

Ciox Health

P.O. Box 409900
 Atlanta, GA 30384-9900
 Fed Tax ID 58 - 2659941
 1-800-367-1500

CIOX HEALTH INVOICE

Invoice #: **0303423085**
 Date: **04/07/2020**

Electronic Delivery Service

<https://edelivery.cioxhealth.com>

Ship to:

Maurice Eugene
 Maurice, Eugene
 61 SHOCKLEY WAY
 DALLAS,GA 30157-8973

Bill to:

Maurice Eugene
 Maurice, Eugene
 61 SHOCKLEY WAY
 DALLAS,GA 30157-8973

Records from:

WELLSTAR COBB HOSPITAL
 3950 AUSTELL ROAD
 AUSTELL,GA 30106

Requested By: MAURICE, EUGENE
Patient Name: MAURICE EUGENE

DOB : 01/02/1949

Description	Quantity	Unit Price	Amount
Reproduction Fee-Elect			6.50
Subtotal			6.50
Sales Tax			0.00
Invoice Total			6.50
Balance Due			6.50
<p>Please Note: Your medical record request has been delivered electronically to your Ciox eDelivery account.</p>			
Terms: Net 30 days		Please remit this amount : \$6.50(USD)	

Ciox Health

P.O. Box 409900
 Atlanta, GA 30384-9900
 Fed Tax ID 58 - 2659941
 1-800-367-1500

Invoice #: **0303423085**

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.



100 North Point Parkway, Suite 100
 Marietta, GA 30066
 (800) 441-8000
 CIOXHEALTH.COM

Electronic Record Delivery Request

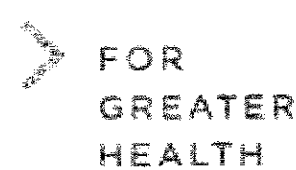
Complete this form, along with a HIPAA Authorization, to receive your medical records as electronic PDF files rather than as printed copies.

Requester Name	EUGENE		MAURICE	
	First		Last	
Street Address	615 HOCKLEY WAY			
	Street		Suite / Apt #	
	DALLAS		GA	30157
	City		State	Zip
Email Address for record delivery				
GENE.MAURICE@SGMSERVICE.COM				
Medical Records Requested				
Patient Name	EUGENE		G	MAURICE
	First		MI	Last
Date of Birth	01-02-1949			
Date of Service	06-01-2009		DATE	
	From		To	

Please provide me with the medical records described above through the Ciox eDelivery online service. I understand and agree that:

- I must provide a valid email address, either my own or that of my designated recipient.
- My records will be provided as Adobe PDF files on Ciox Health's eDelivery website.
- I will receive an email from **CioxHealth.com** containing instructions for accessing my records.
- There may be a fee for collecting my records. If so, an invoice will be included with the records.

Signature Eugene R. Martin Date: 3-31-20



4 OF 4



For Internal Purposes Account Number: _____ Medical Record Number: _____
--

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name: EUGENE G. MAURICE Social Security Number (last 4 digits only): 1524
 Previous Name, if applicable: _____
 Address: 61 STOCKLEY WAY City: DALLAS State: GA ZIP: 30157
 Date of Birth: 01-02-1944 Home Phone: 678-910-2298 Work Phone: NA

1. WELLSTAR HEALTH SYSTEM FACILITY / FACILITIES

I authorize representatives from the following facility / facilities to disclose the above-named individual's health information as directed below:
 (Check one or more)

- | | | |
|---|---|--|
| <input type="checkbox"/> Atlanta Medical Center | <input checked="" type="checkbox"/> Kennestone Hospital | <input type="checkbox"/> Windy Hill Hospital |
| <input type="checkbox"/> Atlanta Medical Center South | <input checked="" type="checkbox"/> Paulding Hospital | <input checked="" type="checkbox"/> WellStar Medical Group |
| <input checked="" type="checkbox"/> Cobb Hospital | <input type="checkbox"/> Spalding Regional Hospital | Name(s) of provider(s): <u>SEE ATTACHED</u> |
| <input type="checkbox"/> Douglas Hospital | <input type="checkbox"/> Sylvan Grove Hospital | _____ |
| <input type="checkbox"/> North Fulton Hospital | <input type="checkbox"/> West Georgia Medical Center | <input type="checkbox"/> Other: _____ |

2. RECEIVING PARTY

- Please send my health information to:
 Name: ELECTRONIC DELIVERY
 Address: SEE ATTACHED
 City: _____ State: _____ ZIP Code: _____
 Phone Number: _____ Fax Number (healthcare provider only): _____
- I would like to pick up my medical records in person
 I authorize _____ to pick up my medical records in person.
 (Name of person authorized to receive the record)

3. DESCRIPTION OF HEALTH INFORMATION TO BE DISCLOSED

Complete medical record (please specify dates of service) 06-01-09 TO DATE

OR

Partial medical record (please specify records below)

<u>Information</u>	<u>Dates</u>	<u>Information</u>	<u>Dates</u>
<input type="checkbox"/> History and Physical	_____	<input type="checkbox"/> Office Notes	_____
<input type="checkbox"/> Consultations	_____	<input type="checkbox"/> Operative Reports	_____
<input type="checkbox"/> Discharge Summary	_____	<input type="checkbox"/> Pathology Reports	_____
<input type="checkbox"/> Lab Results	_____	<input type="checkbox"/> EKG Reports	_____
<input type="checkbox"/> X-rays	_____	<input type="checkbox"/> HIV / AIDS Information	_____
<input type="checkbox"/> Drug / Alcohol Abuse treatment	_____	<input type="checkbox"/> Mental Health Treatment	_____

Other: _____ - please specify dates of service: _____

You must check this box if you are also requesting Billing Records



770-810-4193

10F4

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION - page 2

4. PURPOSE OF DISCLOSURE

My personal records Attorney Disability
 Other: VA - DOD DISABILITY CLAIM

5. EXPIRATION OF AUTHORIZATION

Unless I request in writing otherwise, this authorization will expire on 12-31-2020. If I do not specify an expiration date or event, this authorization will expire ninety (90) days from the date on which it was signed.
(insert date or event.)

6. RIGHT TO REVOKE AUTHORIZATION

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present written revocation to the Health Information Management Department(s) of the WellStar Health System facility or facilities checked above. I understand that the revocation will not apply to any health information that has already been released in response to this authorization.

7. FEES

I understand that federal and state laws allow a fee to be charged for the copying of patient records and I will be responsible for the payment of such fees. The fee schedule may be viewed at www.wellstar.org.

8. REFUSAL TO AUTHORIZE USE AND/OR DISCLOSURE

I understand that authorizing the use or disclosure of the information above is voluntary. I need not sign this form to ensure healthcare treatment. However, if I have been asked to sign this form in order to authorize the disclosure of my health information for purposes related to research, or for other reasons, I understand that WellStar Health System may decline to treat me if I refuse to sign this information only if: (1) the treatment would be related to a research project and this authorization is for the use or disclosure of my health information for such research, or (2) the treatment would be for the sole purpose of creating health information for disclosure to a third party (such as a pre-employment drug screen).

9. RE-DISCLOSURE

I understand that if my health information is disclosed to a party other than a healthcare provider, health plan, or healthcare clearinghouse subject to the federal privacy regulations, my health information disclosed pursuant to this authorization may no longer be protected by the federal privacy regulations.

10. RELEASE AND WAIVER

If the health information that I have requested WellStar Health System to disclose contains any privileged psychiatric or psychological information related to the treatment of physical and/or mental illness, chemical dependency or alcohol abuse, or testing or treatment of any communicable or infectious disease such as acquired immunodeficiency syndrome (AIDS), Immunodeficiency Syndrome Related Complex (ARC), human immunodeficiency virus (HIV), venereal disease, tuberculosis, or hepatitis, I hereby waive any privilege concerning such information for the purpose(s) of releasing it to the party or parties authorized above.

I also release WellStar Health System, each of the WellStar Health System facilities checked above and their officers, trustees, agents, and employees from any and all liabilities, damages, and claims which might arise from the release of the health information authorized by me above.

Eugene D. Mauris
Signature of Patient (or Patient's Legal Representative)

3-31-20
Date

Description of Authority to Act for Patient

NOTE: A COPY OF THIS COMPLETED, SIGNED, AND DATED FORM MUST BE PROVIDED TO THE PATIENT AND/OR THE PATIENT'S REPRESENTATIVE, AND A COPY MUST BE PLACED IN THE PATIENT'S MEDICAL RECORD.

2 of 4

WellStar Medical Group Names and Providers

WellStar Medical Group - East Paulding Primary Care Center - Hiram, GA

Dr. Jeffery Tharp

Susan Ashworth, NP

WellStar Medical Group - Cardiovascular Medicine – Hiram, GA

Dr. Abdul Sheikh

Dr. Anand Kenia

WellStar Medical Group – Urology – Hiram, GA

Dr. Kristan Boren

Dr. Beau Dussealt



GRS HOSPITAL
P.O. BOX 102254
ATLANTA, GA 30362
770.732.4000
Tax ID: 06-0905382

ADMISSION RECORD

CORPORATE NUMBER
02894730

P A T I E N T	ACCOUNT NO.	ADMISSION DATE TIME	ROOM-BED	AC	SEX	MS	RACE	SERVICE	PT	PC	DATE OF BIRTH	AGE	ACCIDENT/WORK/DATE	UNIT NUMBER
	C1400300500	01/07/14 0544	341-01	7	M	M	1	VAS	IP	35	01/02/49	65Y	NO	001632858
	NAME AND ADDRESS		SOC-SEC-NO		DIAGNOSIS/COMPLAINT									
	MAURICE, EUGENE G 61 SHOCKLEY WAY DALLAS GA 301578973		339-42-1524 PHONE MESSAGE? (678)398-9479 110		433.10 CAROTID STENOSIS									
	EMPLOYER NAME & ADDRESS		OCCUPATION		PREVIOUS ADMIT NAME		DATE		ARRIVAL MODE					
G U A R A N T E E	NAME AND ADDRESS		SOC-SEC-NO		PC									
	MAURICE, EUGENE G 61 SHOCKLEY WAY DALLAS GA 301578973		339-42-1524 PHONE MESSAGE? (678)398-9479 SELF		EMPLOYER NAME & ADDRESS									
	INSURANCE 1 & 2		MDCR HMO OPE		NOT EMPLOYED									
	AETNA /MDCR HMO OPEN AC ATTN CLAIMS DEPT P O BOX 981107 EL PASO TX 79998-1107		339421524A MAURICE, EUGENE G MEBH34SM											
	AETNA /MDCR HMO OA PROFE ATTN CLAIMS DEPT P O BOX 981107 EL PASO TX 79998-1107		MDCR HMO OPE 339421524A MAURICE, EUGENE G MEBH34SM											
I N S U R A N C E	RELATIVE 1		SPOUS		RELATIVE 1 EMPLOYER									
	MAURICE, SHIRLEY A 61 SHOCKLEY WAY DALLAS GA 30157-8973		(678)910-2476											
	CHURCH:		FUNERAL HOME:		PREFERRED LANGUAGE: ENGLISH									
	DENOMINATION:		CHART LOCATION:		NOTICE OF PRIVACY PRACTICE: No									
	ADVANCE DIRECTIVE: N 01/03/2014		HOME HEALTH PLAN:		DATE OF PRIVACY PRACTICE:									

Insurance information reflects that which the patient provides at time of registration and as such is subject to verification.

CRT Used: EV2

OPT OUT: No	PUBLICITY:	OPT OUT DATE: 01/03/14
Consultants:	Discharge Date/Time:	
Primary Diagnosis:	Codes:	
Other Diagnosis:		
Primary Procedure:	Codes	CPT Date
Other Procedure(s):		

Date Physician's Signature
Rev. 04/2011

Preoperative Diagnostic Orders

Patient Name Eugene Maurice Date of Birth 1/2/49
 Date of Surgery 1/3/14 Surgeon Chervu Scheduled Procedure: Left carotid endarterectomy

Test (Please check the appropriate box)	Reason (Please check the appropriate box)	ICD-9 Code	Test (Please check the appropriate box)	Reason (Please check the appropriate box)	ICD-9 Code
<input type="checkbox"/> EKG	<input type="checkbox"/> Hypertension	401.9	<input type="checkbox"/> Blood Glucose	<input type="checkbox"/> Diabetes Mellitus	250.OX
	<input type="checkbox"/> Hypothyroidism	244.9		<input type="checkbox"/> Liver disorder (describe)	
	<input type="checkbox"/> Coronary Artery Disease	414.OX		<input type="checkbox"/> Other (describe)	
	<input type="checkbox"/> Heart Block	425.X	<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> Malignancy (describe)	
	<input type="checkbox"/> Arterial Fibrillation	427.31		<input type="checkbox"/> Diabetes Mellitus	250.OX
	<input type="checkbox"/> CHF	428.0		<input type="checkbox"/> Hypertension	401.9
	<input type="checkbox"/> Asthma	493.90		<input type="checkbox"/> Coronary Artery Disease	414.OX
	<input type="checkbox"/> Dysrhythmia	427.X		<input type="checkbox"/> Anemia	285.9
	<input type="checkbox"/> Syncope	780.2		<input type="checkbox"/> Dysrhythmia	427.X
	<input type="checkbox"/> Pallor	782.61		<input type="checkbox"/> CHF	428.0
	<input type="checkbox"/> Abd pain	786.OX		<input type="checkbox"/> Phlebitis	451.X
	<input type="checkbox"/> Post CABG	V15.1		<input type="checkbox"/> Esophageal disease	530.9
	<input type="checkbox"/> Other (describe)			<input type="checkbox"/> COPD	496
<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> Malignancy (describe)		<input checked="" type="checkbox"/> Pro Time	<input type="checkbox"/> Chronic bronchitis	491.X
	<input type="checkbox"/> Renal disease (describe)			<input type="checkbox"/> Emphysema	492.8
	<input type="checkbox"/> Oral disease (describe)			<input type="checkbox"/> Asthma	493.90
	<input type="checkbox"/> GI disease (describe)			<input type="checkbox"/> Edema	782.3
	<input type="checkbox"/> Breast disease (describe)			<input type="checkbox"/> Dysphasia	787.2
	<input type="checkbox"/> GU disease (describe)			<input type="checkbox"/> Other (describe)	
	<input type="checkbox"/> GYN disease (describe)			<input type="checkbox"/> Atrial Fibrillation	427.31
	<input type="checkbox"/> Dermatitis	682.X		<input type="checkbox"/> Long term use of anticoagulants	V58.61
	<input type="checkbox"/> Diabetes Mellitus	250.OX		<input type="checkbox"/> Peripheral vascular disease	443.9
	<input type="checkbox"/> Peripheral Vascular Disease	443.9		<input type="checkbox"/> Coronary Artery Disease	414.OX
	<input type="checkbox"/> Hernia Abd. Cavity (describe)			<input type="checkbox"/> Phlebitis	451.OX
	<input type="checkbox"/> Irritable bowel disease (describe)			<input type="checkbox"/> Gastro Ulcor (describe)	
	<input type="checkbox"/> Rheumatoid arthritis	714.0		<input type="checkbox"/> Hematuria	599.7
	<input type="checkbox"/> Pain in joint (describe site)	719.4X		<input type="checkbox"/> Post Menopausal bleed	627.1
	<input type="checkbox"/> Malaise and fatigue	780.79		<input type="checkbox"/> Hemoptysis	786.3
	<input type="checkbox"/> Anemia	285.9		<input type="checkbox"/> Other (describe)	
	<input type="checkbox"/> Hypertension	401.9			
	<input type="checkbox"/> CHF	428.0			
	<input type="checkbox"/> Asthma	493.90			
	<input type="checkbox"/> Other (describe)				
<input type="checkbox"/> Hepatic Function	<input type="checkbox"/> CHF	428.0			
<input type="checkbox"/> Hepatitis Panel			<input checked="" type="checkbox"/> BMP		
	<input type="checkbox"/> Abdominal Pain	789.OX	<input type="checkbox"/> Electrolytes		
	<input type="checkbox"/> Other (describe)		<input type="checkbox"/> BUN		
<input checked="" type="checkbox"/> Type & Hold (Screen)			<input type="checkbox"/> Creatinine		
<input type="checkbox"/> Type & Crossmatch			<input type="checkbox"/> Pregnancy Test		

DISCLAIMER: This form is intended as a coding reference only and is not meant to suggest or in any way influence your selection of ICD-9 and CPT codes. You should select whatever ICD-9 and/or CPT code is most appropriate under the circumstances. You are not limited to the codes listed on this form.

MD Signature [Signature] Date/Time 1/3/14, 10:50 AM / PM
 RN Signature _____ Date/Time _____ AM / PM

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill

001632858 01/07/14
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500 R
 CHERVU, ARUN

WellStar

Acknowledgment of Receipt
of
"NOTICE OF PRIVACY PRACTICES"
for
Protected Health Information

I, acknowledge that I have received a copy of WellStar Health System's "Notice of Privacy Practices" for Protected Health Information on the date set forth below.

