1.73 sq. meters
Abnormal: Less than 60 ml/mim/1.73 sq. meters

ALL NORMAL RESULTS WILL BE REPORTED AS >60 INSTEAD OF THE ACTUAL CALCULATED NUMERIC VALUE. ALL ABNORMAL RESULTS WILL BE REPORTED AS THE ACTUAL NUMERIC VALUE

STAGES OF CHRONIC KIDNEY DISEASE

| STAGE | GFR | DESCRIPTION |
|---|---|---|
| 1 | 90+ | Normal kidney function but urine findings or structural abnormalities or genetic trait point to kidney disease |
| 2 | 60-89 | Mildly reduced kidney function, and other findings (as for stage 1) point to kidney disease |
| 3 | 30-59 | Moderately reduced kidney function |
| 4 | 15-29 | Severely reduced kidney function |
| 5 | <15 | Very severe, or endstage kidney failure |

(g) > 60
See also (f)

** CONTINUED ON NEXT PAGE **

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5451 WALNUT AVE. CHINO, CALIFORNIA 91710 (909) 464-8600
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Summary Report By Patient

Name: HANNA,ADEL S Age/Sex: 68/M Attend Dr: Lally, James M.
Acct#: V00000603802 Unit#: M000273781 Status: DIS IN Location: DU 228T-B
Reg: 12/23/14 Disch: 12/24/14

CHEMISTRY .... (continued)

| Day | 2 | | 1 | | | |
|---|---|---|---|---|---|---|
| Date | 12/24/14 | ------------12/23/14------------ | | | | |
| Time | 0525 | 1035 | 1035 | 1035 | | Reference Units |
| TOTAL PROT | | | | 7.6<br>12/23/14<br>1100 | | (6.4-8.2) g/dL<br>Verified Date<br>Time |
| ALB | | | | 3.9<br>12/23/14<br>1100 | | (3.4-5.0) g/dL<br>Verified Date<br>Time |
| GLOB | | | | 3.7 H<br>12/23/14<br>1100 | | (1.5-3.5) g/dL<br>Verified Date<br>Time |
| A/G | | | | 1.1<br>12/23/14<br>1100 | | (1.1-1.8) g/dL<br>Verified Date<br>Time |
| CA | 9.3<br>12/24/14<br>0638 | | | 9.0<br>12/23/14<br>1100 | | (8.5-10.1) mg/dL<br>Verified Date<br>Time |
| PHOS | | | 2.4 L<br>12/23/14<br>1302 | | | (2.5-4.9) mg/dL<br>Verified Date<br>Time |
| TBI | | | | 0.86<br>12/23/14<br>1100 | | (0.20-1.00 mg/dL<br>Verified Date<br>Time |
| AST/SGOT | | | | 18<br>12/23/14<br>1100 | | (15-37) U/L<br>Verified Date<br>Time |
| ALT/SGPT | | | | 32<br>12/23/14<br>1100 | | (12-78) IU/L<br>Verified Date<br>Time |
| ALK PHOS | | | | 63<br>12/23/14<br>1100 | | (50-136) U/L<br>Verified Date<br>Time |
| AMYLASE | | | 44<br>12/23/14<br>1302 | | | (25-115) U/L<br>Verified Date<br>Time |
| LIPASE | | | 178<br>12/23/14<br>1302 | | | (73-393) IU/L<br>Verified Date<br>Time |
| MAGNESIUM | | | 2.4<br>12/23/14<br>1302 | | | (1.8-2.4) mg/dL<br>Verified Date<br>Time |
| TRIG | 123<br>12/24/14<br>0638 | | | | | (<150) mg/dL<br>Verified Date<br>Time |

** CONTINUED ON NEXT PAGE **

CHINO VALLEY MEDICAL CENTER
5451 WALNUT AVE. CHINO, CALIFORNIA 91710 (909) 464-8600
Lynne Lin-Chang, M.D., Medical Director

Summary Report By Patient

Name: HANNA,ADEL S Age/Sex: 68/M Attend Dr: Lally, James M.
Acct#: V00000603802 Unit#: M000273781 Status: DIS IN Location: DU 228T-B
Reg: 12/23/14 Disch: 12/24/14

CHEMISTRY .... (continued)

| Day | 2 | 1 | | | | | |
|---|---|---|---|---|---|---|---|
| Date | 12/24/14 | ------------12/23/14------------ | | | | | |
| Time | 0525 | 1035 | 1035 | 1035 | | | Reference Units |
| CHOL | 146<br>12/24/14<br>0638 | | | | | | (<200) mg/dL<br>Verified Date<br>Time |
| HDL | 42<br>12/24/14<br>0638 | | | | | | (40-60) mg/dL<br>Verified Date<br>Time |
| LDL,DIRECT | 95<br>12/24/14<br>0638 | | | | | | (<100) mg/dL<br>Verified Date<br>Time |
| VLDL | 19.68<br>12/24/14<br>0638 | | | | | | mg/dL<br>Verified Date<br>Time |
| CHOL/HDL | 3.5(h)<br>12/24/14<br>0638 | | | | | | Verified Date<br>Time |
| RISK | 3.5<br>12/24/14<br>0638 | | | | | | (0.0-5.5)<br>Verified Date<br>Time |
| T3 UP | | 34.0<br>12/23/14<br>1311 | | | | | (31-39) % UPTA<br>Verified Date<br>Time |

NOTES: (h)

ESTIMATED CORONARY RISK INTERPRETATION

| Cholesterol (mg/dl) | | HDL Chol (mg/dL) | Risk Factor (Chol/HDL) | Risk Assess |
|---|---|---|---|---|
| | | >45 | <5.0 | Decreased |
| <200 Desireable level | MALES | 45 | 5.0 | Average |
| 200-239 Borderline High | | <45 | >5.0 | Increased |
| >239 High Level | | | | |
| | | >55 | <4.4 | Decreased |
| | FEMALES | 55 | 4.4 | Average |
| | | <55 | >4.4 | Increased |

** CONTINUED ON NEXT PAGE **

CHINO VALLEY MEDICAL CENTER
5451 WALNUT AVE. CHINO, CALIFORNIA 91710 (909) 464-8600
Lynne Lin-Chang, M.D., Medical Director

Summary Report By Patient

Name: HANNA,ADEL S Age/Sex: 68/M Attend Dr: Lally, James M.
Acct#: V00000603802 Unit#: M000273781 Status: DIS IN Location: DU 228T-B
Reg: 12/23/14 Disch: 12/24/14

| Day | 2 | | 1 | | | | |
|---|---|---|---|---|---|---|---|
| Date | 12/24/14 | ------------12/23/14------------ | | | | | |
| Time | 0525 | 1035 | 1035 | 1035 | | | Reference Units |
| T3 TOTAL | | (i) | | | | | ng/mL |
| | | 12/23/14 | | | | | Verified Date |
| | | 1329 | | | | | Time |
| FREE T4 | | 0.98 | | | | | (0.76-1.46 ng/dL |
| | | 12/23/14 | | | | | Verified Date |
| | | 1311 | | | | | Time |
| T4(THYROXINE) | | 8.5 | | | | | (4.7-13.3) ug/dL |
| | | 12/23/14 | | | | | Verified Date |
| | | 1311 | | | | | Time |
| FTI | | 2.9 | | | | | (1.4-4.5) ug/dL |
| | | 12/23/14 | | | | | Verified Date |
| | | 1311 | | | | | Time |
| TSH | | 2.23 | | | | | (0.36-3.74 uIU/mL |
| | | 12/23/14 | | | | | Verified Date |
| | | 1311 | | | | | Time |

| Test | Date | Time | Result | Reference | Units |
|---|---|---|---|---|---|
| B NATRIURETIC P | 12/23/14 | 1035 | 52.16(k) | (0-100) | pg/mL |

NOTES: (i) 1.10
See also (j)
(j) Reference Interval:
Euthyroid 0.60 - 1.81 ng/mL
Hypothyroid < 0.60 ng/mL
Hyperthyroid > 1.81 ng/mL
(k)
BNP<100 PG/ML CHF VERY UNLIKELY (2%)
BNP 100-500 PG/ML INDETERMINATE
BNP>500 PG/ML CHF VERY LIKELY (95%)

** CONTINUED ON NEXT PAGE **

CHINO VALLEY MEDICAL CENTER
5451 WALNUT AVE. CHINO, CALIFORNIA 91710 (909) 464-8600
Lynne Lin-Chang, M.D., Medical Director

Summary Report By Patient

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Name: HANNA,ADEL S Age/Sex: 68/M Attend Dr: Lally, James M.
Acct#: V00000603802 Unit#: M000273781 Status: DIS IN Location: DU 228T-B
Reg: 12/23/14 Disch: 12/24/14

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Specimen: 14:M0014525R Collected: 12/23/14-1153 Status: COMP Req#: 01276008
Received: 12/23/14-1316 Source: NARES Sp Desc: BILATERAL
Subm Dr: Lally, James M.

Ordered: MRSA CULTURE
MRSA CULTURE Final 12/24/14
NO MRSA ISOLATED

** END OF REPORT **

CHINO VALLEY MEDICAL CENTER
5451 Walnut Avenue, Chino, CA 91710
Ph: (909)464-8600

Patient Name: HANNA,ADEL S
Unit No: M000273781

| EXAM# | TYPE/EXAM | RESULT |
| --- | --- | --- |
| 000839696 | CT/CT-HEAD W/O IV CONTRAST | |

Noncontrast CT scan of the head:

Comparison: There are no prior exams for comparison.

Technique: Multiple axial scans were obtained from the posterior fossa to the vertex without intravenous nonionic contrast.

Findings: There is evidence of moderate to severe mucoperiosteal thickening involving the ethmoid air cells and left frontal sinus. Moderate mucoperiosteal thickening is noted involving the right maxillary sinus. The cranial vault is intact. Intracranially, the basal cisterns are preserved. The ventricular system is nondilated. There is no shift of midline structures. There is no evidence of edema, hemorrhage, or mass. There are no abnormal fluid collections over the convexities.

Impression:
1. No acute intracranial abnormality. There is evidence of pansinusitis as above discussed.
2. Radiation dose: The CTDI is 59.79 mGy. DLP is 988.11 mGy-cm.

DICTATED: 12-23-14/1059

CORRECTION: 12-23-14/1103 (te)

** REPORT ELECTRONICALLY SIGNED 12/23/2014 (1601) **
Reported By: Curtis R Handler, M.D.
Signed By: Steven R Cobb, M.D.

CC: PHYS NONSTAFF; Jorge Perez

Technologist: DANNETTE WILLIS,RT(R)(CT)
Transcribed Date/Time: 12/23/2014 (1100)
Transcriptionist: SKYRIS
Printed Date/Time: 12/23/2014 (1602)



Name: HANNA,ADEL S
Phys: Perez, Jorge
DOB: 03/29/1946 Age: 68 Sex: M
Acct No: V00000603802 Loc: 228T B
Exam Date: 12/23/2014 Status: ADM IN

CHINO VALLEY MEDICAL CENTER
5451 Walnut Avenue, Chino, CA 91710
Ph: (909)464-8600

Patient Name: HANNA,ADEL S
Unit No: M000273781

| EXAM# | TYPE/EXAM | RESULT |
|---|---|---|
| 000839730 | MRI/MRI ANGIO BRAIN | |

MR cerebral angiogram without contrast:

Indication: Headache.

Comparison study: None.

Technique: Axial 3-D time-of-flight imaging was performed of the head without contrast. An MR angiogram protocol was utilized. MIP reformats were obtained.

Findings: No aneurysm is appreciated. The bilateral proximal anterior, middle, and posterior cerebral arteries appear widely patent. There are bilateral posterior communicating arteries, right greater than left. The visualized bilateral distal internal carotid arteries appear widely patent. The visualized basilar artery appears widely patent. Please note that the intracranial vertebral arteries and lower half of the basilar artery are not captured in the field-of-view on this exam.