1-3-14
Date of Receipt

1-2-46
Date of Birth

EUGENE G. MAURICE
Patient Name

Print Name of Authorized Personal Representative

Eugene G. Maurice
Signature of Patient

Signature of Authorized Personal Representative

Please Indicate Relationship to Patient

FOR USE BY WELLSTAR HEALTH SYSTEM PERSONNEL ONLY: [Complete if patient Acknowledgment is not obtained]


An Acknowledgment of Receipt of Notice of Privacy Practices was not obtained because:

- Patient refused to sign Acknowledgment.
- Unable to gain signed Acknowledgment due to communication/language or other barrier.
- Patient was unable to sign Acknowledgment due to emergency treatment situation.
- Other: Please indicate reason _____

Signature of WellStar Representative: _____ Date: _____

Please the appropriate facility:

- Kennestone Hospital Cobb Hospital Douglas Hospital Windy Hill Hospital Paulding Hospital
- Homecare Hospice
- Other: _____

<p>WellStar <input type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill</p> <p>Notice of Privacy Practices</p>	<p>001632858 MAURICE, EUGENE G 01/02/49 M 65Y C1400300500 CHERVU, ARUN</p> 	<p>01/07/14 ICKER</p>
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FORM # WS0446 ESI # 71002

Revision Date (11/2010)
HIM Approved 11/2010



* 1-WS0446 *

**AN IMPORTANT MESSAGE FROM MEDICARE
ABOUT YOUR RIGHTS**

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here: Georgia Medical Care Foundation phone number: 404-982-0411, extension 3413, or 1-800-982-0411, extension 3413.

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.
 - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call (770)732-3788.

Please sign and date here to show you received this notice and understand your rights.

Eugene B. Maurice 1-3-14 11:21 (AM) PM
Signature of Patient or Representative Date Time

CMS-R-193 (approved 07/10)

WellStar Cobb Hospital

An Important Message from Medicare
About Your Rights

001632858
MAURICE, EUGENE G
01/02/49 M 85Y C
CHERVU, ARUN



01/07/14
C1400300500



CONSENT TO ROUTINE PROCEDURES AND TREATMENTS & FINANCIAL RESPONSIBILITY STATEMENT

Section I CONSENT TO ROUTINE PROCEDURES AND TREATMENTS

I consent to routine procedures and treatments at a WellStar Health System "WellStar" facility as an outpatient, inpatient or emergency department patient, depending on my medical needs. Routine procedures and treatments can include testing (for example, x-rays and blood tests), routine care and procedures (for example, intravenous fluids, injections, or bladder or stomach tubes) and evaluation (for example, interviews and physical exams). However, this consent to routine procedures and treatments does not include consent for other invasive procedures (for example, surgery, amniocentesis, or diagnostic tests such as colonoscopy or those requiring the use of contrast material), consent for blood or blood products, general anesthesia or my participation in research. These circumstances require a separate consent process. I understand it is the responsibility of my physician or surgeon to obtain any required separate consent(s).

I understand that I may receive treatment and healthcare services given by WellStar employees (such as nurses and technicians) and by physicians and other independent medical professionals on the medical staff of WellStar facilities (for example, Emergency Department physicians, radiologists, and surgeons) who are NOT WellStar employees. I understand that the healthcare services provided by these independent medical professionals, using independent medical judgment, at a WellStar facility in no way creates any type of employment, partnership, or other relationship other than as an independent contractor. These independent contractors are responsible for their own actions and WellStar shall not be liable for the acts or omissions of any such independent contractors.

While I am a patient at a WellStar facility, I understand that I may be observed by or receive healthcare services from, students enrolled in training programs. Students are supervised by instructors, WellStar employees, or other independent medical professionals on the medical staff of the WellStar facility, depending on the type of training program the students are enrolled in. I understand that I have the right to request that someone other than a student provide my care.

I understand that I retain no property rights to any tissue samples or bodily fluids removed from my body (specimens) as part of procedures or treatment given to me. I further understand that WellStar has no obligation to preserve these specimens; that it will retain or dispose of specimens according to its usual practices.

I understand that I have the right to ask questions about a proposed procedure or treatment (including the identity of any person providing or observing treatment and his or her affiliation with WellStar) at any time. I understand the practice of medicine is not an exact science and diagnosis and outcomes of treatment depend upon my medical condition, and may involve risks or even death. I understand that no guarantees can be made as to the outcome of my care.

Section II MATERNITY PATIENTS

If I deliver an infant(s) while I am a patient of at a WellStar facility, I agree that this same Consent to Routine Procedures and Treatments applies to the infant(s).

Section III EMERGENCY OR LABORING PATIENTS

In accordance with federal law, I understand my right to receive an appropriate medical screening examination performed by a physician or other qualified medical professional to determine whether I am suffering from an emergency medical condition. If such a condition exists, stabilizing treatment will be provided within the capabilities of this WellStar facility and its staff, even if I cannot pay for these services, do not have medical insurance coverage, or am not entitled to Medicare or Medicaid.

SIGNATURE of Patient (or Patient Representative*) <i>Eugene G. Maurer</i>		SIGNATURE of Witness <i>[Signature]</i>	
Date signed <i>1-3-14</i>		Date signed <i>01/03/14</i>	
Time <i>11:21</i> <input checked="" type="radio"/> AM / <input type="radio"/> PM		Time <i>11:38</i> <input checked="" type="radio"/> AM / <input type="radio"/> PM	
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

Section IV ASSIGNMENT OF BENEFITS/FINANCIAL RESPONSIBILITY

I assign any right I may have to receive payment from a health insurance plan, ERISA, Medicare, Medicaid, Social Security or other payor(s) for services rendered by WellStar and the medical professionals caring for me during my treatment. I understand that I am financially responsible for all healthcare services, including amounts that are not covered by my health insurance plan or payor, as appropriate, based on the terms of the health plan contracts or the law. For example, the payment of non-covered services, deductibles and co-payments are the patient's responsibility. For healthcare services provided by independent medical professionals, I understand that I will receive separate bills and that I am responsible for paying for them. I agree to provide

WellStar <input checked="" type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill <input type="checkbox"/> Other _____	001632858 MAURICE, EUGENE G 01/02/49 M 65Y C1400300500 CHERVU, ARUN
01/07/14 KER	

General Consent to Treat & Financial Responsibility Statement

FORM #WS1057 ESI #100263

Pg. 1 of 2



2-WS1057

J/2013
HIM Approved 9/2013

WellStar with all health insurance coverage information if I choose to use my insurance for payment of services. I agree to respond to all requests for benefit information and complete any forms required by my insurance plan. I am responsible for understanding and following the terms of my health insurance plan. I authorize WellStar and its medical professionals to submit appeals for payment, including arbitration and formal complaints, on my behalf as required by my insurance company. I also understand that I am financially responsible for collection costs if my account becomes delinquent and that all delinquent accounts will bear interest at the legal rate, unless prohibited by law. I understand that WellStar may request and use data from third parties such as credit reporting agencies in order to verify demographic data or evaluate financial options.

For Medicare/Medicaid Patients: I certify that the information given by me in applying for payment under Title XVII and XIX of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made on my behalf. I assign payment for the unpaid charges to WellStar or the independent medical professionals providing healthcare services to me. I understand that I am responsible for any remaining balance not covered by other insurance.

If I am signing this form and am not the patient, I understand that I am also responsible for and agree to pay charges not covered by the assignments made in this Section IV, including any Medicare deductibles.

Section V FINANCIAL ASSISTANCE STATEMENT

It is WellStar's policy to provide medical care at no cost to qualified members of the WellStar-served communities, and to provide significantly discounted medical care to certain qualified members of our communities faced with financial hardship due to medical misfortune, according to policy. I understand that if payment of my bill creates a financial hardship, I may qualify for assistance with all or part of my medical expenses associated with my treatment at a WellStar facility and that I can call 678-838-5750 for more information.

Section VI CONSENT TO PHOTOGRAPHY AND VIDEOTAPING

Sometimes, WellStar facilities and physicians use patient photographs and videos for identification, clinical, educational, or research-related purposes. These photographs, recordings or videos could be in digital or other formats and may be reproduced for scientific or treatment reasons. I consent to having photographs, recordings or videos taken for patient care, educational, research, or other clinical benefits.

Section VII NOTICE REGARDING RELEASE OF HEALTH INFORMATION

As explained in WellStar's Notice of Privacy Practices, WellStar may use and disclose medical information including privileged information (i.e. mental health, alcohol/drug abuse or HIV/AIDS), to physicians or other healthcare providers for the purposes of providing treatment, and to payors for the purposes of payment for medical treatment. HIPAA also permits WellStar and its affiliated companies to use medical information for healthcare operations. I expressly authorize WellStar's use and disclosure of my medical information as described in this Section VII.

Section VIII INPATIENT INFORMATION

I have received a copy of the Patient Admission Packet that includes "Patient Rights and Responsibilities" and information regarding Advance Care Planning. If I am a Medicare beneficiary, I have also received a notice entitled "Important Message from Medicare."

Section IX ADVANCE DIRECTIVE

I have an Advance Directive Yes No If yes; I will provide a copy to WellStar. I have been advised that WellStar does not honor Advance Directives in Pre-admission Testing or in the Outpatient Diagnostics and Treatment setting.

Section X PERSONAL VALUABLES

I understand that WellStar is not liable or responsible for lost or damaged personal belongings and valuables (for example, money, jewelry, hearing aids, or dentures) unless placed within a WellStar safe. I will ask family members or friends to take home my personal belongings and valuables. I also understand and will inform the staff if I have dentures, eyeglasses, contact lenses, prosthetics or other items that I need to retain close by for personal functioning to assure safekeeping.

I confirm that I have read and understood and accept the terms of this document, that I am the patient or patient's representative, and that I am authorized to sign this document and accept its terms.

SIGNATURE of Patient (or Patient Representative*) <i>Eugene G. Maurice</i>		SIGNATURE of Witness <i>[Signature]</i>	
Date signed <i>1-3-14</i>		Printed name of Witness <i>Red Lewis - RN - Drk</i>	
Time <i>11:21</i>	<input checked="" type="radio"/> AM <input type="radio"/> PM	Date signed <i>1/3/14</i>	Time <i>11:28</i> <input checked="" type="radio"/> AM <input type="radio"/> PM
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill Other _____
General Consent to Treat & Financial Responsibility Statement

001632858 01/07/14
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN
 CKER



PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G
GENDER: M BIRTH DATE: 01/02/1949 AGE: 65 Years
MEDICAL RECORD NUMBER: 001632858 ACCOUNT NUMBER: 1400300500
ACTUAL CASE START: 01/07/2014 07:30

CASE TIMES IN

ACTUAL CASE START: 01/07/2014 07:30
PATIENT IN ROOM: 01/07/2014 07:30
ANESTHESIA IN ROOM: 01/07/2014 07:30

PATIENT ALLERGIES

ALLERGEN: NO KNOWN DRUG ALLERGIES
STATUS: Confirmed

PATIENT EDUCATION/PSYCHOSOCIAL MEASURES

Nursing Diagnosis: Potential risk for actual anxiety related to knowledge deficit. (X4, X30)

Care Measures

Comfort measures provided based on policy OR-01
RECORDED BY: RAYBURN, RN, KATIE
DATE/TIME: 01/07/2014 07:59

Planned Outcome: The patient demonstrates knowledge of the expected responses to the operative or other invasive procedure. (031)

SURGICAL SAFETY CHECKLIST (PART 1)/PRE PROCEDURE

Nursing Diagnosis: Potential risk for injury related to incorrect patient/procedure/site identification, equipment/sterility compromise; altered cardiovascular status, pulmonary function. (X28, X29)

DOCUMENT UPON ENTERING ROOM
DATE/TIME: 01/07/2014 07:32
RECORDED BY: RAYBURN, RN, KATIE

TEAM INTRODUCTIONS: By Name and Role
RECORDED BY: RAYBURN, RN, KATIE

PATIENT CONFIRMS: Consent, Identity, Procedure, Site
RECORDED BY: RAYBURN, RN, KATIE

SITE: Marked
RECORDED BY: RAYBURN, RN, KATIE

NURSING TEAM REVIEWS: Sterility Confirmed
RECORDED BY: RAYBURN, RN, KATIE

DOES THE PATIENT HAVE A KNOWN ALLERGY: No
RECORDED BY: RAYBURN, RN, KATIE

DIFFICULT AIRWAY/ASPIRATION RISK: No
RECORDED BY: RAYBURN, RN, KATIE

BETA BLOCKER MEDICATIONS GIVEN: Yes
RECORDED BY: RAYBURN, RN, KATIE

CARVEDILOL TAKEN AT 0651 TODAY 1/7/14
RECORDED BY: RAYBURN, RN, KATIE
COMMENT: CARVEDILOL TAKEN AT 0651 TODAY 1/7/14

Planned Outcome: The patient is free from injury due to correct identification of patient / procedure / site, and the patients plan of care is consistent with an individualized perioperative plan of care. (08, C4, O24)

CASE GENERAL INFORMATION

ACTUAL OR: ROOM 3 MAIN OR-COBB
PATIENT TYPE: INPATIENT

I have followed policy and procedures and attest that this is an accurate record.

RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G
GENDER: M BIRTH DATE: 01/02/1949 AGE: 65 Years
MEDICAL RECORD NUMBER: 001632858 ACCOUNT NUMBER: 1400300500
ACTUAL CASE START: 01/07/2014 07:30

PREOP DIAGNOSIS:
CAROTID STENOSIS
POSTOP DIAGNOSIS:
CAROTID STENOSIS

CASE ANESTHESIA INFORMATION

ANESTHESIA TYPE
GENERAL ANESTHESIA

ASA CLASSIFICATION: ASA CLASS 3

CASE STAFF

STAFF: CHERVU, ARUN
[] PARTICIPATED IN PRE-PROCEDURE VERIFICATION
[X] PARTICIPATED IN TIME OUT FOR SAFETY
ROLE: SURGEON

STAFF: BALAOING, WILMER M
[] PARTICIPATED IN PRE-PROCEDURE VERIFICATION
[] PARTICIPATED IN TIME OUT FOR SAFETY
ROLE: ANESTHESIOLOGIST SUPERVISING

STAFF: WOLFF, MISSY, PA-A
[X] PARTICIPATED IN PRE-PROCEDURE VERIFICATION
[X] PARTICIPATED IN TIME OUT FOR SAFETY
ROLE: ANESTHETIST
TIME OUT: 01/07/2014 08:25
TIME IN: 01/07/2014 08:36

STAFF: PARDUE, ALISON, PA-A
[] PARTICIPATED IN PRE-PROCEDURE VERIFICATION
[] PARTICIPATED IN TIME OUT FOR SAFETY
ROLE: ANESTHETIST RELIEF
TIME IN: 01/07/2014 08:20
TIME OUT: 01/07/2014 08:36

STAFF: JONES, LAURIE D., ST
[X] PARTICIPATED IN PRE-PROCEDURE VERIFICATION
[X] PARTICIPATED IN TIME OUT FOR SAFETY
ROLE: SCRUB PRIMARY

STAFF: RAYBURN, RN, KATIE
[X] PARTICIPATED IN PRE-PROCEDURE VERIFICATION
[X] PARTICIPATED IN TIME OUT FOR SAFETY
ROLE: CIRCULATOR PRIMARY
TIME OUT: 01/07/2014 09:18
TIME IN: 01/07/2014 09:29

STAFF: RIVERS, STEPHANIE A., PA (VSA)
[] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

I have followed policy and procedures and attest that this is an accurate record.

RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G
GENDER: M BIRTH DATE: 01/02/1949 AGE: 65 Years
MEDICAL RECORD NUMBER: 001632858 ACCOUNT NUMBER: 1400300500
ACTUAL CASE START: 01/07/2014 07:30

[] PARTICIPATED IN TIME OUT FOR SAFETY
ROLE: SCRUB PRIVATE ASSIST
TIME IN: 01/07/2014 08:35

STAFF: MILLER, JAMES D., RN
[] PARTICIPATED IN PRE-PROCEDURE VERIFICATION
[] PARTICIPATED IN TIME OUT FOR SAFETY
ROLE: CIRCULATOR RELIEF
TIME IN: 01/07/2014 09:14
TIME OUT: 01/07/2014 09:31

STAFF: STEVENS, COURTNEY PA
[] PARTICIPATED IN PRE-PROCEDURE VERIFICATION
[] PARTICIPATED IN TIME OUT FOR SAFETY
ROLE: SCRUB PRIVATE ASSIST
TIME IN: 01/07/2014 10:30

PROCEDURE GENERAL INFORMATION

ACTUAL PROCEDURE: LEFT CAROTID ENDARTERECTOMY
PRIMARY SURGEON: CHERVU, ARUN
PROCEDURE WOUND CLASS: 1-CLEAN

PROCEDURE TIMES IN

PRIMARY SURGEON IN ROOM: 01/07/2014 07:50
ACTUAL PROCEDURE START: 01/07/2014 08:19

SURGICAL SAFETY CHECKLIST (PART 2) / TIME OUT FOR SAFETY

Nursing Diagnosis: Potential risk for injury related to incorrect patient/procedure/site identification (X29)

Document immediately prior to incision

DATE/TIME: 01/07/2014 08:19 RECORDED BY: RAYBURN, RN, KATIE
CORRECT PATIENT Yes
CORRECT SITE Marked
CORRECT PROCEDURE Yes
CORRECT PROCEDURE CONSENT FORM Yes
CORRECT POSITION Yes
CORRECT IMAGE/RESULTS Yes
CORRECT ANTIBIOTICS GIVEN WITHIN THE LAST 60 MINUTES Yes
FIRE RISK ASSESSMENT SCORE 2
EQUIPMENT / IMPLANTS CORRECT Yes

I have followed policy and procedures and attest that this is an accurate record.

RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G
GENDER: M BIRTH DATE: 01/02/1949 AGE: 65 Years
MEDICAL RECORD NUMBER: 001632858 ACCOUNT NUMBER: 1400300500
ACTUAL CASE START: 01/07/2014 07:30

PLANNED OUTCOME: THE PATIENT IS FREE FROM INJURY DUE TO IDENTIFICATION OF
CORRECT PATIENT / PROCEDURE / SITE / SIDE. (08)

PROCEDURE COUNTS

NURSING DIAGNOSIS: POTENTIAL RISK FOR INJURY RELATED TO RETAINED OBJECTS. (X29)

COUNT TYPE: FINAL

SPONGES SHARPS INSTRUMENTS MISC

COUNT CORRECT: Not Applicable

RN: RAYBURN, RN, KATIE

SCRUB: JONES, LAURIE D., ST

COUNT TYPE: ADDITIONAL

SPONGES SHARPS INSTRUMENTS MISC

COUNT CORRECT: Yes

RN: RAYBURN, RN, KATIE

SCRUB: JONES, LAURIE D., ST

COUNT TYPE: FINAL

SPONGES SHARPS INSTRUMENTS MISC

COUNT CORRECT: Yes

RN: RAYBURN, RN, KATIE

SCRUB: JONES, LAURIE D., ST

PHYSICIAN NOTIFIED

PLANNED OUTCOME: PATIENT IS FREE FROM UNPLANNED RETAINED OBJECTS. (02)

PROCEDURE POSITIONAL DEVICES

NURSING DIAGNOSIS: POTENTIAL RISK FOR PERIOPERATIVE POSITIONING INJURY. (X40)

POSITION FOR SURGERY: SUPINE ARMS TUCKED AT SIDE

POSITIONER ROLE: CIRCULATOR, ANESTHESIA, SURGEON

POSITIONING AID: FOAM PAD

ANATOMICAL SITE: ARM BILATERAL

POSITIONING AID: PILLOW

ANATOMICAL SITE: KNEES BILATERAL POSTERIOR

PLANNED OUTCOME: PATIENT IS FREE FROM SIGNS AND SYMPTOMS OF INJURY RELATED TO
POSITIONING. (05)

SAFETY STRAP APPLIED: Yes

LOCATION: ABDOMEN

APPLIED BY: RAYBURN, RN, KATIE

LOCATION: THIGHS BILATERAL

APPLIED BY: RAYBURN, RN, KATIE

PROCEDURE PREP

NURSING DIAGNOSIS: POTENTIAL RISK FOR INFECTION RELATED TO INVASIVE PROCEDURE.
(X28)

PREP

SKIN PREP: Yes

I have followed policy and procedures and attest that this is an accurate
record.

RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G
GENDER: M BIRTH DATE: 01/02/1949 AGE: 65 Years
MEDICAL RECORD NUMBER: 001632858 ACCOUNT NUMBER: 1400300500
ACTUAL CASE START: 01/07/2014 07:30

HAIR REMOVAL: Yes
METHOD: CLIPPED
REMOVED BY: CHERVU, ARUN
PREP SOLUTION: BETADINE SOLUTION
FINISH PREP TIME: 01/07/2014 08:05
DRAPE TIME: 01/07/2014 08:07
SITE: NECK LEFT
PREP BY: RAYBURN, RN, KATIE

PLANNED OUTCOME: PATIENT'S SURGERY PERFORMED USING ASEPTIC TECHNIQUE AND IN A MANNER TO REDUCE NOSOCOMIAL INFECTION. (O10)

PROCEDURE IMPLANTS

CASE RU DESCRIPTION: PATCH VASCU-GUARD 0.8X8CM SYNOVIS VG-0108N
ITEM CODE: 83993

TOTAL QTY: 1 SERIAL #: N/A
LOT #: SPCE113-09I0030
CATALOG NER: VG-0108N
SITE IMPLANTED: CAROTID ARTERY LEFT
IMPLANT DATE/TIME: 01/07/2014
EXPIRATION: 05/14/2018

REMOVED BY: RAYBURN, RN, KATIE
INTACT: Yes
PREP SOLUTION LOT#: 35-731-FW
PREP SOLUTION:
BACITRACIN 50000 U IN 1000 ML OF 0.9% SODIUM CHLORIDE
PREP SOLUTION EXPIRATION: 01/09/2014 00:00
PREPARED BY: JONES, LAURIE D., ST
PREPARED DATE/TIME: 01/07/2014 09:08
TOTAL PREP TIME: 50 minutes
FOLLOWED MFR INSTRUCTIONS: Yes

PROCEDURE TIMES OUT

PRIMARY SURGEON OUT OF ROOM: 01/07/2014 10:42
ACTUAL PROCEDURE STOP: 01/07/2014 11:04

CASE EQUIPMENT

NURSING DIAGNOSIS: POTENTIAL RISK FOR INJURY RELATED TO SURGICAL ENVIRONMENT, EXTRANEIOUS OBJECTS, CHEMICAL, ELECTRIC, OR LASER. (X29)

PLANNED OUTCOME: PATIENT IS FREE FROM SIGNS AND SYMPTOMS OF PHYSICAL INJURY CAUSED BY EXTRANEIOUS OBJECTS, CHEMICAL, ELECTRIC, OR LASER. (O2, O3, O4, O6)

ESU

BIOMED NUMBER: 509333
COAG: 30
CUT: 1

I have followed policy and procedures and attest that this is an accurate record.

RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G
GENDER: M BIRTH DATE: 01/02/1949 AGE: 65 Years
MEDICAL RECORD NUMBER: 001632858 ACCOUNT NUMBER: 1400300500
ACTUAL CASE START: 01/07/2014 07:30

BLEND SETTING: SPRAY
PAD LOT: 33190241X
PAD SITE: THIGH RIGHT
PREOP PAD SITE CLEAR?: Yes
POSTOP PAD SITE CLEAR?: Yes
HAIR REMOVAL: NOT APPLICABLE
APPLIED BY: RAYBURN, RN, KATIE

BASIC EQUIPMENT

EQUIPMENT TYPE: SEQUENTIAL COMPRESSION DEVICE
SERIAL/BIOMED NUMBER: 528779
SETTING: FACTORY SETTINGS
SITE: LEG LOWER BILATERAL
APPLIED BY: RAYBURN, RN, KATIE

EQUIPMENT TYPE: WARMING UNIT FORCED AIR
SERIAL/BIOMED NUMBER: 523033
SETTING: HIGH PER ANESTHESIA
SITE: LOWER BODY
APPLIED BY: WOLFF, MISSY, PA-A

CASE SPECIMENS

SPECIMEN: PLAQUE
SPECIMEN TYPE: DISCARDED PER SURGEON
TRANSFERRED TO: DISCARDED PER SURGEON

FAMILY NOTIFICATION

DATE/TIME: 01/07/2014 08:25
SPOKE WITH:
FAMILY NOTIFIED OF SURGERY START VIA ROSA IN BARRETT SURGERY CENTER. RAYBURN,
KATIE RN

DATE/TIME: 01/07/2014 09:24
SPOKE WITH:
FAMILY UPDATED VIA ROSA IN BARRETT CENTER, "WE ARE PROGRESSING." J. MILLER RN

CASE MEDICATIONS

HEPARIN 5000 UNITS + NORMAL SALINE 0.9% 500ML []
ADMIN AMOUNT: 500 <ML
SITE: NECK LEFT
ADMINISTERED BY: CHERVU, ARUN
BACITRACIN 50,000 UNITS + NORMAL SALINE 0.9% 1000ML []
ADMIN AMOUNT: 1000 <ML ROUTE: IRRIGATE
SITE: NECK LEFT
ADMINISTERED BY: CHERVU, ARUN

I have followed policy and procedures and attest that this is an accurate record.
RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G
GENDER: M BIRTH DATE: 01/02/1949 AGE: 65 Years
MEDICAL RECORD NUMBER: 001632858 ACCOUNT NUMBER: 1400300500
ACTUAL CASE START: 01/07/2014 07:30

THROMBIN 5,000 SPRAY KIT []

ADMIN AMOUNT: 5000 <U ROUTE: TOPICAL
SITE: NECK LEFT
ADMINISTERED BY: CHERVU, ARUN

HEPARIN 1000 UNITS/ML []

ADMIN AMOUNT: 6000 U ROUTE: IV PUSH
SITE: VEIN
ADMINISTERED BY: WOLFF, MISSY, PA-A

MEDICATION COMMENT:

ADMINISTERED BY ANESTHESIA SEE ANESTHESIA RECORD FOR TIME GIVEN

DEXTRAN 40 + NORMAL SALINE 0.9% 500ML []

ADMIN AMOUNT: 450 ML ROUTE: IVPB
SITE: VEIN
ADMINISTERED BY: WOLFF, MISSY, PA-A

MEDICATION COMMENT:

50 ML PLACED ON STERILE FIELD. 450 ML GIVEN TO ANESTHESIA FOR INFUSION

CASE TUBES, DRAINS, CATHETERS

TDC, DRAIN ROUND LF 10FR 1/8X49 BARD 0070310

RECORDED BY: RAYBURN, RN, KATIE

TDC SITE: Neck

LOT NUMBER: NGXH2686

INSERTION TIME: 10:54

INSERTED BY (LAST NAME, FIRST NAME): RIVERS, STEPHANIE PA

CASE OUTCOME/DISCHARGE

TRANSFER REPORT GIVEN TO: PACU, NURSE

TRANSFERRED TO: PACU

TRANSFER MODE: STRETCHER SIDERAILS UP

ALL PLANNED OUTCOMES MET: YES

TRANSFER SUPPORT DEVICE: OXYGEN

COMMENT: SUPPLEMENTAL

SURGICAL SAFETY CHECKLIST (PART 3)

BEFORE PATIENT LEAVES OPERATING ROOM

NURSE VERBALLY CONFIRMS WITH THE TEAM

How Specimen is Labeled, Instrument,
Sponge, and Needle Counts Correct,
Procedure Name Recorded

RECORDED BY: RAYBURN, RN, KATIE

[X] SKIN REMAINS SMOOTH, INTACT, NON-REDDENED, NON-IRRITATED, FREE FROM
BRUISING. (O5, O2, O8)

[X] THE PATIENT IS AT OR RETURNING TO NORMOTHERMIA AT THE CONCLUSION OF THE
IMMEDIATE POST OPERATING PERIOD. (O12)

[X] THE PATIENT'S RIGHT TO PRIVACY IS MAINTAINED. (O25)

CASE TIMES OUT

ACTUAL CASE STOP: 01/07/2014 11:12

I have followed policy and procedures and attest that this is an accurate
record.

RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G
GENDER: M BIRTH DATE: 01/02/1949 AGE: 65 Years
MEDICAL RECORD NUMBER: 001632858 ACCOUNT NUMBER: 1400300500
ACTUAL CASE START: 01/07/2014 07:30

PATIENT OUT OF ROOM: 01/07/2014 11:12
ANESTHESIA ROOM STOP: 01/07/2014 11:12
TRANSFER TIME: 01/07/2014 11:12

INTRAOP ADDENDUM

CHART AUDITED AND CHARGED BY: PUGH, ROSWITHA P

I have followed policy and procedures and attest that this is an accurate record.
RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1400300500

ACTUAL CASE START: 01/07/2014 07:30

		INTRAOP	INTRAOP			
		01/07/2014	01/07/2014			
	Total	07:30	11:05			
Skin Assessment						
*General Assessment						
Skin Condition		Warm, Dry and Intact				
Dressing Assessment						
Neck Left						
Dressings			Surgicel Tegaderm			
		RAYBURN, RN, KATIE	RAYBURN, RN, KATIE			

I have followed policy and procedures and attest that this is an accurate record.

RAYBURN, RN, KATIE

NAME: MAURICE, EUGENE
Medical Record Number: 001632858
Account Number: 1400300500
Facility: C
Report Name: COBB HOSPITAL OPERATIVE REPORT

DATE OF ADMISSION: 01/07/2014

DATE OF OPERATION: 01/07/2014

SURGEON: Arun Chervu, MD

PREOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

POSTOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

OPERATION PERFORMED

1. Left carotid endarterectomy with bovine pericardial patch angioplasty.
2. Intraoperative SonoSite.

FIRST ASSISTANT: Stephanie Rivers, PA-C.

SECOND ASSISTANT: Courtney Stevens, PA-C.

ANESTHESIOLOGIST: Wilmer M. Balaoing, MD

ANESTHESIA: General endotracheal.

INDICATIONS FOR PROCEDURE: The patient is a 65-year-old, white male with a high-grade left carotid stenosis; in addition he also has a right carotid stenosis. The patient is taken to the operating room for left carotid endarterectomy. Risks and benefits of the procedure, including but not limited to bleeding, infection, clotting, stroke, cranial nerve injury, cardiac and respiratory problems, etc., are discussed in detail with the patient and his wife, in addition to treatment and alternatives including carotid stenting. Consent has been signed to proceed with left carotid endarterectomy.

PROCEDURE: In the operating room, the patient underwent general anesthesia. The left neck and chest were prepped and sterilely draped using full barrier precautions. After appropriate timeout, I made a standard incision just anterior to sternocleidomastoid muscle, taken down to the level of the jugular vein. There was a small tear in the jugular vein that I sutured with 6-0 Prolene. The facial vein was ligated and then divided. I then encircled the proximal common carotid artery, taking care to preserve the vagus nerve. The patient had quite a high bifurcation. I encircled the external and then the internal carotid artery where it was soft, taking care to preserve the hypoglossal nerve. I then gave the patient 6000 units of heparin. After waiting 3 minutes for the heparin to circulate, I clamped the distal internal and then the common and external carotid artery. The artery was opened longitudinally using a #12 blade, and extending, using a Potts scissors. I then began an endarterectomy plane and achieved a nice proximal endpoint. I did an eversion endarterectomy of the external and then achieved a very nice distal endpoint. There was a lot of loose debris that took some time to clean off in the ICA. Ultimately I felt that I could close. I took a bovine pericardial

NAME: MAURICE, EUGENE
Medical Record Number: 001632858
Account Number: 1400300500
Facility: C
Report Name: COBB HOSPITAL OPERATIVE REPORT

patch, sewed the top 2 quadrants with 6-0 Prolene. The patch was cut to the appropriate length. I then put in the proximal suture and did the third quadrant. The suture was tied. _____ fourth quadrant was done, I removed the shunt and then irrigated the bed with copious amounts of heparinized saline and dextran solution. The anastomosis was completed. Flow was reconstituted first to the external and after 10 heartbeats to the internal carotid artery. Two hemostatic sutures were required, and then I had very good hemostasis. I then did an intraoperative SonoSite and had excellent flow in the common. The distal common carotid artery had no debris that I can see in the carotid dissection area, and then the excellent flow in the distal internal carotid artery. I put in a J-P drain, did a Valsalva, and no significant bleeding was identified. The platysma was approximated using running 3-0 Vicryl sutures and then skin staples. Surgical and Tegaderm dressing were applied. Final sponge and needle counts correct.

ESTIMATED BLOOD LOSS: Of 200 mL.

IV FLUIDS: Of 1300 mL crystalloid.

TOTAL HEPARIN: Of 6000 units.

SPECIMENS: Carotid plaque, not sent for pathology.

CONDITION ON DISCHARGE: The patient tolerated procedure well and taken to recovery room in satisfactory condition. At the end of the procedure, the patient was alert and oriented, moving all extremities well. Tongue was in midline. Speech was intact.

{End of Report}

Arun Chervu, MD
Vascular Surgery

AC:WEB JOB #: 2283658 DOC #: :1718083
D: 01/07/2014 11:27:00
T: 01/07/2014 11:51:17

cc:
Abdul M. Sheikh, MD

NAME: MAURICE, EUGENE
Medical Record Number: 001632858
Account Number: 1400300500
Facility: C
Report Name: COBB HOSPITAL OPERATIVE REPORT

DATE OF ADMISSION: 01/07/2014

DATE OF OPERATION: 01/07/2014

SURGEON: Arun Chervu, MD

PREOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

POSTOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

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2. Intraoperative SonoSite.

FIRST ASSISTANT: Stephanie Rivers, PA-C.