Impression:
The visualized major intracranial arterial structures show no aneurysm or hemodynamically-significant stenosis. Please note that the intracranial vertebral arteries and lower half of the basilar artery are not captured in the field-of-view on this exam.

DICTATED: 12-23-14/1934 (te)

** REPORT ELECTRONICALLY SIGNED 12/24/2014 (1611) **
Reported By: Sherman Ben Rhee,MD
Signed By: Curtis R Handler, M.D.

CC: William Dalrymple; James M. Lally; PHYS NONSTAFF

Technologist: ALVARO SANDIGO,RT(R)
Transcribed Date/Time: 12/23/2014 (1935)
Transcriptionist: SKYRIS
Printed Date/Time: 12/24/2014 (1611)



Name: HANNA,ADEL S
Phys: Lally, James M.
DOB: 03/29/1946 Age: 68 Sex: M
Acct No: V00000603802 Loc: 228T B
Exam Date: 12/23/2014 Status: DIS IN

CHINO VALLEY MEDICAL CENTER
5451 Walnut Avenue, Chino, CA 91710
Ph: (909)464-8600

Patient Name: HANNA,ADEL S
Unit No: M000273781

EXAM# TYPE/EXAM RESULT
000839729 MRI/MRI BRAIN W/WO CONTRAST

MRI brain study without and with contrast:

Indication: Headache.

Comparison study: CT head December 23, 2014.

Technique: Before and after the intravenous administration of 17 mL gadolinium contrast, multiplanar and multisequence MR imaging was performed of the brain.

Findings: The ventricular system is normal in size and configuration for the patient's age. Intracranially, no mass effect, midline shift, extra-axial fluid collection, or hemorrhage is identified. There is a small amount of T2 FLAIR hyperintensity involving the periventricular white matter adjacent to the frontal horns and bodies of the lateral ventricles, favoring mild chronic small vessel ischemic change. No restricted diffusion is identified to suggest acute infarct. The post contrast sequences show no abnormal areas of enhancement intracranially. No Chiari malformation is identified. There is no abnormal enlargement of the pituitary gland. The major central vascular flow voids are maintained.

There is complete opacification of the left frontal sinus. There is near-complete opacification of the bilateral ethmoid air cells. There is mucosal thickening of the bilateral maxillary sinuses with superimposed mucous retention cysts, right greater than left. A small air-fluid level within the right maxillary sinus is suspected. The bilateral mastoid air cells appear clear.

Impression:
1. Intracranially, no acute process or suspicious space-occupying mass lesion is seen. A small amount of T2 FLAIR hyperintensity of the periventricular white matter favors mild chronic small vessel ischemic change.
2. Extensive paranasal sinus disease as described above. This includes an air-fluid level within the right maxillary sinus, a finding which can be seen with acute sinusitis.



Name: HANNA,ADEL S
Phys: Lally, James M.
DOB: 03/29/1946 Age: 68 Sex: M
Acct No: V00000603802 Loc: 228T B
Exam Date: 12/23/2014 Status: DIS IN
Radiology No:

Patient Name: HANNA,ADEL S
Unit No: M000273781

EXAM# TYPE/EXAM RESULT
000839729 MRI/MRI BRAIN W/WO CONTRAST
<Continued>

DICTATED: 12-23-14/1928 (te)

** REPORT ELECTRONICALLY SIGNED 12/24/2014 (1611) **
Reported By: Sherman Ben Rhee,MD
Signed By: Curtis R Handler, M.D.

CC: William Dalrymple; James M. Lally; PHYS NONSTAFF

Technologist: ALVARO SANDIGO,RT(R)
Transcribed Date/Time: 12/23/2014 (1929)
Transcriptionist: SKYRIS
Printed Date/Time: 12/24/2014 (1611)

PAGE 2 Signed Report

Name: HANNA,ADEL S
Phys: Lally, James M.
DOB: 03/29/1946 Age: 68 Sex: M
Acct No: V00000603802 Loc: 228T B
Exam Date: 12/23/2014 Status: DIS IN

Have you ever had an injury in your eyes? ☐ Yes ☑ No

Have you ever worked in a machine shop or similar environment where you may have been subjected to small metal slivers? ☐ Yes ☑ No

Are you pregnant or do you suspect that you are pregnant? ☐ Yes ☑ No

Do you have claustrophobia (fear of confined spaces)? ☐ Yes ☑ No

Do you have any difficulty lying on your back for an extended period of time? ☐ Yes ☑ No

Do you need supplimental $O_2$ on a continuous basis? ☐ Yes ☑ No

Have you ever had a surgical procedure or operation of any kind? ☐ Yes ☑ No

Type: ______ Date: ______

Type: ______ Date: ______

Type: ______ Date: ______

Type: ______ Date: ______

PREVIOUS IMAGING STUDIES?

| | | | |
|---|---|---|---|
| MRI | (Yes) | No | WHERE AND WHEN 6-7 years ago |
| CT | ☑ Yes | ☐ No | WHERE AND WHEN CVMC 12/23/14. |
| ULTRASOUND | ☑ Yes | ☐ No | WHERE AND WHEN CVMC |
| NUCLEAR MEDICINE SCAN | ☐ Yes | ☑ No | WHERE AND WHEN |
| X-RAY | ☑ Yes | ☐ No | WHERE AND WHEN CVMC 12/23/14 |
| ARTHROGRAM | ☐ Yes | ☑ No | WHERE AND WHEN |

DIAGNOSTIC IMAGING

*I have reviewed the list above and have informed the staff of all ferromagnetic particles in my body. I understand that I must take full responsibility for informing staff personnel of these ferromagnetic particles.*

*I attest that the above information is correct to the best of my knowledge:*

X [signature] 12/23/14

Patient Signature Date & Time

[signature] 12/23/14

Witness Signature Date & Time

Chino Valley Medical Center
5451 Walnut Ave Chino CA 91710

**MRI PATIENT QUESTIONNAIRE**

3 RD

PATIENT ID

HANNA, ADEL S
ATTDG DR. Lally, James
03/29/1946 68Y M M000273781
V00000603802 IN 12/23/2014

12/23/2014 14:43:31

PHSI-030-007 (03/13) BACK

# MRI PATIENT QUESTIONNAIRE

NAME: Hanna, Adel

AGE 68 SEX M WEIGHT ~~5'8~~ 169 HEIGHT 5'8" ALLERGIES metoclopramide

REASON FOR SCAN: Headache

LAST MENSTRUAL PERIOD (females only) ______

PATIENT SCANNED FOR METAL ☐ YES ☐ NO

THE FOLLOWING ITEMS MAY INTERFERE WITH MAGNETIC RESONANCE IMAGING AND SOME CAN BE POTENTIALLY HAZARDOUS. BURNS CAN OCCASIONALLY OCCUR WITH SOME OF THE ITEMS LISTED

**Do you have any of the following items in your body?**

## CLASS I

| Item | Yes | No |
|---|---|---|
| Cardiac pacemaker | ☐ | ☑ |
| Aneurysm clip | ☐ | ☑ |
| Implanted insulin pump | ☐ | ☑ |
| Implanted drug infusion device | ☐ | ☑ |
| Bone growth stimulator | ☐ | ☑ |
| Neurostimulator (TENS-Unit) | ☐ | ☑ |
| Any type of biostimulator | ☐ | ☑ |
| Internal hearing aid | ☐ | ☑ |
| Cochlear implant | ☐ | ☑ |
| Gianturkle coil (spring embolus coil) | ☐ | ☑ |
| Transdermal Patch | ☐ | ☑ |

## CLASS II

| Item | Yes | No |
|---|---|---|
| Vascular clip(s) | ☐ | ☑ |
| Hemostatic clip(s) | ☐ | ☑ |
| Any type of surgical clip or staple(s) | ☐ | ☑ |
| Heart valve prosthesis | ☐ | ☑ |
| Greenfield vena cava filter | ☐ | ☑ |
| Middle ear implant | ☐ | ☑ |
| Penile prosthesis | ☐ | ☑ |
| Orbital/eye prosthesis | ☐ | ☑ |
| Shrapnel or bullet | ☐ | ☑ |
| Wire sutures | ☐ | ☑ |
| Tattooed eyeliner | ☐ | ☑ |
| Any type of dental item held in place by a magnet | ☐ | ☑ |
| Any other implanted item | ☐ | ☑ |

Type: ______

## CLASS III

| Item | Yes | No |
|---|---|---|
| Diaphragm | ☐ | ☑ |
| IUD | ☐ | ☑ |
| Renal shunt | ☐ | ☑ |
| Intraventricular shunt | ☐ | ☑ |
| Wire mesh | ☐ | ☑ |
| Artificial limb or joint | ☐ | ☑ |
| Any orthopedic item(s) i.e. pins, rods, screws, nails, plates | ☐ | ☑ |
| Dentures | ☐ | ☑ |
| Dental braces | ☐ | ☑ |

Please mark on this drawing the location of any metal inside your body. If none, check here ______.

Shade in area(s) in which you feel pain or other abnormal sensation(s).

DIAGNOSTIC IMAGING

Chino Valley Medical Center
5451 Walnut Ave Chino CA 91710

3 RD

**MRI PATIENT QUESTIONNAIRE**

PATIENT ID

HANNA, ADEL S
ATTDG DR. Lally, James
03/29/1946 68Y M M000273781
V00000603802 IN 12/23/2014

PHSI-030-007 (03/13)

FRONT

12/23/2014



02/15/2023

PRIME HEALTHCARE SERVICES

Patient Name Hanna, Adel Date 12/23/14

Date of Birth 03/29/1946 MRN # M000273781

Age 68 Height 5'8" Weight 169 lb Race ______ ☐ Female ☑ Male

| | | | |
|---|---|---|---|
| ☐ Yes | ☑ No | 1. | Do you have Kidney failure/ insufficiency/one kidney or kidney transplant? |
| ☐ Yes | ☑ No | 2. | Are you on dialysis? If yes, Hemodialysis, peritoneal |
| ☐ Yes | ☑ No | 3. | Do you have personal history of diabetes and/or hypertension (high blood pressure)? |
| ☐ Yes | ☑ No | 4. | Do you have liver disease, liver transplant or pending liver transplant? |
| ☐ Yes | ☑ No | 5. | Do you have ascites (abnormal fluid in the abdomen)? |
| ☐ Yes | ☑ No | 6. | Have you had any of the following drugs in the last 30 days, NSAID, Aminoglygosides antibiotics such as gentamycin, neomycin, tobramycin? |
| ☐ Yes | ☑ No | 7. | Have you had chemotherapeutic agent called Motexafin in the last 60 days? When ______ |
| ☑ Yes | ☐ No | 8. | Have you ever had an injection of contrast before? |
| ☐ Yes | ☑ No | 9. | Have you ever had a previous reaction to contrast? |

If you answered YES to any of the above questions please explain: ______

Patient Signature: X [signature] Date: 12/23/14

*For staff use only*

GFR: 77.17 Creatinine: 1.0 Date of labs: ______

The GFR, Glomerular Filtration Rate, is an estimate of kidney function.

Screening Technologist/Nurse [signature] RT Date: 12-23-14

Comments: ______

Chino Valley Medical Center
5451 Walnut Ave Chino CA 91710

2 RD

**MRI Contrast Screening**
PHSI 030-054 (05/14)

Page 1 of 2

PATIENT ID

HANNA,ADEL S
ATTDG DR. Lally,James
03/29/1946 68Y M M000273781
V00000603802 IN 12/23/2014

12/23/2014 14:42:59

## Nephrogenic Systemic Fibrosis

NSF (Nephrogenic Systemic Fibrosis) was first described in the medical literature in 2000. The first case of NSF was identified in 1997. The cause of NSF is unknown, but it has been reported only in patients who have severe kidney disease. NSF causes fibrosis of the skin and connective tissues throughout the body. Patients develop skin thickening that may prevent bending and extending joints, resulting in decreased mobility of joints. NSF usually starts in the lower extremities. Fibrosis can also develop in the diaphragm, muscles in the thigh and lower abdomen, and lung vessels. Over time, NSF becomes worse and can cause death. There is no known treatment for NSF. Improved renal function (spontaneous or via renal transplantation) appears to slow or arrest NSF and may even result in gradual reversal of NSF. Other treatments are being tested. The FDA has issued a warning for patients with acute or chronic severe renal (kidney) insufficiency (GFR<30); or renal dysfunction due to the hepato-renal syndrome; or the perioperative liver transplantation period. In patients with severe or end stage renal disease, the incidence of developing NSF appears to be around 3-5% in the reported cases. There are 6 FDA approved gadolinium-based contrast agents.