SECOND ASSISTANT: Courtney Stevens, PA-C.

ANESTHESIOLOGIST: Wilmer M. Balaoing, MD

ANESTHESIA: General endotracheal.

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NAME: MAURICE, EUGENE
Medical Record Number: 001632858
Account Number: 1400300500
Facility: C
Report Name: COBB HOSPITAL OPERATIVE REPORT

patch, sewed the top 2 quadrants with 6-0 Prolene. The patch was cut to the appropriate length. I then put in the proximal suture and did the third quadrant. The suture was tied. Half the fourth quadrant was done, I removed the shunt and then irrigated the bed with copious amounts of heparinized saline and dextran solution. The anastomosis was completed. Flow was reconstituted first to the external and after 10 heartbeats to the internal carotid artery. Two hemostatic sutures were required, and then I had very good hemostasis. I then did an intraoperative SonoSite and had excellent flow in the common. The distal common carotid artery had no debris that I can see in the carotid dissection area, and then the excellent flow in the distal internal carotid artery. I put in a J-P drain, did a Valsalva, and no significant bleeding was identified. The platysma was approximated using running 3-0 Vicryl sutures and then skin staples. Surgical and Tegaderm dressing were applied. Final sponge and needle counts correct.

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{End of Report}

Arun Chervu, MD
Vascular Surgery

AC:WEB JOB #: 2283658 DOC #: :1718083
D: 01/07/2014 11:27:00
T: 01/07/2014 11:51:17

cc:
Abdul M. Sheikh, MD

Authenticated and Edited by Arun Chervu, MD On 1/14/14 12:29:19 PM

NAME: MAURICE, EUGENE
Medical Record Number: 001632858
Account Number: 1400300500
Facility: C
Report Name: COBB HOSPITAL DISCHARGE SUMMARY

DATE OF ADMISSION: 01/07/2014

DATE OF DISCHARGE:

PRIMARY DIAGNOSIS: Critical left carotid stenosis.

SECONDARY DIAGNOSES

1. Hypertension.
2. Coronary artery disease.

OPERATION PERFORMED

1. Left carotid endarterectomy with bovine pericardial patch angioplasty.
2. Intraoperative SonoSite.

ACTIVITY: No driving or lifting greater than 5 pounds for 2 weeks.

DIET: Cardiac.

FOLLOWUP: Vascular Surgical Associates on 01/21/2014 at 2:15 p.m.

MEDICATIONS: Per reconciliation.

CONDITION: Satisfactory.

{End of Report}

Dictated By: Jennifer A. Malcom, RN

Hector M. Dourron, M.D.
Vascular Surgery

HD:WEB JOB #: 2285499 DOC #: :1718492
D: 01/08/2014 09:02:00
T: 01/08/2014 09:16:27

Authenticated by Hector M. Dourron, M.D. On 01/08/2014 01:28:28 PM

WellStar Cobb Hospital
M.D.
3950 Austell Road (770)732-3550
Austell, GA 30106 Fax(770)732-3589

Marla J. Franks,
Laboratory Director

PATIENT NAME ACCOUNT # MED RBC # LOCATION
AGE SEX
MAURICE,EUGENE G 1400300500 001632858 MTC 341-01
65Y M
PHYS: CHERVU,ARUN

***** HEMATOLOGY

DATE:	01/08/14	01/03/14		
TIME:	*0627	*1220	NORMALS	UNITS
WBC		8.8	3.5-10.5	10E9/L
RBC		4.91	4.32-5.72	10E12/L
HGB	12.4L	14.5	13.5-17.5	gm/dL
HCT	38L	43	39-50	%
MCV		87	81-95	fL
MCH		30	26-34	PG
MCHC		34	32-36	gm/dL
RDW		14.0	11.8-15.6	%
MPV		10.2	9.4-12.3	fL
PLT		152	150-450	10E9/L

***** COAGULATION

DATE:	01/03/14		
TIME:	*1220		NORMALS
UNITS			
OPSI NR	0.98		0.85-1.15
RATIO			
PROTIME	10.8		10.0-13.7
SEC			

***** GENERAL CHEMISTRY I

DATE:	01/03/14		
TIME:	*1220		NORMALS UNITS
SODIUM	134L		136-145
mmol/L			
POTASSIUM	4.2		3.5-5.1
mmol/L			
CHLORIDE	102		95-110
mmol/L			
CO2	23L		24-32
mmol/L			

GLUCOSE	150H	70-99	mg/dL
BUN	20	7-21	mg/dL
CREATININE	0.94	0.64-1.27	mg/dL
ANION GAP	13	8-21	mg/L
CALCIUM	9.3	8.4-10.2	mg/dL

PRINT DATE/TIME: 01/09/2014 02:20

PAGE: 1

SUMMARY COVERS ADMISSION DATE BEGINNING: 01/07/2014 ENDING: 01/08/2014

MAURICE, EUGENE G

001632858

MTC

341-01

WellStar Cobb Hospital
M.D.
3950 Austell Road (770)732-3550
Austell, GA 30106 Fax(770)732-3589

Marla J. Franks,
Laboratory Director

PATIENT NAME	ACCOUNT #	MED RBC #	LOCATION
AGE SEX MAURICE, EUGENE G 65Y M PHYS: CHERVU, ARUN	1400300500	001632858	MTC 341-01

***** GFR ESTIMATE FOR CREATININE *****

DATE: 01/03

TIME: *1220

NORMALS UNITS

GFR AFRICAN AMER >60

>59

ml/min/1.73 m2

GFR NON-AFRICAN AMER >60

>59

ml/min/1.73 m2

PRINT DATE/TIME: 01/09/2014 02:20

PAGE: 2

SUMMARY COVERS ADMISSION DATE BEGINNING: 01/07/2014 ENDING: 01/08/2014

MAURICE, EUGENE G

001632858

MTC

341-01

MAURICE, EUGENE G
 Cobb
 ISO Detail Report
 FROM: 01/03/14 11:49 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001032858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

Page: 1

FLWSHEET	01/07	01/08				
INTAKE	21:13	00:14	04:00	04:33	06:21	08:57
Oral ml	320 320	240 240				
LR					0 0	
Intake Total	320 320	240 240			0 240	
OUTPUT	21:13	00:14	04:00	04:33	06:21	08:57
Urine ml	500 500	700 700	400 1100	500 1600		500 2100
JP #1 ml						
Output Total	500 500	700 700	400 1100	500 1600		500 2100
I&O SUMMARY	21:13	00:14	04:00	04:33	06:21	08:57
Intake Total	320 320	240 240			0 240	
Output Total	500 500	700 700	400 1100	500 1600		500 2100
NET	-180 -180	-460 -460	-400 -860	-500 -1360	0 -1360	-500 -1850
CARE PROVIDERS	5L6B	5L6B	5L6B	SK16	SK16	SK16

BARKSDALE, LYDIA(5L6B)CCP

KENNEDY, SOPHIA(SK16)RN

CONTINUED



MAURICE, EUGENE G
 Cobb
 I&O Detail Report
 FROM: 01/09/14 11:49 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001032858
 REQUESTED: 01/09/14 18:00
 OPT OUT:

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FLOWSHEET		01/09
INTAKE		06:58 24-HR
Oral ml		560
LR		0
Intake Total		560
OUTPUT		06:58 24-HR
Urine ml		2600
JP #1 ml	8 8	8
Output Total	8 2108	2608
I&O SUMMARY		06:58 24-HR
Intake Total		560
Output Total	8 2108	2608
NET	-8 -1868	-2048
CARE PROVIDERS		SK16

KENNEDY, SOPHIA(SK16):RN

LAST PAGE

MAURICE, EUGENE G MR: 001032858 ID: 1400300500 DOB: 01/02/1949 - I&O Detail Report
 ROOM: *341-01*

Page: 2

PERM

MAURICE, EUGENE G
 Ccbls
 Vital Signs
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858
 REQUESTED: 01/02/14 18:30
 OPT OUT:

Page: 1

FLWSHEET	01/07					01/08
VITAL SIGNS	14:30	15:00	15:30	20:01	20:08	00:03
Temp #1	97.2F oral		97.9F axillary	97.3F oral		97.2F oral
Pulse #1	58bpm monitor		64bpm monitor	65bpm monitor		74bpm monitor
Respirations #1	18/min visual		16/min visual	19/min visual		18/min visual
BP #1	128/73mmHg L arm lying		137/71mmHg L arm lying	128/65mmHg L arm lying		158/64mmHg L arm lying
BP Equip	portable		portable	portable		portable
SpO2	93% on O2		96% room air	96% room air		96% room air
Pulse Ox Equip	spot check		spot check	spot check		spot check
PAIN	14:30	15:00	15:30	20:01	20:08	00:03
P1 Denies Pain		patient denies			patient denies	
CARE PROVIDERS	JS09	LS24	JS09	5L6B	SK16	5L6B

BARKSDALE, LYDIA(5L6B)CCP
 SHUMWAY, JASON(JS09)CCP

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Vital Signs
 ROOM: *341-01*

Page: 1

PERM

MAURICE, EUGENE G
 Ccbl
 Vital Signs
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHEVUJ ARUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/02/14 18:30
 OPT OUT:

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FLWSHEET	01/08					
VITAL SIGNS	04:09	07:03	08:00	10:00	12:00	12:22
Temp #1	98.1F oral					98.1F oral
Pulse #1	69bpm monitor					66bpm monitor
Respirations #1	18/min visual					18/min visual
BP #1	140/60mmHg L arm					144/73mmHg L arm
BP Equip	portable					portable
SpO2	95% room air					96% room air
Pulse Ox Equip	spot check					spot check
PAIN	04:09	07:03	08:00	10:00	12:00	12:22
Pt Denies Pain			patient denies	patient denies	patient denies	
SEVSEPSISSCREEN	04:09	07:03	08:00	10:00	12:00	12:22
CurrentSepsis Tx		no-continuscreen				
Infection		no				
AntibioticTherapy		no-prophylactic				
If yes x1 above		no-stop screen				
CARE PROVIDERS	5L6B	B9T0	B9T0	B9T0	B9T0	EC99

BARKSDALE, LYDIA(5L6B)CCP

CLEVELAND, ELLERIE(EC99)CCP

TOLLIVER, BRENNAN(B9T0)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Vital Signs
 ROOM: *341-01*

Page: 2

PERM

MAURICE, EUGENE G
 Ccbls
 Vital Signs
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHEVRIJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

Page 3

FLWSHEET	01/08	
VITAL SIGNS	14:00	17:09
Temp #1		96F oral
Pulse #1		67bpm monitor
Respirations #1		18/min visual
BP #1		165/70mmHg L arm
BP Equip		monitor
SpO2		95% room air
Pulse Ox Equip		spot check
PAIN	14:00	17:09
Pt Denies Pain	patient denies	
CARE PROVIDERS	B9TO	EC99

CLEVELAND, ELLERIE(EC99)CCP

TOLLIVER, BRENNAN(B9TO)RN

LAST PAGE

MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Vital Signs
 ROOM: *341-01*

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PERM

Cobb

01/09/2014 18:30

Page 1 of 5

Medication Administration Record
From 01/03/2014 11:49 To 01/08/2014 17:15

BOLD Medication Charting & Nurse Schedule Comment:
 Not Given () Modified * Override Reason
& Admin Note  

01/03/2014 11:49 thru 01/04/2014 07:00			01/04/2014 07:01 thru 01/05/2014 07:00			01/05/2014 07:01 thru 01/06/2014 07:00		
11:49	15:01	23:01	07:01	15:01	23:01	07:01	15:01	23:01
15:00	23:00	07:00	15:00	23:00	07:00	15:00	23:00	07:00

Name: MAURICE, EUGENE G.
Opt Out: No
Physician: Chervu, Arun G., MD

Age: 65 yr
Gender: M
Rm-Bed: 341 - 01

Acct: 1400300500
MRN: 001632858
Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949

Medication Administration Record
From 01/03/2014 11:49 To 01/08/2014 17:15

BOLD Medication Charting & Nurse Schedule Comment:
 Not Given Modified * Override Reason
 & Admin Note On Hold

Scheduled Medications

	01/06/2014 07:01 thru 01/07/2014 07:00			01/07/2014 07:01 thru 01/08/2014 07:00			01/08/2014 07:01 thru 01/08/2014 17:15	
	07:01-15:00	15:01-23:00	23:01-07:00	07:01-15:00	15:01-23:00	23:01-07:00	07:01-15:00	15:01-17:15
ASPIRIN Start: 01/07/2014 15:00 81 MG=1 CHEW ORAL ONCE A DAY Stop: 01/08/2014 17:15 Order Id: 15 Placer Id: RX59402377 MEDS				15:37 81 MG LS24			08:52 81 MG B9T0	Discontinued 17:15
CARVEDILOL Start: 01/07/2014 21:00 12.5 MG=(2 x 6.25 MG TAB) ORAL TWICE A DAY Stop: 01/08/2014 17:15 Order Id: 13 Placer Id: RX59402355 MEDS				20:56 12.5 MG SK16			08:52 12.5 MG B9T0	Discontinued 17:15
CEFAZOLIN SODIUM ADV (CEFAZOLIN) Ingredient: SODIUM CHLORIDE ADV 0.9 % 50 ML Start: 01/07/2014 15:00 1 G=50 ML IV EVERY 6 HOURS Stop: 01/08/2014 03:01 Order Id: 1 Placer Id: RX59402310 MEDS Pharmacy Comments: THERAPY START DATE: 01/07/14				15:37 1 G LS24 20:56 1 G SK16	Discontinued 03:01 04:28 1 G SK16			
CHLORTHALIDONE Start: 01/07/2014 15:00 50 MG=(2 x 25 MG TAB) ORAL ONCE A DAY Stop: 01/08/2014 17:15 Order Id: 14 Placer Id: RX59402376 MEDS				17:37 50 MG LS24			08:52 50 MG B9T0	Discontinued 17:15
DEXAMETHASONE SODIUM PHOSPHATE Start: 01/07/2014 15:00 4 MG=1 ML SOLN IV EVERY 6 HOURS Stop: 01/08/2014 09:01 Order Id: 10 Placer Id: RX59402334 MEDS Pharmacy Comments: X 4 DOSES				15:37 4 MG LS24 20:56 4 MG SK16	04:28 4 MG SK16	08:52 4 MG B9T0	Discontinued 09:01	
HEPARIN SODIUM (PORCINE) (HEPARIN (PORCINE)) Start: 01/08/2014 07:00 5,000 UNIT=1 ML SOLN SUBCUTANEOUS EVERY 8 HOURS Stop: 01/08/2014 17:15 Order Id: 17 Placer Id: RX59402417 MEDS Pharmacy Comments: IF PLATELET COUNTS FALL BELOW 100,000/MM3 OR A GREATER THAN 50 PERCENT DROP PLEASE CONTACT PHYSICIAN Not Given Reasons: 01/08/2014 16:53 Clinical Decision &Admin Note: 01/08/2014 16:53 hematoma on left side of neck ,notified jennifer malcom that heparin would be held.					06:22 inj=RUQ 5000 UNIT SK16		16:53 B9T0	Discontinued 17:15

Name: MAURICE, EUGENE G.
 Opt Out: No
 Physician: Chervu, Arun G., MD

Age: 65 yr
 Gender: M
 Rm-Bed: 341 - 01

Accl: 1400300500
 MRN: 001632858
 Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949

Medication Administration Record
From 01/03/2014 11:49 To 01/08/2014 17:15

BOLD Medication Charting & Nurse Schedule Comment:
 Not Given Modified * Override Reason
 & Admin Note On Hold

01/06/2014 07:01 thru 01/07/2014 07:00			01/07/2014 07:01 thru 01/08/2014 07:00			01/08/2014 07:01 thru 01/08/2014 17:15	
07:01-15:00	15:01-23:00	23:01-07:00	07:01-15:00	15:01-23:00	23:01-07:00	07:01-15:00	15:01-17:15

Scheduled Medications

PNEUMOCOCCAL 23- VALPS VACCINE (PNEUMOVAX 23) Start: 01/08/2014 21:00 25 MCG=0.5 ML INJ IM Stop: 01/08/2014 17:15 ONE TIME DOSE Order Id: 18 Placer Id: RX59404134 MEDS Pharmacy Comments: LOT#							Discontinued 17:15
RAMIPRIL Start: 01/07/2014 21:00 10 MG=1 CAP ORAL Stop: 01/08/2014 17:15 TWICE A DAY Order Id: 16 Placer Id: RX59402378 MEDS Not Given Reasons: 01/08/2014 04:27 Recently Given &Admin Note: 01/08/2014 04:27 pt given meds at 2100 barcode did not scan					04:27 & SK16	11:13 10 MG B9T0	Discontinued 17:15
Simultaneous EZETIMIBE (ZETIA) Start: 01/07/2014 21:00 10 MG=1 TAB ORAL Stop: 01/08/2014 17:15 NIGHTLY AT BEDTIME Order Id: 11 Placer Id: RX59402345 MEDS Pharmacy Comments: GIVE WITH PRAVASTATIN					20:56 10 MG SK16		Discontinued 17:15
PRAVASTATIN SODIUM (PRAVASTATIN) Start: 01/07/2014 21:00 80 MG=1 TAB ORAL Stop: 01/08/2014 17:15 NIGHTLY AT BEDTIME Order Id: 12 Placer Id: RX59402351 MEDS Pharmacy Comments: GIVE WITH ZETIA					20:56 80 MG SK16		Discontinued 17:15

PRN Medications

ACETAMINOPHEN (TYLENOL) Start: 01/07/2014 15:00 650 MG=(2 x 325 MG TAB) ORAL Stop: 01/08/2014 17:15 EVERY 6 HOURS AS NEEDED Order Id: 2 Placer Id: RX59402323 MEDS Pharmacy Comments: FOR MILD PAIN MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM							Discontinued 17:15
ATROPINE SULFATE (ATROPINE) Start: 01/07/2014 15:00 0.4 MG=1 ML SOLN IV Stop: 01/08/2014 17:15 AS NEEDED Order Id: 9 Placer Id: RX59402332 MEDS Pharmacy Comments: FOR HR LESS THAN 40 AND SBP LESS THAN 90.							Discontinued 17:15

Name: MAURICE, EUGENE G.	Age: 65 yr	Accl: 1400300500
Opt Out: No	Gender: M	MRN: 001632858
Physician: Chervu, Arun G., MD	Rm-Bed: 341 - 01	Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949

Medication Administration Record
From 01/03/2014 11:49 To 01/08/2014 17:15

BOLD Medication Charting **8** & Nurse Schedule Comment:
 Not Given Modified * Override Reason
 % Admin Note On Hold

PRN Medications

	01/06/2014 07:01 thru 01/07/2014 07:00			01/07/2014 07:01 thru 01/08/2014 07:00			01/08/2014 07:01 thru 01/08/2014 17:15	
	07:01-15:00	15:01-23:00	23:01-07:00	07:01-15:00	15:01-23:00	23:01-07:00	07:01-15:00	15:01-17:15
CLONIDINE HCL (CLONIDINE) Start: 01/07/2014 15:00 0.1 MG=1 TAB ORAL Stop: 01/08/2014 17:15 EVERY 4 HOURS AS NEEDED Order Id: 8 Placer Id: RX59402329 MEDS Pharmacy Comments: FOR SBP GREATER THAN 180 CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.							Discontinued 17:15	
MAGNESIUM HYDROXIDE (MILK OF MAGNESIA) Start: 01/07/2014 15:00 2,400 MG=30 ML SUSP ORAL Stop: 01/08/2014 17:15 EVERY 6 HOURS AS NEEDED Order Id: 6 Placer Id: RX59402327 MEDS Pharmacy Comments: FOR CONSTIPATION							Discontinued 17:15	
MORPHINE SULFATE (MORPHINE) Start: 01/07/2014 15:00 2- 3 MG=1- 1.5 ML SYRG IV Stop: 01/08/2014 17:15 EVERY 2 HOURS AS NEEDED Order Id: 4 Placer Id: RX59402325 MEDS Pharmacy Comments: FOR SEVERE PAIN. CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.							Discontinued 17:15	
NITROGLYCERIN Start: 01/07/2014 15:00 0.4 MG=1 SUBL SUBLINGUAL Stop: 01/08/2014 17:15 EVERY 5 MINUTES AS NEEDED Order Id: 5 Placer Id: RX59402326 MEDS Pharmacy Comments: X 3 DOSES FOR CHEST PAIN. CALL MD IF CHEST PAIN PERSISTS.							Discontinued 17:15	
ONDANSETRON HCL (ONDANSETRON HCL (PF)) Start: 01/07/2014 15:00 4 MG=2 ML SOLN IV Stop: 01/08/2014 17:15 EVERY 6 HOURS AS NEEDED Order Id: 7 Placer Id: RX59402328 MEDS Pharmacy Comments: FOR NAUSEA/VOMITING.							Discontinued 17:15	

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

MAURICE, EUGENE G
 Cobb
 Adm Database
 FROM: 01/09/14 11:49 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

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Allergy History

Confirm Dt/By	Type	Allergy	Primary Reaction	Severity	Onset Dt	Comment
01/07/14	STB6 MA	No Known Allergies				

Medication History

ConfirmDt/By	Medication	Status	StartDt	StopDt	Dose	Route	Freq	LastTaken	NextDoseDue	Comment
01/09/14	B9TO Vycorin 10-80 Oral	Active				Oral	Every Day	01/06/2014 23:00	01/08/2014	
	GEN: ezetimibe-simvastatin									
01/09/14	B9TO aspirin Oral	Active				Oral	Every Day	01/06/2014 00:00	01/09/2014	
	GEN: aspirin									
01/09/14	B9TO chlorothalidone Oral	Active				Oral	Every Day	01/06/2014 00:00	01/09/2014	
	GEN: chlorothalidone									
01/09/14	B9TO ramipril Oral	Active				Oral	2 times per day 4 06:3	01/07/2014 21:00	01/09/2014	
	GEN: ramipril									
01/09/14	B9TO carvedilol Oral	Active				Oral	2 times per day 4 06:3	01/07/2014 01:00	01/09/2014	
	GEN: carvedilol									

Emergency Contact **Name** **Relationship**
 No Data No Data No Data

Home Phone # **Cell Phone #** **Work Phone #**
 No Data No Data No Data

Other Phone #
 No Data

Next of Kin same as above **Next of Kin**
 No Data No Data

Home Phone # **Cell Phone #** **Work Phone #**
 No Data No Data No Data

Other Phone #
 No Data

EMERGENCY CONTACT
 Healthcare same as above **Healthcare Agent**
 Agent
 No Data No Data

Home Phone # **Cell Phone #**
 No Data No Data

Work Phone #
 No Data

Other Phone # **Primary Caregiver** **Same as above** **Name**
 No Data No Data No Data No Data

Relationship
 No Data

Phone number **Legal Custody**
 No Data No Data

Contact Info **Power of Attorney** **Contact Info**
 No Data No Data No Data

(STB6) BIDWELL, TARA RN (B9TO) TOLLIVER, BRENNAN RN

CONTINUED



MAURICE, EUGENE G
 Cobb
 Adm Database
 FROM: 01/03/14 11:49 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001032858
 REQUESTED: 01/09/14 18:30
 OPT OUT:
 Page: 2

Advanced Directive **CFR Designation** **Wants Limit Tx**
 No Data No Data No Data
Comment
 No Data
Patient Wishses **Patient Questions**
 No Data No Data
Nurse Comments
 No Data

LANGUAGE

Language Spoken **Language Other** **Interpreter Needed**
 English No Data No Data
 (01/03/14 11:49)(JL45)
Comments
 No Data

MEDICALHISTORY

Cardiovascular	Comment		
high blood pressure, Other-see comments (01/03/14 11:49)(JL45)	CABG X6 11/1/1992 (01/03/14 11:49)(JL45)		
Endocrine	Comment		
None (01/03/14 11:49)(JL45)	No Data		
Eyes	Comment		
Glasses (01/03/14 11:49)(JL45)	No Data		
Ears	Comment		
Hearing Intact (01/03/14 11:49)(JL45)	No Data		
Gastrointestinal	Comment		
None (01/03/14 11:49)(JL45)	No Data		
Kidney/Bladder	Comment		
None (01/03/14 11:49)(JL45)	No Data		
Lung	Comment		
none (01/03/14 11:49)(JL45)	No Data		
Neurologic	Comment		
None (01/03/14 11:49)(JL45)	No Data		
Orthopedic	Comment		
Arthritis (01/03/14 11:49)(JL45)	No Data		
Pychological	Comment		
None (01/03/14 11:49)(JL45)	No Data		
Skin	Comment	Teeth	Comment
Intact (01/03/14 11:49)(JL45)	No Data	Intact (01/03/14 11:49)	No Data

(JL45) LANDRY, JENNIFER, RN

CONTINUED



MAURICE, EUGENE G
 Cobb
 Adm Database
 FROM: 01/03/14 11:49 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

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MEDICALHISTORY (cont)

(JL45)

PREVHOSP SURG

Previous Hospital		Visit last 2 Wks		
no		no		
(01/03/14 11:49)(JL45)		(01/03/14 11:49)(JL45)		
Why?	When?	Where?		
No Data	No Data	No Data		
PREVHOSP/SURGERY	PREVHOSP/SURGERY	Anesthesia		
Have you ever had	surgery?	No Data		
	yes			
	(01/03/14 11:49)(JL45)			
Cancer		Comments		
No Data		No Data		
Cardiovascular		Comments		
CABG		11/1/1992		
(01/03/14 11:49)(JL45)		(01/03/14 11:49)(JL45)		
EENT		Comments		
Other-see comments		FATTY MASS TUMOR REMOVED FROM RIGHT EYE		
(01/03/14 11:49)(JL45)		(01/03/14 11:49)(JL45)		
Gastrointestinal		Comments		
Appendectomy		No Data		
(01/03/14 11:49)(JL45)				
Genitourinary		Comments		
No Data		No Data		
Neurological		Comments		
No Data		No Data		
Orthopedic		Comments		
No Data		No Data		
Respiratory		Comments		
No Data		No Data		
Reconstructive		Comments	Vascular	Comments
No Data		No Data	No Data	No Data

BLOODTRANSFUSN

Prior Transfusion	Prior Reaction
no	none
(01/03/14 11:49)(JL45)	(01/03/14 11:49)(JL45)

DISEASESADLT

Recent exposure-contagious illness?	Previous Diseases	What/When?
		No Data
Comments	Travel Outside of US	Where/When?
No Data	yes	No Data
	(01/03/14 11:49)(JL45)	

(JL45) LANDRY, JENNIFER, RN

CONTINUED



MAURICE, EUGENE G
 Cobb
 Adm Database
 FROM: 01/03/14 11:49 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858
 REQUESTED: 01/09/14 18:00
 OPT OUT:
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(cont)

MDROINFDISEASE

Hx of MDRO **Comments**
 none No Data
 (01/03/14 11:49)(JL45)
Immunizations **Comments**
 No Data No Data
Date Gvn Influenza
 No Data
Date Gvn Pneumonia **Date Given** **Last TB** **Skin Test**
 Tetanus
 No Data No Data No Data

SUBSTANCEUSEADLT

Tobacco Use **Tobacco** **Tobacco** **Tobacco** **Date Stopped**
 Type **Amount** **Years**
 No Data No Data No Data No Data No Data
Are you exposed to second hand smoke?
 No Data
Recreational Drugs **Amount/Frequency**
 No Data No Data
Last Used **Recent Rehab** **Comment**
 No Data No Data No Data
Alcohol Use **Amount/Frequency** **Alcohol Years**
 No Data No Data No Data
Last Drink **Quit Date** **Comments**
 No Data No Data No Data
Phys Dependence **Comment**
 No Data No Data

RELIGIOUSBELIEFA

Do religious beliefs **Special Cnsideratns** **Comments**
affect treatment?
 No Data No Data
See Chaplain/Priest **Clergy Contacted**
 No Data
Do Cultural Prefs **Cultural Cnsideratns** **Comments**
affect treatment?
 No Data No Data

Admission Databas	01/03
ADMISSION DATA	11:49
ReceivsADMpack	signed on chart
Hand Hygiene	patient educated
CARE PROVIDERS	JL45

LANDRY, JENNIFER(JL45)RN

(JL45) LANDRY, JENNIFER, RN

CONTINUED



MAURICE, EUGENE G
 Cobb
 Adm Database
 FROM: 01/03/14 11:49 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001032858
 REQUESTED: 01/09/14 18:00
 OPT OUT:
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Admission Databas	01/03
COMMUNICATION	11:49
CommunicatinAids	glasses w/pt
Learning Prefs	verbal
Learning Barrier	none
FUNCTIONALABILITY	11:49
FunctionalStatus	no limitations
ADM PAIN ASSESS	11:49
Give Self Report	yes
Informant	self
Ongoing Pain	no
CARE PROVIDERS	JL45
FedPCP	

EmergencyCont

Language Spoken

ParentQuestions

Diseases

Expostodisease

Blood Trans

PrevHosp/Surgery

Why?	Where?	When?
No Data	No Data	No Data

LAUDRY, JENNIFERJL45FW

PERM

MAURICE, EUGENE G
Cobb
Adm Database
FROM: 01/03/14 11:49 TO: 01/09/14 21:00
ROOM: *341-01* ADM: 01/07/14 05:44
AGE: 65Y SEX: M MD: CHERVU, ARUN
DOB: 01/02/1949 ID: 1400300500 MR: 001032858
REQUESTED: 01/09/14 18:00
OPT OUT:

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PrevHosp/Surgery (cont)

Where?
No Data

Prev Surgery

Prev Illness

med Hist ROS

Peds Medical Hx

Medicines

Family History

Family Info

VRE

Living Hist/Stat

Spiritual Prefs

CONTINUED



MAURICE, EUGENE G
 Cobb
 Adm Database
 FROM: 01/03/14 11:49 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001032858
 REQUESTED: 01/09/14 18:00
 OPT OUT:

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Spiritual Prefs (cont)

Cultural Prefs

Substance Abuse

Admission Databas	01/03
COMMUNICATION	11:49
CommunicatinAids	glasses w/pt
CARE PROVIDERS	JL45

LANDRY, JENNIFER(JL45)RN

LAST PAGE

PERM

HHSADXHX

From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Assessment

Observables				
Template: Admission Assessment				
Category: Admission Data				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Organ donor?	no	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
ReceiveADMPack	signed on chart	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Hand Hygiene	patient educated	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Privacy				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Disclose information to:	self/spouse	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Advance Directives				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Advance Directive	no	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Communication				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
CommunicationAids	glasses w/pl	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Learning Prefs	verbal	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Learning Barrier	none	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Language				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Language Spoken	English	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Tobacco Use				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Smoking status	former smoker	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

HHSADXHX

From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Tobacco Use				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Smoked in last 12 months?	no	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Alcohol Use				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Do you drink alcohol?	yes	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Out down on your drinking?	no=0	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Annoyed by criticizing of your drinking?	no=0	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Guilty about your drinking?	no=0	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Interest in alcohol treatment program?	no	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Street Drug Use				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Street drug use	no	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Suicide				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Ever Harm Self	no	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Abuse				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Safe at Home	yes	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Feel Threatened	yes	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Observable Name	Observation	Chart Time	Perform Time	Confirm Time

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

HHSADXHX

From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Religious Belief				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Do religious beliefs affect treatment?	no	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
See Chaplain/Priest	no	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Do cultural prets affect treatment?	no	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Medical History Adult				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Cardiovascular	high blood pressure, Other-see comments	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comment	CABG X6 11/1/1992	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Endocrine	None	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Eyes	Glasses	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Ears	Hearing Intact	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Gastrointestinal	None	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Kidney/Bladder	None	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Lung	none	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Neurologic	None	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Orthopedic	Arthritis	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Psychological	None	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Skin	Intact	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

HHSADXHX

From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Medical History Adult				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Teeth	Intact	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Previous Hospital/Surgery				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Previous Hospital	no	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Visit last 3 Months?	no	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Have you ever had surgery?	yes	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Cardiovascular	CABG	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	11/1/1992	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
EENT	Other-see comments	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	FATTY MASS TUMOR REMOVED FROM RIGHT EYE	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Gastrointestinal	Appendectomy	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Blood Transfusion				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Prior Transfusion	no	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Prior Reaction	none	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Diseases				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Recent exposure-contagious illness?	no	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

HHSADXHX

From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Diseases				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Previous Diseases?	chicken pox, measles	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Travel Outside of US	yes	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Where/When?	VIETNAM, CARRIBEAN, BARBADOS, CUBA, CANADA, MEXICO	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: MDRO/INF Disease				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Hx of MDRO	none	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Nutrition Screening Adult				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Diet at Home	low sodium	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Alterations	none reported	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Diabetes Info	not applicable	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Pt has Glucometer	no	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Functional/Mobility Screening Adult				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Functional Status	no limitations	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Pain				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Give Self Report	yes	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Informant	self	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

HHSADHX

From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Pain				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Pain Goal?	0	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Ongoing Pain	no	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Discharge Plan				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Living situation prior to admission	home	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Others in household	family	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Expected discharge situation	home	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
HHS Discharge Planning Comment	FAMILY ABLE TO ASSIST AFTER SURGERY	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	

Chart Components			
Template: Admission Assessment			
Category: Admission Data			
Component Name	Chart Time	Perform Time	Confirm Time
Emergency Contacts	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 EDT LANDRY, JENNIFER, RN	01/03/2014 11:49 EDT LANDRY, JENNIFER, RN
PrimaryId=46843620, Name=SHIRLEY MAURICE, Relationship=Spouse, Cell=(876) 910-2476			