If administration of MRI contrast isessential and you are already receiving hemodialysis, it is recommended to have hemodialysis at 2 hours and again at 24 hours, after MRI contrast is given. The hemodialysis may help eliminate the contrast from your body. Whether hemodialysis will help prevent NSF is unknown.

Contact your doctor right away, after receiving an MRI contrast, if you get any of these conditions that may indicate the development of NSF:

- Skin and eyes
  - Swelling, hardening and tightening of your skin
  - Reddened or darkened patches of skin
  - Burning or itching of your skin
  - Yellow raised spots on the whites of your eyes

- Bones and muscles
  - Stiffness in your joints; problems moving or straightening arms, hands, legs, or feet
  - Pain deep in your hip bones or ribs
  - Muscle weakness

I have read the information above and have been given the opportunity to ask questions.
I consent to the use of IV MRI contrast and have been informed of the risks.

Patient Signature/Legally Authorized Person ______________________ Date ________

I have read the information above and have been given the opportunity to ask questions.
I decline the use of IV MRI contrast.

Patient Signature/Legally Authorized Person ______________________ Date ________

Screening Technologist/Nurse: ______________________ Date ________

Radiologist Name/Signature: ______________________ Date ________

Chino Valley Medical Center
5451 Walnut Ave Chino CA 91710

PATIENT ID
HANNA, ADEL S
ATTDG DR. Lally,James
03/29/1946 68Y M M000273781
V00000603802 IN 12/23/2014

**MRI Contrast Screening**
PHSI 030-054 (05/14)

Page 2 of 2

12/23/2014 14:4.

NAME: **HANNA,ADEL S** ADMIT DATE: **12/23/14** AGE: **68**
UNIT #: **M000273781** DISCHARGE DATE: **12/24/14** SEX: **M**
ACCT #: **V00000603802** STATUS: **DIS IN**
**CODED ALLERGIES Metoclopramide (From Metoclopramide HCl)**
**CODED ADRs**
**UNCODED ALLERGIES PATIENT ALLERGIES NOT ENTERED**
**UNCODED ADRs**

| ADMINISTRATION PERIOD: 0000 12/23/14 to 2359 12/23/14 | START/ STOP | |
|---|---|---|
| **MORPHINE SULFATE (MORPHINE SULFATE 4 MG/ML SYR)**<br>**4 MG** IM ONE TIME/ONE<br>Comments: MAY CAUSE DROWSINESS<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, ED, ICU, OR<br>RX #: 002877180 | 12/23/14<br>12/23/14 | 1027 EDEMO at 1051 GAVE: 4 MG<br>NDC/DIN: (SOURCE: eMAR)<br>0409189101 MOR4I - Morphine Sulfate 4 MG/Ml Syr<br>====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: IM<br>Injection Site: Left Deltoid<br>IV Site:<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: MLS/HR IV Start Time: IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>FDOC 12/23/14-1053 by EDEMO<br>Edm Order 1027 DRPERJO<br>Discontinue 1028 SCHEDULER<br>AO 1049 EDEMO |
| **COMPAZINE (PROCHLORPERAZINE 5 MG/ML VIAL)**<br>**5 MG** IM ONE TIME/ONE<br>Comments: MAY CAUSE DROWSINESS<br>AVAILABLE IN PYXIS: CL<br>RX #: 002877181 | 12/23/14<br>12/23/14 | 1027 EDEMO at 1052 GAVE: 5 MG<br>====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: IM<br>Injection Site: Right Deltoid<br>IV Site:<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: MLS/HR IV Start Time: IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>FDOC 12/23/14-1053 by EDEMO<br>Edm Order 1027 DRPERJO<br>Discontinue 1028 SCHEDULER<br>AO 1052 EDEMO |

*** CONTINUED ON PAGE 2 ***
**This document is part of the legal medical record.**

NAME: **HANNA,ADEL S** UNIT #: **M000273781** ACCT #: **V00000603802**

| ADMINISTRATION PERIOD: 0000 12/22/14 to 2359 12/23/14 (Continued) | START/ STOP | |
|---|---|---|
| **SODIUM CHL 0.9% 1,000 ML**<br>**(SODIUM CHLORIDE 0.9% 1,000 ML BAG)**<br>100 ML/HR IV ONE TIME/ONE<br>RX #: 002877281 | 12/23/14<br>12/23/14 | EDDOC 1137 EDBMO at 1237 GAVE: 1,000 MLS<br>====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: IV<br>Injection Site:<br>IV Site: R HAND<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: 100.0 MLS/HR IV Start Time: 1237 IV End Time: 1316<br>Total Amount Infused: 80 (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Y Transfer Time: 1316<br>EDOC 12/23/14-1238 by EDBMO<br>EDDOC 12/23/14-1913 by EDBMO<br>TERMINAL changed from EDPC06.1 to EDPC01.2<br>EDDOC 12/23/14-1914 by EDBMO<br>Old Queries: ====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: IV<br>Injection Site:<br>IV Site: R HAND<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: 100.0 MLS/HR IV Start Time: 1237 IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>New Queries: ====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: IV<br>Injection Site:<br>IV Site: R HAND<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: 100.0 MLS/HR IV Start Time: 1237 IV End Time: 1316<br>Total Amount Infused: 80 (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Y Transfer Time: 1316<br>Edm Order 1137 DRPERJO<br>AO 1237 EDBMO<br>AO 1238 EDBMO<br>Discontinue 2136 SCHEDULER |