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

Page: 1

FLWSHEET	01/07						01/08
CATHETER INSERT	15:00	16:20	20:01	20:08	22:08	00:03	
Urine Color	yellow			yellow			
FALL RISK Hendri	15:00	16:20	20:01	20:08	22:08	00:03	
confusDisorImpul	0-no			0-no			
despressionSignS	0-no			0-no			
alterElimination	0-no			0-no			
dizzinessVertigo	0-no			0-no			
male gender	1-yes			1-yes			
anyAntiepileptic	0-no			2-yes			
anyBenzodiazepin	0-no			0-no			
Get Up & Go Test	1-pushUp1attempt			1-pushUp1attempt			
FALL RISK SCORE	2 w/o get up & go						
Score=5 or more	no, not at risk			yes, at risk			
Pt at Fall Risk	N/A						
Goal	no fall			no fall			
MOBILITY	15:00	16:20	20:01	20:08	22:08	00:03	
MobilityGuideline	mobContraincated			perPT/Rehab POC			
Get Up&Go Goals	not applicable			not applicable			
MobilityIntrvntn	other (specify)						
Transfer	self			self			
01/07/14 15:00 MobilityIntrvntn(LS24): bed/rest							
NEUROLOGICAL	15:00	16:20	20:01	20:08	22:08	00:03	
Basic Assessment					assess unchanged		
LOC	alert			alert			
Orientation	oriented appropriate			oriented			
Speech	clear			clear			
Muscle Strength							
L Upper Extrem	moderate			moderate			
R Upper Extrem	strong			moderate			
L Lower Extrem	moderate			moderate			
R Lower Extrem	moderate			moderate			
Muscle Tone	2+ average			2+ average			
Gait	unable to assess			unable to assess			
Gag Reflex	present			present			
Cough Reflex	present			present			
Size							
Both Pupils	2mm			pinpoint			
Shape							
Both Pupils	equal round			equal round			
Reaction							
Both Pupils	brisk			brisk			
CARE PROVIDERS	LS24			SK16	SK16		

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

CONTINUED



MAURICE EUGENE G
 Cobb
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

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FLWSHEET	01/07						01/08
NEUROLOGICAL-Cont.	15:00	16:20	20:01	20:08	22:38	00:03	
Eye Movement							
Both Pupils	follows			follows			
Sensation							
RUE	touch sense			pain sense touch sense			
LUE	touch sense			pain sense touch sense			
RLE	touch sense			pain sense touch sense			
LLE	touch sense			pain sense touch sense			
Eye Opening	4-spontaneously			4-spontaneously			
Verbal Response	5-oriented x 3			5-oriented x 3			
Motor Response	6-ObeyVerbalComm			6-ObeyVerbalComm			
Glasgow Score	15Total			15Total			
Consciousness							
LOC	0-alert			0-alert			
LOC questions	0-both correct			0-both correct			
LOC Commands	0-both correct						
Best Gaze	0-normal						
Best Visual	0-no visual loss			0-no visual loss			
Facial Palsy	0-normal			0-normal			
Motor Arm							
Left	0-no drift			0-no drift			
Right	0-no drift			0-no drift			
Motor Leg							
Left	0-no drift			0-no drift			
Right	0-no drift			0-no drift			
Limb Ataxia	0-absent			0-absent			
Sensory	0-normal			0-normal			
Dysarthria							
Speech Clarity	0-no dysarthria			0-no dysarthria			
Best Language							
Name Items	0-no aphasia			0-no aphasia			
RESPIRATORY	15:00	16:20	20:01	20:08	22:38	00:03	
BREATH SOUNDS							
All Lobes	clear			clear			
Resp Pattern	regular unlabored			regular unlabored			
Chest Excursion	symmetric			symmetric			
Trachea Deviation	midline			midline			
Cough	none			none			
CARDIOVASCULAR	15:00	16:20	20:01	20:08	22:38	00:03	
Heart Sounds	S1 S2			S1 S2			
JVD	non-distended			non-distended			
CARE PROVIDERS	LS24			SK16			

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report
 ROOM: *341-01*

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

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FLWSHEET	01/07						01/08
CARDIOVASCULAR-Cont	15:00	16:20	20:01	20:08	22:08	00:03	
Capillary Refill	1-2 seconds			1-2 seconds			
Pulses							
R Radial	2+ normal			2+ normal			
L Radial	2+ normal			2+ normal			
R Post-Tibial	2+ normal			2+ normal			
L Post-Tibial	2+ normal			2+ normal			
R Dorsalis pedis	2+ normal			2+ normal			
L Dorsalis pedis	2+ normal			2+ normal			
Edema							
Generalized	none			none			
Device Location							
GASTROINTESTINAL	15:00	16:20	20:01	20:08	22:08	00:03	
Abdomen	soft non-tender non-distended			soft non-tender non-distended			
Bowel Sounds							
All Quadrants	active			active			
GENITOURINARY	15:00	16:20	20:01	20:08	22:08	00:03	
Urinary Source	voiding			voiding			
Urine Consistency	clear			clear			
Urine Color	yellow			yellow			
MUSCULOSKELETAL	15:00	16:20	20:01	20:08	22:08	00:03	
Movement							
All Extremities	full ROM symmetric			full ROM symmetric			
SKIN	15:00	16:20	20:01	20:08	22:08	00:03	
Skin Condition	dry warm			dry warm			
Turgor	elastic			elastic			
Skin Integrity	intact			wound			
Sensory Perceptn	4-no impairment			4-no impairment			
Moisture	4-rarely moist			4-rarely moist			
Activity	1-bedfast			1-bedfast			
Mobility	3-slightly limtd			3-slightly limtd			
Nutrition	3-adequate			3-adequate			
Shear&Friction	3-no prob aprprt			3-no prob aprprt			
Skin Scale Total	18Total 18 or mo re-low			18Total 18 or mo re-low			
Peach Sign Door	no			no			
INCISION/WOUND	15:00	16:20	20:01	20:08	22:08	00:03	
Incision/Wnd #1							
Trauma	other (specify) &			abrasion &			
Surg/procedural	closed			closed			
Ulcer	vascular			vascular			
Side	left			left			
Location	neck			neck			
CARE PROVIDERS	LS24			SK16			

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report
 ROOM: *341-01*

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHEVRAJ ARUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

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FLWSHEET	01/07						01/08
INCISION/WOUND-Cont	15:00	16:20	20:01	20:08	22:08	00:03	
Wound Appearance	dry pink			dry pink			
Wound Drain		JP		JP			
Drain Status		patent to bulb suction draining		patent to gravity in tact draining			
Drain Drainage		serosanguinous		moderate amount serosanguinous			
01/07/14 15:00 Trauma(LS24): enderectomy							
01/07/14 20:08 Trauma(SK16): enderectomy							
PSYCHOSOCIAL	15:00	16:20	20:01	20:08	22:08	00:03	
Mood/Affect	appropriate			appropriate			
Behavior	cooperative			cooperative			
Family Interact							
W/Healthcar Team	supportive present			not present			
W/Patient	supportive present			not present			
Signs/sx abuse	no						
PAIN	15:00	16:20	20:01	20:08	22:08	00:03	
Pt Denies Pain	patient denies			patient denies			
PERIPHERAL IVS	15:00	16:20	20:01	20:08	22:08	00:03	
Location #1							
Anatomy	hand			hand			
Access type	straight cath			straight cath			
IV Cath size	20ga			20ga			
Side	right			right			
IV Dressing	transparent			transparent			
IV Site Assessmt	clean dry non-tender			clean dry			
IV Line Status	infusing			patent infusing			
ADL's	15:00	16:20	20:01	20:08	22:08	00:03	
Assistance	assisted care		assisted care	assisted care		assisted care	
Activity	resting		resting other (specify)	resting		resting other (specify)	
Patient Turned	reposition self		reposition self	reposition self		reposition self	
Safety							
Rounding	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check	ID band on allergy band on call it w/in rch phone w/in rch items in reach pain check position check		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check	
CARE PROVIDERS	LS24	LS24	5L6B	SK16		5L6B	

BARKSDALE, LYDIA(5L6B)CCP

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report
 ROOM: *341-01*

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MAURICE, EUGENE G
 Ccbls
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHEVRIJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

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FLWSHEET	01/07						01/08
ADL's Cont.	15:00	16:20	20:01	20:08	22:38	00:03	
	pump check		pump check			pump check	
Safety							
Bed Status	bed low rails up x3		bed low rails up x3	bed low rails up x2		bed low rails up x3	
CARE PROVIDERS	LS24		5L6B	SK16		5L6B	

BARKSDALE, LYDIA(5L6B)CCP

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHEVRIJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

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FLWSHEET	01/08					
CATHETER INSERT	00:08	01:06	02:08	02:39	04:08	04:09
Urine Color				yellow		
FALL RISK Hendri	00:08	01:06	02:08	02:39	04:08	04:09
Goal				no fall		
24 HR CHART CHK	00:08	01:06	02:08	02:39	04:08	04:09
24hr Chart Check		done				
NEUROLOGICAL	00:08	01:06	02:08	02:39	04:08	04:09
Basic Assessment	assess unchanged		assess unchanged	assess unchanged	assess unchanged	
CARDIOVASCULAR	00:08	01:06	02:08	02:39	04:08	04:09
Device Location						
GENITOURINARY	00:08	01:06	02:08	02:39	04:08	04:09
Urinary Source				voiding		
UrineConsistency				clear		
Urine Color				yellow		
PSYCHOSOCIAL	00:08	01:06	02:08	02:39	04:08	04:09
Mood/Affect				appropriate		
Behavior				cooperative		
Family Interact						
W/Healthcar Team				not present		
W/Patient				not present		
ADL's	00:08	01:06	02:08	02:39	04:08	04:09
Assistance				assisted care		assisted care
Activity				resting		resting
Patient Turned						reposition self
Safety						
Rounding				ID band on allergy band on call it w/in rch phone w/in rch items in reach pain check position check		ID band on allergy band on BF need check call it w/in rch phone w/in rch items in reach pain check position check pump check
Safety						
Bed Status				rails up x3		bed low rails up x3
CARE PROVIDERS	SK16	SK16	SK16	SK16	SK16	5L8B

BARKSDALE, LYDIA(5L6B)CCP

KENNEDY, SOPHIA(SK16)RN

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MAURICE, EUGENE G
 Cobb
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHEVRAJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

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FLWSHEET	01/08					
CATHETER INSERT	06:08	08:00	08:30	09:00	09:30	10:00
Urine Color		yellow				
FALL RISK Hendri	06:08	08:00	08:30	09:00	09:30	10:00
confusDisorImpul		0-no				
despressionSignS		0-no				
alterElimination		0-no				
dizzinessVertigo		0-no				
male gender		1-yes				
anyAntiepileptic		2-yes				
anyBenzodiazepin		0-no				
Get Up & Go Test		1-pushUp1attempt				
Score=5 or more		yes, at risk				
Goal		no fail				no fail
MOBILITY	06:08	08:00	08:30	09:00	09:30	10:00
MobilityGuideline		perGetUp&Go				
Get Up&Go Goals		not applicable				
Transfer		self				
SPECIAL EVENTS	06:08	08:00	08:30	09:00	09:30	10:00
General Comments						
#1				&	&	&
01/08/14 08:30 #1(B9T0): MD DC JP drain, no bleeding at JP site, site covered with gauze and transparent dressing.						
01/08/14 09:00 #1(B9T0): JP drain site assessment: patient neck appears swollen on left side, firm area around jp drain site, notified Jennifer Malcom, see new ordres on chart.						
01/08/14 09:30 #1(B9T0): Left neck with moderate size firm hematoma, no visible bleeding at this time.						
01/08/14 10:00 #1(B9T0): left side of neck feels more firm on lower edge of incision, no visible bleeding.						
NEUROLOGICAL	06:08	08:00	08:30	09:00	09:30	10:00
Basic Assessment	assess unchanged					assess unchanged
LOC		alert arouse easily				
Orientation		oriented appropriate				
Speech		clear				
Muscle Strength						
L Upper Extrem		moderate				
R Upper Extrem		moderate				
L Lower Extrem		moderate				
R Lower Extrem		moderate				
Muscle Tone		2+ average				
Gait		unable to assess				
Gag Reflex		present				
Cough Reflex		present				
Size						
Both Pupils		2mm				
CARE PROVIDERS	SK16	B9T0	B9T0	B9T0	B9T0	B9T0
KENNEDY, SOPHIA(SK16)RN		TOLLIVER, BRENNAN(B9T0)RN				

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report
 ROOM: *341-01*

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/02/14 18:30
 OPT OUT:

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FLWSHEET	01/08					
NEUROLOGICAL-Cont.	06:00	08:00	08:30	09:00	09:30	10:00
Shape		equal round				
Reaction		brisk				
Eye Movement		follows				
Sensation						
RUE		pain sense touch sense				
LUE		pain sense touch sense				
RLE		pain sense touch sense				
LLE		pain sense touch sense				
Eye Opening Verbal Response Motor Response Glasgow Score		4-spontaneously 5-oriented x 3 6-ObeyVerbalComm 15Total				
Consciousness						
LOC		0-alert				
RESPIRATORY	06:00	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
BREATH SOUNDS						
All Lobes		clear				
Resp Pattern		regular unlabored				
Chest Excursion		symmetric				
Trachea Deviation		midline				
Cough		none				
CARDIOVASCULAR	06:00	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Heart Sounds		S1 S2				
JVD		non-distended				
Capillary Refill		1-2 seconds				
Pulses						
R Radial		2+ normal				
L Radial		2+ normal				
R Post-Tibial		2+ normal				
L Post-Tibial		2+ normal				
R Dorsalis pedis		2+ normal				
L Dorsalis pedis		2+ normal				
Edema						
Generalized		none				
CARE PROVIDERS		B9T0				B9T0

TOLLIVER, BRENNAN(B9T0)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report
 ROOM: *341-01*

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MAURICE, EUGENE G
 Cabb
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

FLWSHEET	01/08					
CARDIOVASCULAR-Cont.	06:08	08:00	08:30	09:00	09:30	10:00
Device Location						
GASTROINTESTINAL	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Abdomen		soft non-tender				
Bowel Sounds						
All Quadrants		active				
GENITOURINARY	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Urinary Source		voiding				
Urine Consistency		clear				
Urine Color		yellow				
MUSCULOSKELETAL	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Movement						
All Extremities		full ROM symmetric				
SKIN	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Skin Condition		dry warm				
Turgor		elastic				
Sensory Perceptn		4-no impairment				
Moisture		4-rarely moist				
Activity		1-bedfast				
Mobility		3-slightly limtd				
Nutrition		3-adequate				
Shear&Friction		3-no prob apprnt				
Skin Scale Total		18Total 18 or mo re-low				
Each Sign Door		no				
INCISION/WOUND	06:08	08:00	08:30	09:00	09:30	10:00
Incision/Wnd #1						
Trauma		other (specify) &				other (specify) &
Surg/procedural		closed				closed
Ulcer		vascular				vascular
Side		left				left
Location		neck				neck
Wound Appearance		dry pink				dry pink other (specify) &
Closure						staples
Dressing Status						dry intact
Wound Drain		JP				
CARE PROVIDERS		B9T0				B9T0

TOLLIVER, BRENNAN(B9T0)RN

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MRN: 001632858
 REQUESTED: 01/02/14 18:30
 OPT OUT:

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FLOWSHEET		01/08					
INCISION/WOUND-Cont.		06:08	08:00	08:30	09:00	09:30	10:00
Drain Status		patent to gravity intact					
Drain Drainage		moderate amount serosanguinous					
01/08/14 08:00 Trauma(B9T0): surgical incision, carotid endarectomy							
01/08/14 10:00 Trauma(B9T0): surgical incision							
01/08/14 10:00 Wound Appearance(B9T0): hematoma							
PSYCHOSOCIAL		06:08	08:00	08:30	09:00	09:30	10:00
Assessment							assess unchanged
Mood/Affect		appropriate					
Behavior		cooperative					
Family Interact							
W/Healthcar Team		not present					
W/Patient		not present					
PAIN		06:08	08:00	08:30	09:00	09:30	10:00
Pt Denies Pain		patient denies					patient denies
PERIPHERAL IVS		06:08	08:00	08:30	09:00	09:30	10:00
Location #1							
Assessment uncha							yes
Anatomy		hand					
Access type		straight cath					
IV Cath size		20ga					
Side		right					
IV Dressing		transparent					
IV Site Assesmt		clean dry non-tender					
IV Line Status		patent infusing					
ADL's		06:08	08:00	08:30	09:00	09:30	10:00
Assistance		assisted care					
Activity		resting					
Patient Turned		reposition self					
Safety							
Rounding		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check					
Safety							
Bed Status		bed low rails up x3					
CARE PROVIDERS			B9T0				B9T0

TOLLIVER, BRENNAN(B9T0)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report
 ROOM: *341-01*

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MAURICE EUGENE G
 Cobb
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHETRAJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

FLWSHEET	01/08					
SPECIAL EVENTS	10:30	11:00	11:30	12:00	12:30	13:00
General Comments						
#1	&	&	&	&	&	&
01/08/14 10:30 #1(B9T0): no change in left neck						
01/09/14 11:00 #1(B9T0): no change left neck						
01/08/14 11:30 #1(B9T0): left neck with lessening firmness on lower edge of incision, upper edge of incision unchanged						
01/08/14 12:00 #1(B9T0): lower edge of incision continues to improve with lessening firmness, no visible bleeding, no change in upper edge of incision						
01/08/14 12:30 #1(B9T0): lower edge of incision now soft with no visible hematoma, upper edge of incision continues to have firmness and swelling. notified jennifer malcom of improvement to lower edge of incision site.						
01/08/14 13:00 #1(B9T0): no change at incision site.						
NEUROLOGICAL	10:30	11:00	11:30	12:00	12:30	13:00
Basic Assessment				assess unchanged		
RESPIRATORY	10:30	11:00	11:30	12:00	12:30	13:00
Assessment				assess unchanged		
CARDIOVASCULAR	10:30	11:00	11:30	12:00	12:30	13:00
Assessment				assess unchanged		
Device Location						
GASTROINTESTINAL	10:30	11:00	11:30	12:00	12:30	13:00
Assessment				assess unchanged		
GENITOURINARY	10:30	11:00	11:30	12:00	12:30	13:00
Assessment				assess unchanged		
MUSCULOSKELETAL	10:30	11:00	11:30	12:00	12:30	13:00
Assessment				assess unchanged		
SKIN	10:30	11:00	11:30	12:00	12:30	13:00
Assessment				assess unchanged		
INCISION/WOUND	10:30	11:00	11:30	12:00	12:30	13:00
Incision/Wnd #1						
Trauma				&		
01/08/14 12:00 Traumat(B9T0): no change, see special events						
PSYCHOSOCIAL	10:30	11:00	11:30	12:00	12:30	13:00
Assessment				assess unchanged		
PAIN	10:30	11:00	11:30	12:00	12:30	13:00
Pt Denies Pain				patient denies		
PERIPHERAL IVS	10:30	11:00	11:30	12:00	12:30	13:00
Location #1						
Assessment uncha				yes		
CARE PROVIDERS	B9T0	B9T0	B9T0	B9T0	B9T0	B9T0

TOLLIVER, BRENNAN(B9T0)RN

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MAURICE EUGENE G
 Cobb
 Discharge Report
 FROM: 01/02/14 11:40 TO: 01/02/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

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FLWSHEET	01/08					
FALL RISK Hendri	13:30	13:35	14:00	14:30	15:07	15:56
Goal			no fall			no fall
SPECIAL EVENTS	13:30	13:35	14:00	14:30	15:07	15:56
General Comments						
#1	&	&	(modified)	&	&	&
01/08/14 13:30 #1(B9TO): no change at incision site						
01/08/14 13:35 #1(B9TO): Applied ice pack to incision site.						
01/08/14 14:00 #1(B9TO): no change at incision site. ambulated patient approximately 100 ft. with standby assist. patient gait normal						
01/08/14 14:30 #1(B9TO): lower edge of incision site appears slightly swollen and firm again, notified jennifer malcom of change.						
01/08/14 15:07 #1(B9TO): no change in left neck						
NEUROLOGICAL	13:30	13:35	14:00	14:30	15:07	15:56
Basic Assessment			assess unchanged			assess unchanged
RESPIRATORY	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
CARDIOVASCULAR	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
Device Location						
GASTROINTESTINAL	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
GENITOURINARY	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
MUSCULOSKELETAL	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
SKIN	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
INCISION/WOUND	13:30	13:35	14:00	14:30	15:07	15:56
Incision/Wnd #1						
Trauma			&			&
01/08/14 14:00 Trauma(B9TO): no change, see special events						
01/08/14 15:56 Trauma(B9TO): no change						
PSYCHOSOCIAL	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
PAIN	13:30	13:35	14:00	14:30	15:07	15:56
Pt Denies Pain			patient denies			
PERIPHERAL IVS	13:30	13:35	14:00	14:30	15:07	15:56
Location #1						
Assessment uncha			yes			yes
CARE PROVIDERS	B9TO	B9TO	B9TO	B9TO	B9TO	B9TO

TOLLIVER, BRENNAN(B9TO)RN

LAST PAGE

MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report
 ROOM: *341-01*

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PERM

Admission Assessment
From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Change Report

Observables					
Template: Admission Assessment					
Category: Admission Data					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Organ donor?	no	Original	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
ReceiveADMPack	signed on chart	Original	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Hand Hygiene	patient educated	Original	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Privacy					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Disclose information to:	self/spouse	Original	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Advance Directives					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Advance Directive	no	Original	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Communication					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
CommunicationAids	glasses w/pl	Original	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Learning Prefs	verbal	Original	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Learning Barrier	none	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Language					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Language Spoken	English	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Tobacco Use					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Smoking status	former smoker	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

Admission Assessment
From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Tobacco Use					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Smoked in last 12 months?	no	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Alcohol Use					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Do you drink alcohol?	yes	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Out down on your drinking?	no=0	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Annoyed by criticizing of your drinking?	no=0	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Guilty about your drinking?	no=0	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Interest in alcohol treatment program?	no	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Street Drug Use					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Street drug use	no	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Suicide					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Ever Harm Self	no	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Abuse					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Safe at Home	yes	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Feel Threatened	yes	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

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Admission Assessment
From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Religious Belief					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Do religious beliefs affect treatment?	no	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
See Chaplain/Priest	no	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Do cultural prets affect treatment?	no	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Medical History Adult					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Cardiovascular	high blood pressure, Other-see comments	Original	01/03/2014 11:53 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comment	CABG X6 11/1/1992	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Endocrine	None	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Eyes	Glasses	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Ears	Hearing Intact	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Gastrointestinal	None	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Kidney/Bladder	None	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Lung	none	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Neurologic	None	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Orthopedic	Arthritis	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Psychological	None	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Skin	Intact	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

Admission Assessment
From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Medical History Adult					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Teeth	Intact	Original	01/03/2014 11:55 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Previous Hospital/Surgery					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Previous Hospital	no	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Visit last 3 Months?	no	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Have you ever had surgery?	yes	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Cardiovascular	CABG	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	11/1/1992	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
EENT	Other-see comments	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	FATTY MASS TUMOR REMOVED FROM RIGHT EYE	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Gastrointestinal	Appendectomy	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Blood Transfusion					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Prior Transfusion	no	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Prior Reaction	none	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Diseases					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Recent exposure-contagious illness?	no	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

Admission Assessment
From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Diseases					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Previous Diseases?	chicken pox, measles	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Travel Outside of US	yes	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Where/When?	VIETNAM, CARRIBEAN, BARBADOS, CUBA	Original	01/03/2014 11:57 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
	VIETNAM, CARRIBEAN, BARBADOS, CUBA, CANADA, MEXICO	Modify	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: MDRO/NE Disease					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Hx of MDRO	none	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Nutrition Screening Adult					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Diet at Home	low sodium	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Alterations	none reported	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Diabetes Info	not applicable	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Pt has Glucometer	no	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Functional/Mobility Screening Adult					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Functional Status	no limitations	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Pain					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Give Self Report	yes	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

Admission Assessment
From 01/03/2014 11:49 To 01/08/2014 17:15

Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Pain					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Informant	self	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Pain Goal?	0	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Ongoing Pain	no	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Category: Discharge Plan					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Living situation prior to admission	home	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Others in household	family	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
Expected discharge situation	home	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	
HHS Discharge Planning Comment	FAMILY ABLE TO ASSIST AFTER SURGERY	Original	01/03/2014 11:59 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	

Chart Components				
Template: Admission Assessment				
Category: Admission Data				
Component Name	Action Taken	Chart Time	Perform Time	Confirm Time
Emergency Contacts	Original	01/03/2014 11:51 LANDRY, JENNIFER, RN	01/03/2014 11:49 EDT LANDRY, JENNIFER RN	01/03/2014 11:49 EDT LANDRY, JENNIFER RN
PrimaryId=46843620, Name=SHIRLEY MAURICE, Relationship=Spouse, Cell=(678) 910-2476				

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

Problems, Allergies, Home Medications, Immunizations
 From 01/03/2014 11:49 To 01/08/2014 17:15

NO DATA FOUND FOR MODULE: 1. hhs_probdet

Allergy Detail

Allergen	Reaction	Severity	Sensitivity Type
Active			
[NS] No Known Allergies			
Onset Date:			
Reported By:			
Rel. to Patient:			
Comments:			
Entered: 01/03/2014 11:59 Landry, Jennifer, RN			
Confirmed: 01/07/2014 06:50 Bidwell, Tara, RN			
Verified: 01/03/2014 11:59 Landry, Jennifer, RN			

Medication Detail

Description	Dose	Route	Freq/Rate	Form	Strength
Active - Unknown					
Vytorin 10-80 Oral (ezetimibe- simvastatin Oral)		Oral	Every day		10-80 mg
PRN: No					
AKA:					
Indication:					
Type:					
Info Source:					
Spec Instr:					
Comments:					
Entered: 01/03/2014 12:34 Landry, Jennifer, RN					
Confirmed: 01/08/2014 08:14 Tolliver, Brennan, RN					
Modified: 01/08/2014 08:14 Tolliver, Brennan, RN					
aspirin Oral (aspirin Oral)		Oral	Every day		81 mg
PRN: No					
AKA:					
Indication:					
Type:					
Info Source:					
Spec Instr:					
Comments:					
Entered: 01/03/2014 12:33 Landry, Jennifer, RN					
Confirmed: 01/08/2014 08:15 Tolliver, Brennan, RN					
Modified: 01/08/2014 08:15 Tolliver, Brennan, RN					

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

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Problems, Allergies, Home Medications, Immunizations
 From 01/03/2014 11:49 To 01/08/2014 17:15

Medication Detail (continued)

Description	Dose	Route	Freq/Rate	Form	Strength
Active - Unknown					
carvedilol Oral (carvedilol Oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:34 Landry, Jennifer , RN Confirmed: 01/08/2014 08:14 Tolliver, Brennan , RN Modified: 01/08/2014 08:14 Tolliver, Brennan , RN		Oral	2 times per day		12.5 mg
chlorthalidone Oral (chlorthalidone Oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:34 Landry, Jennifer , RN Confirmed: 01/08/2014 08:15 Tolliver, Brennan , RN Modified: 01/08/2014 08:15 Tolliver, Brennan , RN		Oral	Every day		50 mg
ramipril Oral (ramipril Oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:33 Landry, Jennifer , RN Confirmed: 01/08/2014 08:15 Tolliver, Brennan , RN Modified: 01/08/2014 08:15 Tolliver, Brennan , RN		Oral	2 times per day		10 mg

NO DATA FOUND FOR MODULE: 4. hhs_imm_det

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

Problems, Allergies, Home Medications, Immunizations
From 01/03/2014 11:49 To 01/08/2014 17:15

NO DATA FOUND FOR MODULE: 1. hhs_problems

Allergy History

Allergy Code	Admit Date/Time	Specialist	Primary/Alternate	Severity	Onset Date	Allergy Type	Specificity	Responsibility	Relation to Patient	Disposition	Product/Brand
[HS] No Known Allergies(00288)	01/07/2014 06:50 AM	Bidwell, Tara RN	Primary/Alternate	**	**	Miscellaneous	**	**	**	**	
	01/03/2014 02:27 PM	Jandy, Jennifer RN	Primary/Alternate	--	--	Miscellaneous	--	--	--	--	
	01/03/2014 11:59 AM	Jandy, Jennifer RN	Primary/Alternate	--	--	Miscellaneous	--	--	--	--	

Medication History

Dispense Status	Admit Date/Time	Specialist	Dose/Qty/Day	Indication	Refills	Reason	Frequency	Dispense Date/Time	Reason for Discontinuation
Medic	01/04/2014 08:15 AM	Togiani, Brian RN	Dose: Every day, Oral PRN, No Indication	Special Instructions: Straighten, 81 mg SID AKA Comments: MMS Source Rx Date: D/C Date:	Refills: -- Reason: --		As Needed	01/04/2014 08:00 Taken as Directed (No Reason) Average Doses Missed per Week: 0 Average PRN Doses (per 24 hours) for Completion (No Reason) Patient Pharmacy: Pharmacy Phone:	Last Given DTI: Next Dose Due: 01/08/2014 00:00 Ordered on Discharge (No Reason Not Ordered)
Jandy	01/07/2014 06:51 AM	Bidwell, Tara RN	Dose: Every day, Oral PRN, No Indication	Special Instructions: Straighten, 81 mg SID AKA Comments: MMS Source Rx Date: D/C Date:	Refills: -- Reason: --		As Needed	01/07/2014 06:00 Taken as Directed (No Reason) Average Doses Missed per Week: 0 Average PRN Doses (per 24 hours) for Completion (No Reason) Patient Pharmacy: Pharmacy Phone:	Last Given DTI: Next Dose Due: 01/08/2014 00:00 Ordered on Discharge (No Reason Not Ordered)
JANDY	01/03/2014 03:27 PM	Makewich, HHS RN	Dose: Every day, Oral PRN, No Indication	Special Instructions: Straighten, 81 mg SID AKA Comments: MMS Source Rx Date: D/C Date:	Refills: -- Reason: --		As Needed	01/03/2014 03:00 Taken as Directed (No Reason) Average Doses Missed per Week: 0 Average PRN Doses (per 24 hours) for Completion (No Reason) Patient Pharmacy: Pharmacy Phone:	Last Given DTI: Next Dose Due: 01/08/2014 00:00 Ordered on Discharge (No Reason Not Ordered)

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1400300500
Opt Out: No Gender: M MRN: 001632858
Physician: Chervu, Arun G., MD Rm: Bed: 341 - 01 Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 01/03/2014 11:49 To 01/08/2014 17:15

Medication History (continued)

Dispenser Status	Acrobat	Created Date/Time	Given Medication/His RN	Details	Prescription	Last Given DT/Next Dose Due/Reason for Discharge
Respirid Oral (carvedilol) Active	Modify	01/03/2014 06:27 PM	Lin, Jennifer RN	Dose: Every day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Dater: Dose: Every day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Dater: Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Dater: -- Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Dater: --	Respirid Oral Taken as Directed: 1 Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: 1 Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DT: Next Dose Due: Ordered on Discharge: Unknown Reason Not Ordered:
carvedilol Oral (carvedilol) Oral Active	Modify	01/09/2014 08:14 AM	Lin, Jennifer RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Dater: -- Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Dater: --	Respirid Oral Taken as Directed: (No) Average Doses Missed per Week: Average PRN Doses: (0 per) Ordered on Admission: (No) Reason Not Ordered: Patient Pharmacy: Pharmacy Phone: --	Last Given DT: -- Next Dose Due: (01/09/2014 21:00) Ordered on Discharge: (Yes) Reason Not Ordered: --
	Modify	01/07/2014 06:51 AM	DiKwell, Tara, FA	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Dater: -- Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Dater: --	Respirid Oral Taken as Directed: (No) Average Doses Missed per Week: Average PRN Doses: (0 per) Ordered on Admission: (No) Reason Not Ordered: Patient Pharmacy: Pharmacy Phone: --	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1400300500
Opt Out: No Gender: M MRN: 001632858
Physician: Chervu, Arun G., MD Rm: Bed: 341 - 01 Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 01/03/2014 11:49 To 01/08/2014 17:15

Medication History (continued)

Medication Name	Order Date/Time	Order Type	Order Status	Order Details	Refills	Reason	Pharmacy	Next Given DT:	Next Dose Due:	Reason for Discharge:
gabapentin Oral (gabapentin Oral) Active	01/03/2014 08:27 PM	Modify	Medication, Hts, RN	Dose: 2 times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:		Refills: Reason:	Pharmaceutical	Last Given DT: Next Dose Due: Ordered on Discharge: Reason Not Ordered:		Ordered on Discharge: Reason Not Ordered:
	01/03/2014 08:27 PM	Modify	Medication, Hts, RN	Dose: 2 times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:		Refills: Reason:	Pharmaceutical	Last Taken DT: Taken as Directed: Reason: Average Doses Missed per Week: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:		Ordered on Discharge: Unknown Reason Not Ordered:
	01/03/2014 12:34 PM	AMH	Landry, Jennifer, RN	Dose: 2 times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:		Refills: Reason:	Pharmaceutical	Last Taken DT: Taken as Directed: Unknown Reason: Average Doses Missed per Week: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:		Ordered on Discharge: Unknown Reason Not Ordered:
gabapentin Oral (gabapentin Oral) Active	01/03/2014 08:15 AM	Modify	Troth, Eric, RN	Dose: Every day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:		Refills: Reason:	Pharmaceutical	Last Given DT: Next Dose Due: Ordered on Discharge: Reason Not Ordered:		Ordered on Discharge: Pres: Reason Not Ordered:

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1400300500
Opt Out: No Gender: M MRN: 001632858
Physician: Chervu, Arun G., MD Rm: Bed: 341 - 01 Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 01/03/2014 11:49 To 01/08/2014 17:15

Medication History (continued)