*** CONTINUED ON PAGE 3 ***

**This document is part of the legal medical record.**

| ADMINISTRATION PERIOD: 0000 12/22/14 to 2359 12/23/14 (Continued) | START/ STOP | |
|---|---|---|
| **SODIUM CHL 0.9% IV BAG 100 ML**<br>**(SODIUM CHLORIDE 0.9% 100 ML BAG)**<br>**UNASYN 3 GM**<br>**(AMPICILLIN SOD/SULBACTAM SOD 3 GM VIAL)**<br>200 ML/HR IV ONE TIME/ONE<br>Comments: ** CONTRA-INDICATED FOR PT WITH PENICILLIN ALLERGY **<br>RX #: 002877282 | 12/23/14<br>12/23/14 | EDDOC 1137 EDBMC at 1238 GAVE: 100 MLS<br>====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: IV<br>Injection Site:<br>IV Site: R HAND<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: 200.0 MLS/HR IV Start Time: 1238 IV End Time: 1308<br>Total Amount Infused: 100 (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>EDOC 12/23/14-1238 by EDBMO<br>EDDOC 12/23/14-1913 by EDBMO<br>TERMINAL changed from EDPC06.1 to EDPC01.2<br>Old Queries: ====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: IV<br>Injection Site:<br>IV Site: R HAND<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: 200.0 MLS/HR IV Start Time: 1238 IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>New Queries: ====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: IV<br>Injection Site:<br>IV Site: R HAND<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: 200.0 MLS/HR IV Start Time: 1238 IV End Time: 1308<br>Total Amount Infused: 100 (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>Edm Order 1137 DRPERJO<br>Discontinue 1206 SCHEDULER<br>AO 1238 EDBMO |

*** CONTINUED ON PAGE 4 ***
**This document is part of the legal medical record.**

| ADMINISTRATION PERIOD: 0000 12/22/14 to 2359 12/23/14 (Continued) | START/ STOP | |
|---|---|---|
| **SUBLIMAZE (FENTANYL CITRATE 100 MCG/2 ML AMP)**<br>**25 MCG** IV ONE TIME/ONE<br>Comments: ** BLACK BOX WARNING, REFER TO MICROMEDEX FOR PRECAUTIONS AND MONITORING PATIENTS ** MAY CAUSE DROWSINESS<br>AVAILABLE IN PYXIS: CL, ED, ICU, OBS, OR<br>RX #: 002877263 | 12/23/14<br>12/23/14 | 1136 EDEMO at 1236 GAVE: 25 MCG<br>NDC/DIN: (SOURCE: eMAR)<br>0409909422 SUBI - Fentanyl Citrate 100 Mcg/2 Ml..<br>----MEDICATION ADMINISTRATION DETAILS----<br>Route of Administration: IV Push<br>Injection Site:<br>IV Site: R HAND<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: MLS/HR IV Start Time: IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: 1235 IV Push Stop Time: 1237<br>Med Still Infusing at Transfer: Transfer Time:<br>FDOC 12/23/14-1238 by EDEMO<br>Edm Order 1138 DRPERJO<br>Discontinue 1139 SCHEDULER<br>AO 1235 EDEMO |
| **UNASYN (AMPICILLIN SOD/SULBACTAM SOD 3 GM VIAL)**<br>**See Dose Ins.** .ROUTE .STK-MED/ONE<br>Comments: RN TO MIX<br>BREAK SEAL AND MIX WELL BEFORE ADMINISTERING<br>AVAILABLE IN PYXIS: 2N, 2S, ED<br>RX #: 002877301 | 12/23/14 | 1150<br>Discontinue 1151 STK MED |
| **SODIUM CHL 0.9% 1,000 ML**<br>**(SODIUM CHLORIDE 0.9% 1,000 ML BAG)**<br>60 ML/HR IV EVERY 16 HOURS<br>Spec Ins: IVF HYDRATION<br>RX #: 002877309 | 12/23/14<br>01/22/15 | Edm Order 1153 DRDALWIDO<br>EDIT 1209 RXWMC<br>Verified 1209 RXWMC<br>1500<br>Discontinue 1510 DRDALWIDO |
| **COLACE (DOCUSATE SODIUM 100 MG CAP)**<br>**100 MG** PO DAILY<br>Spec Ins: CONSTIPATION<br>Comments: FOR BM<br>PULL MEDICATION FROM THE FOLLOWING<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, ED, ICU<br>RX #: 002877333 | 12/24/14<br>01/23/15 | Edm Order 1153 DRDALWIDO<br>EDIT 1231 RXWMC<br>Verified 1231 RXWMC |

*** CONTINUED ON PAGE 5 ***

**This document is part of the legal medical record.**

| ADMINISTRATION PERIOD: 0000 12/22/14 to 2359 12/23/14 (Continued) | START/ STOP | |
|---|---|---|
| **PRILOSEC (OMEPRAZOLE 20 MG CAPCR)**<br>**20 MG** PO BEFORE BREAKFAST<br>Spec Ins: GERD<br>Comments: PULL MEDICATION FROM THE FOLLOWING:<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, ED, ICU<br>SUBSTITUTE FOR PROTONIX/ PREVACID/ NEXIUM PER HOSPITAL<br>FORMULARY; GIVE BEFORE MEAL<br>*** DO NOT CRUSH OR CHEW ***<br>RX #: 002877332 | 12/24/14<br>01/23/15 | Edm Order 1153 DRDALWIDO<br>EDIT 1231 RXWMC<br>Verified 1231 RXWMC |
| **TENORMIN (ATENOLOL 50 MG TAB)**<br>**50 MG** PO DAILY<br>Comments: ** BLACK BOX WARNING, REFER TO MICROMEDEX FOR PRECAUTIONS<br>AND MONITORING PATIENTS **<br>AVAILABLE IN PYXIS: OPS<br>RX #: 002877455 | 12/24/14<br>01/23/15 | Pom Order 1511 DRDALWIDO<br>Verified 1521 RXLWH |
| **BAYER CHILDREN'S ASPIRIN (ASPIRIN 81 MG CHEW)**<br>**81 MG** PO DAILY<br>Comments: GIVE WITH FOOD OR MEALS (CHEWABLE BABY ASA)<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, ED, ICU, GI<br>RX #: 002877456 | 12/24/14<br>01/23/15 | Pom Order 1511 DRDALWIDO<br>EDIT 1521 RXLWH<br>Verified 1521 RXLWH |
| **ZOFRAN (ONDANSETRON HCL 4 MG/2 ML VIAL)**<br>**4 MG** IV EVERY 4 HOURS AS NEEDED/PRN<br>PRN Reason: NAUSEA/VOMITING<br>Spec Ins: PRN N/V<br>Comments: MAY CAUSE DROWSINESS<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, CL, ED, ICU, OPS, OR<br>RX #: 002877308 | 12/23/14<br>01/22/15 | Edm Order 1153 DRDALWIDO<br>EDIT 1209 RXWMC<br>Verified 1209 RXWMC |
| **NORCO 7.5/325 TABLET (HYDROCODONE/APAP 7.5/325 TAB)**<br>**1 TAB** PO EVERY 4 HOURS AS NEEDED/PRN<br>PRN Reason: MODERATE - SEVERE PAIN<br>Spec Ins: PRN MODERATE TO SEVERE PAIN<br>Comments: AVAILABLE IN PYXIS: 2N, 2S, CL, ICU, OPS<br>SUBSTITUTE FOR VICODIN ES PER HOSPITAL FORMULARY<br>MAY CAUSE DROWSINESS<br>ACETAMINOPHEN IS NOT TO EXCEED 3250MG/DAY!<br>RX #: 002877307 | 12/23/14<br>12/26/14 | Edm Order 1153 DRDALWIDO<br>EDIT 1208 RXWMC<br>Verified 1208 RXWMC |

*** CONTINUED ON PAGE 6 ***

**This document is part of the legal medical record.**

| ADMINISTRATION PERIOD:<br>0000 12/22/14 to 2359 12/23/14 (Continued) | START/<br>STOP | |
|---|---|---|
| **TYLENOL (ACETAMINOPHEN 325MG TAB)**<br>**650 MG** PO EVERY 6 HOURS AS NEEDED/PRN<br>PRN Reason: TEMP > 100.4/ HEADACHE<br>Spec Ins: PRN HEADACHE OR TEMP > 100.4<br>Comments: FOR TEMP > 100.4, HEADACHE, AND MILD PAIN<br>ACETAMINOPHEN IS NOT TO EXCEED 3250MG/DAY!<br>AVAILABLE IN PYXIS: 2N, 2S, ED, ICU, OPS<br>RX #: 002877306 | 12/23/14<br>01/22/15 | Edm Order 1153 DRDALWIDO<br>EDIT 1208 RXWMC<br>Verified 1208 RXWMC |
| **MORPHINE SULFATE (MORPHINE SULFATE 2 MG/ML SYR)**<br>**2 MG** IV EVERY 3 HOURS AS NEEDED/PRN<br>PRN Reason: SEVERE PAIN<br>Spec Ins: PRN SEVERE PAIN<br>Comments: MAY CAUSE DROWSINESS<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, CL, ED, ICU, OPS, OR<br>RX #: 002877305 | 12/23/14<br>12/26/14 | Edm Order 1153 DRDALWIDO<br>EDIT 1208 RXWMC<br>Verified 1208 RXWMC |
| **FIORICET (ACETAMINOPHEN/CAFFEINE/BUTALB 1 TAB TAB)**<br>**1 TAB** PO EVERY 4 HOURS AS NEEDED/PRN<br>PRN Reason: HEADACHE<br>Spec Ins: headache<br>Comments: **** ESGIC = FIORICET ****<br>AVAILABLE IN PYXIS: 2N, 2S<br>RX #: 002877399 | 12/23/14<br>01/22/15 | Pom Order 1406 DRDALWIDO<br>EDIT 1407 RXWMC<br>Verified 1407 RXWMC<br>AO 1413 NURLJ1<br>1430 NURLJ1 at 1430 GAVE: 1 TAB<br>====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: PO<br>Injection Site:<br>IV Site:<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: MLS/HR IV Start Time: IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>FDOC 12/23/14-1718 by NURLJ1 |

| ADMINISTRATION PERIOD:<br>0000 12/24/14 to 2359 12/24/14 | START/<br>STOP | |
|---|---|---|

*** CONTINUED ON PAGE 7 ***
**This document is part of the legal medical record.**

| ADMINISTRATION PERIOD: 0000 12/24/14 to 2359 12/24/14 (Continued) | START / STOP | |
|---|---|---|
| **COLACE (DOCUSATE SODIUM 100 MG CAP)**<br>**100 MG** PO DAILY<br>Spec Ins: CONSTIPATION<br>Comments: FOR BM<br>PULL MEDICATION FROM THE FOLLOWING<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, ED, ICU<br>RX #: 002877333 | 12/24/14<br>01/23/15 | AO 0816 NURDE1<br>*0900 NURDE1 at 0816 OTH<br>----MEDICATION ADMINISTRATION DETAILS----<br>Route of Administration: PO<br>Injection Site:<br>IV Site:<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: MLS/HR IV Start Time: IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>PT REFUSED MEDICATION<br>FDOC 12/24/14-0822 by NURDE1<br>Discontinue 1216 DISCHARGE |
| **PRILOSEC (OMEPRAZOLE 20 MG CAPCR)**<br>**20 MG** PO BEFORE BREAKFAST<br>Spec Ins: GERD<br>Comments: PULL MEDICATION FROM THE FOLLOWING:<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, ED, ICU<br>SUBSTITUTE FOR PROTONIX/ PREVACID/ NEXIUM PER HOSPITAL<br>FORMULARY; GIVE BEFORE MEAL<br>*** DO NOT CRUSH OR CHEW ***<br>RX #: 002877332 | 12/24/14<br>01/23/15 | 0630 NURCL1 at 0650 GAVE: 20 MG<br>NDC/DIN: (SOURCE: eMAR)<br>51079000701 PRI20 - Omeprazole 20 MG Capcr<br>====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: PO<br>Injection Site:<br>IV Site:<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: MLS/HR IV Start Time: IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>FDOC 12/24/14-0651 by NURCL1<br>AO 0650 NURCL1<br>Discontinue 1216 DISCHARGE |

*** CONTINUED ON PAGE 8 ***

**This document is part of the legal medical record.**

NAME: **HANNA,ADEL S** UNIT #: **M000273781** ACCT #: **V00000603802**

| ADMINISTRATION PERIOD: 0000 12/24/14 to 2359 12/24/14 (Continued) | START/ STOP | |
|---|---|---|
| **TENORMIN (ATENOLOL 50 MG TAB)**<br>**50 MG** PO DAILY<br>Comments: ** BLACK BOX WARNING, REFER TO MICROMEDEX FOR PRECAUTIONS AND MONITORING PATIENTS **<br>AVAILABLE IN PYXIS: OPS<br>RX #: 002877455 | 12/24/14<br>01/23/15 | AO 0817 NURDE1<br>0900 NURDE1 at 0817 GAVE: 50 MG<br>NDC/DIN: (SOURCE: eMAR)<br>5107968401 TEN50 - Atenolol 50 MG Tab<br>====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: PO<br>Injection Site:<br>IV Site:<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: MLS/HR IV Start Time: IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>BP 142/76, HR 62<br>FDOC 12/24/14-0822 by NURDE1<br>Discontinue 1216 DISCHARGE |
| **BAYER CHILDREN'S ASPIRIN (ASPIRIN 81 MG CHEW)**<br>**81 MG** PO DAILY<br>Comments: GIVE WITH FOOD OR MEALS (CHEWABLE BABY ASA)<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, ED, ICU, GI<br>RX #: 002877456 | 12/24/14<br>01/23/15 | AO 0816 NURDE1<br>0900 NURDE1 at 0816 GAVE: 81 MG<br>NDC/DIN: (SOURCE: eMAR)<br>6373943401 BAY - Aspirin 81 MG Chew<br>====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: PO<br>Injection Site:<br>IV Site:<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: MLS/HR IV Start Time: IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>FDOC 12/24/14-0822 by NURDE1<br>Discontinue 1216 DISCHARGE |
| **ZOFRAN (ONDANSETRON HCL 4 MG/2 ML VIAL)**<br>**4 MG** IV EVERY 4 HOURS AS NEEDED/PRN<br>PRN Reason: NAUSEA/VOMITING<br>Spec Ins: PRN N/V<br>Comments: MAY CAUSE DROWSINESS<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, CL, ED, ICU, OPS, OR<br>RX #: 002877308 | 12/23/14<br>01/22/15 | Discontinue 1216 DISCHARGE |

*** CONTINUED ON PAGE 9 ***

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| ADMINISTRATION PERIOD:<br>0000 12/24/14 to 2359 12/24/14 (Continued) | START/<br>STOP | |
|---|---|---|
| **NORCO 7.5/325 TABLET (HYDROCODONE/APAP 7.5/325 TAB)**<br>**1 TAB** PO EVERY 4 HOURS AS NEEDED/PRN<br>PRN Reason: MODERATE - SEVERE PAIN<br>Spec Ins: PRN MODERATE TO SEVERE PAIN<br>Comments: AVAILALBE IN PYXIS: 2N, 2S, CL, ICU, OPS<br>SUBSTITUTE FOR VICODIN ES PER HOSPITAL FORMULARY<br>MAY CAUSE DROWSINESS<br>ACETAMINOPHEN IS NOT TO EXCEED 3250MG/DAY!<br>RX #: 002877307 | 12/23/14<br>12/26/14 | Discontinue 1216 DISCHARGE |
| **TYLENOL (ACETAMINOPHEN 325MG TAB)**<br>**650 MG** PO EVERY 6 HOURS AS NEEDED/PRN<br>PRN Reason: TEMP > 100.4/ HEADACHE<br>Spec Ins: PRN HEADACHE OR TEMP > 100.4<br>Comments: FOR TEMP > 100.4, HEADACHE, AND MILD PAIN<br>ACETAMINOPHEN IS NOT TO EXCEED 3250MG/DAY!<br>AVAILABLE IN PYXIS: 2N, 2S, ED, ICU, OPS<br>RX #: 002877306 | 12/23/14<br>01/22/15 | 0830 NURDE1 at 0830 GAVE: 650 MG<br>====MEDICATION ADMINISTRATION DETAILS====<br>Route of Administration: PO<br>Injection Site:<br>IV Site:<br>Document Type of Fluid Used to Mix Medication If Applicable:<br>:<br>IV Rate: MLS/HR IV Start Time: IV End Time:<br>Total Amount Infused: (MLS)<br>IV Push Start Time: IV Push Stop Time:<br>Med Still Infusing at Transfer: Transfer Time:<br>FDOC 12/24/14-0959 by NURDE1<br>AO 0958 NURDE1<br>Discontinue 1216 DISCHARGE |
| **MORPHINE SULFATE (MORPHINE SULFATE 2 MG/ML SYR)**<br>**2 MG** IV EVERY 3 HOURS AS NEEDED/PRN<br>PRN Reason: SEVERE PAIN<br>Spec Ins: PRN SEVERE PAIN<br>Comments: MAY CAUSE DROWSINESS<br>AVAILABLE IN PYXIS: 2M, 2N, 2S, CL, ED, ICU, OPS, OR<br>RX #: 002877305 | 12/23/14<br>12/26/14 | Discontinue 1216 DISCHARGE |
| **FIORICET (ACETAMINOPHEN/CAFFEINE/BUTALB 1 TAB TAB)**<br>**1 TAB** PO EVERY 4 HOURS AS NEEDED/PRN<br>PRN Reason: HEADACHE<br>Spec Ins: headache<br>Comments: **** ESGIC = FIORICET ****<br>AVAILABLE IN PYXIS: 2N, 2S<br>RX #: 002877399 | 12/23/14<br>01/22/15 | Discontinue 1216 DISCHARGE |

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