Dispenser Status	Medication Name	Quantity	Date	Time	Location	Notes	Details	Prescription	Refill	Exchange
Medication History	Vitamin 10-60-Oral ascorbic acid Ascorbic Acid	1000	01/03/2014	08:27 AM	Medication History	Notes: Every day Oral PKN No Indication: Type: Special Instructions: Strength/Form: 10.00 mg NDC: NDC: Comments: PK Source: PK Date: PK Date: Dose: Every day Oral PKN No Indication: Strength/Form: 10.00 mg NDC: NDC: Comments: PK Source: PK Date: PK Date: Dose: Every day Oral PKN No Indication: Strength/Form: 10.00 mg NDC: NDC: Comments: PK Source: PK Date: PK Date:	Notes: Average Dose: Missed per Week: Ordered on Administration: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Refill: Reason:	Notes: Last Given DT: Next Date Due: Ordered on Administration: Reason Not Ordered:	
Medication History	Amuly	1000	01/03/2014	08:27 AM	Medication History	Notes: Every day Oral PKN No Indication: Type: Special Instructions: Strength/Form: 10.00 mg NDC: NDC: Comments: PK Source: PK Date: PK Date: Dose: Every day Oral PKN No Indication: Strength/Form: 10.00 mg NDC: NDC: Comments: PK Source: PK Date: PK Date:	Notes: Last Taken DT: Reason Disposed: Average Dose: Missed per Week: Ordered on Administration: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Refill: Reason:	Notes: Last Given DT: Next Date Due: Ordered on Administration: Reason Not Ordered:	
Medication History	Amuly	1000	01/03/2014	08:27 AM	Medication History	Notes: Every day Oral PKN No Indication: Type: Special Instructions: Strength/Form: 10.00 mg NDC: NDC: Comments: PK Source: PK Date: PK Date: Dose: Every day Oral PKN No Indication: Strength/Form: 10.00 mg NDC: NDC: Comments: PK Source: PK Date: PK Date:	Notes: Last Taken DT: Reason Disposed: Average Dose: Missed per Week: Ordered on Administration: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Refill: Reason:	Notes: Last Given DT: Next Date Due: Ordered on Administration: Reason Not Ordered:	

NO DATA FOUND FOR MODULE: 4_hhs_imm_his

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1400300500
Opt Out: No Gender: M MRN: 001632858
Physician: Chervu, Arun G., MD Rm: Bed: 341 - 01 Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949

MAURICE, EUGENE G
 Cobb
 Pediatric Database Report
 FROM: 01/09/14 11:40 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

Page: 1

Allergy History

Confirm Dt/By	Type	Allergy	Primary Reaction	Severity	Onset Dt	Comment
01/07/14	STB5	MA	No Known Allergies			

Medication History

ConfirmDt/By	Medication	Status	StartDt	StopDt	Dose	Route	Freq	LastTaken	NextDoseDue	Comment
01/09/14	B9TO Vytocrin 10-80 Oral	Active				Oral	Every Day	01/06/2014 23:00	01/08/2014 23:00	
	GEN: ezetimibe-simvastatin									
01/09/14	B9TO aspirin Oral	Active				Oral	Every Day	01/06/2014 00:00	01/09/2014 00:00	
	GEN: aspirin									
01/09/14	B9TO chlorothalidone Oral	Active				Oral	Every Day	01/06/2014 00:00	01/09/2014 00:00	
	GEN: chlorothalidone									
01/09/14	B9TO ramipril Oral	Active				Oral	2 times per day 4 06:3	01/07/2014 21:00	01/09/2014 21:00	
	GEN: ramipril									
01/09/14	B9TO carvedilol Oral	Active				Oral	2 times per day 4 06:00	01/07/2014 01:00	01/09/2014 01:00	
	GEN: carvedilol									

Peds Social Hist

Social History

Lives With	Legal Guardian	
No Data	No Data	
Emergency Contact	Relationship	
No Data	No Data	
Home Phone #	Work Phone #	Cell Phone #
No Data	No Data	No Data
Other Phone #	Comments	
No Data	No Data	
Pediatric PCP	Phone #	Comment
No Data	No Data	No Data
Lives w/Smoker	Where do they smoke?	Comment
No Data	No Data	No Data
SmokingCessation		
No Data		
Next of Kin	Comments	Name of Kin
No Data	No Data	No Data
Legal Custody		
No Data		

PedReligBelief

Beliefs Affect Care	Comments	
No Data	No Data	
Special Considerat		
No Data		
See Chaplain/Priest	Comments	Clergy Contacted?
No Data	No Data	No Data

(STB) BIDWELL, TARA RN

(BST) TOLLIVER, BRENNAN RN

CONTINUED

PERM

MAURICE, EUGENE G
 Cobb
 Pediatric Database Report
 FROM: 01/09/14 11:40 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

Page: 2

PedReligBelief (cont)

Cultural Prefs Affect	Treatment?	Comments
	No Data	No Data

PedsSubstanceUse

Tobacco Use	Tobacco Type	Tobacco Amount
No Data	No Data	No Data
Tobacco Years	Date Stopped	
No Data	No Data	
Recreational Drugs	Comments	Amount/Frequency
No Data	No Data	No Data
Last Used	Recent Rehab	Comments
No Data	No Data	No Data
Alcohol use	Amount/Freq	Alcohol Years
No Data	No Data	No Data
Last Drink	Quit Date	Comments
No Data	No Data	No Data
Phys Depend	Comments	
No Data	No Data	

Peds Language

Parent Lang Spoke	Child Lang Spoken
No Data	No Data
Parent read/write Eng	Child read/write Eng
No Data	No Data
Language - Other	Comments
No Data	No Data
Speech	Comments
No Data	No Data

Peds Vision

Vision	Comments
No Data	No Data

Peds Hearing

Hearing	Comments
No Data	No Data

Peds Plan ofCare

Do you have any comments or concerns regarding your child's plan of care? No Data

Peds Blood Trnsf

Ever had a Blood Transfusion?

CONTINUED



MAURICE, EUGENE G
 Cobb
 Pediatric Database Report
 FROM: 01/09/14 11:40 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001032858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

Peds Blood Trnsf (cont)

No Data
 Transfusion Reaction? No Data
 If Yes Describe No Data

PedsMedical Hist

Cardiovascular	Comments
No Data	No Data
Endocrine	Comments
No Data	No Data
Gastrointestinal	Comments
No Data	No Data
Renal	Comments
No Data	No Data
Respiratory	Comments
No Data	No Data
Neurologic	Comments
No Data	No Data
Orthopedic	Comments
No Data	No Data
Skin	Comments
No Data	No Data
Psychological	Comments
No Data	No Data
Teeth	Comments
No Data	No Data

Peds PrevHosp/Sg

Previous Hospitaliztn	Visit last 2 Wks
No Data	No Data
Why?	When?
No Data	No Data
Recent ED Visits?	Recent MD Visits?
No Data	No Data
Ever had Surgery?	Comments
No Data	No Data
Anesthesia	Date of Surgery
No Data	No Data
Cancer	
No Data	

Peds Exp to Dis

Exposure to Diseases	Travel	US?
	Outside	
		No Data
Diseases Exp To	Comments	
No Data	No Data	
When Exposed?	Diseases Pt Had	



MAURICE, EUGENE G
 Cobb
 Pediatric Database Report
 FROM: 01/09/14 11:40 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858
 REQUESTED: 01/09/14 18:00
 OPT OUT:

Page: 4

Peds Exp to Dis (cont)

No Data		No Data
Comments		
No Data		
When?	Immunizations	Comments
No Data	No Data	No Data
Isolation		Comments
No Data		No Data

FLWSHEET	No Data
----------	---------

LAST PAGE

PERM

MAURICE, EUGENE G
 Ccbls
 Pt Education Discharge
 FROM: 01/02/14 11:49 TO: 01/02/14 21:09
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHEVRIU, ARJUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

Page: 1

FLWSHEET	01/03	01/08
COMMUNICATION	11:49	07:01
CommunicationAids	glasses w/pt	
Learning Prefs	verbal	
Learning Barrier	none	
MEDICATION	11:49	07:01
Safe/Effect Use		
Medication		&
Leamer		patient
Method		verbal written
Outcome		verbal & written
01/08/14 07:01 Medication(B9T0): purpose of each medication		
CARE PROVIDERS	JL45	B9T0

LANDRY, JENNIFER(JL45)RN

TOLLIVER, BRENNAN(B9T0)RN

LAST PAGE

MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Pt Education Discharge
 ROOM: *341-01*

Page: 1

PERM

IV Administration Report
 From 01/03/2014 11:49 To 01/08/2014 17:15

Ordered Solution:								
Order #	IV Type	Sched Type	Start Dt/Tm	Sched Dt/Tm	End Dt/Tm			
1	IV	Routine	01/07/2014 14:12:27	01/07/2014 15:00:00	01/08/2014 17:15:00			
All Bottle Types: LACTATED RINGERS 1000 ML								
Admin Dt/Tm	Bottle #	Action	Vol In/bs	Site	Rate/Units	Dose/Units	Admin Notes	Charted/Assigned By
01/08/2014 06:21:00	1	Start	0 ML		60 ml/hr			SK16 01/08/2014 06:22:08

Staff Initials	Staff Name
SK16	SOPHIA KENNEDY RN

Name: MAURICE, EUGENE G.	Age: 65 yr	Accl: 1400300500
Opt Out: No	Gender: M	MRN: 001632858
Physician: Chervu, Arun G., MD	Rm-Bed: 341 - 01	Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949

MAURICE, EUGENE G
 Ccbl
 Plan of Care
 FROM: 01/09/14 11:40 TO: 01/09/14 21:00
 ROOM: *341-01* ADM: 01/07/14 05:44
 AGE: 65Y SEX: M MD: CHEVUJ ARUN
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632858
 REQUESTED: 01/09/14 18:30
 OPT OUT:

Plan of Care	01/07	01/08
HIRISKSKINIMPAIR	17:58	07:02
Goal	skin intact	skin intact
IntervntnJobAid	HiRiskImpairSkin	HiRiskImpairSkin
Goal Status	initiated	progressing
ALT. TISSUEPERFUS	17:58	07:02
Type	circulatory	circulatory
Goal	adeqVascularPerf	adeqVascularPerf
Goal Status	initiated	progressing
RISKOFINFECTION	17:58	07:02
Type	potential	potential
Goal	noS/sx of infect	noS/sx of infect
Goal Status	initiated	progressing
IMPAIREDMOBILITY	17:58	07:02
Goal	maxAct/ROM/Endu	maxAct/ROM/Endu
Goal Status	initiated	progressing
NURSING INTERVEN	17:58	07:02
Generalized	coughDeepBreathe encourage fluids HOB elevated	coughDeepBreathe encourage fluids HOB elevated
Neurological	facilitateCommun	facilitateCommun
Respiratory	monitor pulse ox	monitor pulse ox
Cardiovascular	monitored pressure	monitored pressure
Musculoskeletal	encourageActvROM	encourageActvROM
Skin	specialty bed	specialty bed
Psychosocial	encouragExpressn listened reassured	encouragExpressn listened reassured
OUTCOME	17:58	07:02
Pt Response	&	&
01/07/14 17:58 Pt Response(LS24): good		
01/08/14 07:02 Pt Response(B9T0): patient tolerated all interventions		
CARE PROVIDERS	LS24	B9T0

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor TOLLIVER, BRENNAN(B9T0)RN

LAST PAGE



MAURICE EUGENE G
Cobb
Mod/Inact Assessments Report
FROM: 01/06/14 11:49 TO: 01/08/14 21:09
ROOM: *341-01* ADM: 01/07/14 05:44
AGE: 65Y SEX: M MD: CHEERUJ ARJUN
DOB: 01/02/1949 ID: 1400300500 MR: 001632858
REQUESTED: 01/08/14 18:31
OPT OUT:
Page: 1

Legend Charting

General Comments #1

(O) Perform Date: 01/08/14 14:00 Chart Date: 01/08/14 15:11 Chart Inits.: B9T0
Value:
Annotation: no change at incision site.
(M) Perform Date: 01/08/14 14:00 Chart Date: 01/08/14 15:12 Chart Inits.: B9T0
Value:
Annotation: (no change at incision site. ambulated patient approximately 100 ft, with standby assist,
patient gait normal)

Care Providers:

B9T0 TOLLIVER, BRENNAN, RN



WellStar Cobb Hospital
Discharge Plan

=====
Patient Name: EUGENE G. MAURICE
DOB: 01/02/1949
Age: 65
Account Number: 1400300500
MR Number: 001632858
=====

=====
Admission Information
Encounter Type: Inpatient
Patient Type: INPATIENT
Admit Date: 01/07/2014
Admit Time: 05:44 AM
Admit Reason: 433.10 CAROTID STENOSIS
Admitting Phys: CHERVU, ARUN MD
Attending Phys: CHERVU, ARUN MD
Unit: 3 MEDICAL TELEMETRY
Room/Bed: 341 / 01
=====

=====
Discharge Information
Estimated D/C Date: 01/08/2014
Estimated LOS: 1
Actual D/C Date: 01/08/2014
Actual LOS: 1
ADT Disch/Disp: Home/Routine Discharge
=====

=====
Assessment Information
Status: Open
Discharge Manager: Brooks, Freda CH Care Coord
Transition Manager:
=====

Screening Results

Functional Assessment
01/08/2014 03:11 PM Brooks, Freda CH Care Coord Findings: Ambulatory, Alert
and Oriented

Advance Directives
01/08/2014 03:11 PM Brooks, Freda CH Care Coord Findings: Patient was Offered
and Declined Advance Directive Information

Prior Resource Utilization
01/08/2014 03:11 PM Brooks, Freda CH Care Coord Findings: No Prior Resources
Used

Discharge Risk Assessment - Low Risk
01/08/2014 03:11 PM Brooks, Freda CH Care Coord Findings: Independent in ADLs,
Caregivers in the Home and Available to Assist

Patient Discharge Risk Level

01/08/2014 03:11 PM Brooks, Freda CH Care Coord Findings: Low Risk - (Risk Level 1)

=====
Problems Identified

Discharge Plan (Narrative); Onset 01/08/2014

01/08/2014 03:11 PM Assessment Form (Brooks, Freda CH Care Coord) Findings:

01/08/2014 03:11 PM Brooks, Freda CH Care Coord Patient admitted post Left carotid stenosis. CC met with patient and wife Shirley Maurice (C)678.910.2476 at bedside. Address: 61 Shockley Way Dallas GA 30157. (H)678.398.9479. Patient independent prior to surgery, does not have a PCP, has Rx coverage and uses mail order for long term or CVS off Dallas Hwy if needed. Plan to return home at d/c, no needs noted at this time.

Date: 01/10/14 Name: MAURICE,EUGENE G Acct. #: 1400300500 Financial Class: 35 - Medicare Advan

Sex: M Birth Date: 01/02/49 Age: 65Y Adm Date: 01/07/14 Dsch Date: 01/08/14 LOS: 1

Attending Physician: CHERVU,ARUN Discharge Status: 01 - 01 HOME /ROUTINE DISCHARGE
Coder: SP

MDC: 1
DRG: 039 EXTRACRANIAL PROCEDURES W/O CC/MCC
Std LOS: Reimbursement Amount: 6655.65
OUTLIER STATUS: N/A

DIAGNOSIS	DESCRIPTION/POA	DIAGNOSIS	DESCRIPTION/POA
1.(P) 433.10	OCL CRTD ART WO INFRCT/Y	4.	414.00 COR ATH UNSP VSL NTV/G/Y
2.	401.9 HYPERTENSION NOS/Y	5.	V45.81 AORTOCORONARY BYPASS/E
3.	412 OLD MYOCARDIAL INFARCT/E	6.	V58.63 LNG USE ANTIPLTE/THRMB/E

PROCEDURE	DESCRIPTION/POA	DATE	SURGEON NAME
1.(P) 38.12	HEAD & NECK ENDARTER NEC	01/07/14	CHERVU,ARUN
2.	00.41 PROCEDURE-TWO VESSELS	01/07/14	CHERVU,ARUN
3.	88.71 DX ULTRASOUND-HEAD/NECK	01/07/14	CHERVU,ARUN

HCPCS CPT-4 CODE HCPCS DESCRIPTION

MAURICE, EUGENE G Discharge Date: 01/08/14
001632858 1400300500 02894730
01/10/14

Date: 01/10/14 Name: MAURICE,EUGENE G Acct. #: 1400300500 Financial Class: 35 - Medicare Advan

Sex: M Birth Date: 01/02/49 Age: 65Y Adm Date: 01/07/14 Dsch Date: 01/08/14 LOS: 1

Attending Physician: CHERVU,ARUN Discharge Status: 01 - 01 HOME /ROUTINE DISCHARGE
Coder: SP

MDC: 1
DRG: 039 EXTRACRANIAL PROCEDURES W/O CC/MCC
Std LOS: Reimbursement Amount: 6655.65
OUTLIER STATUS: N/A

DIAGNOSIS	DESCRIPTION/POA	DIAGNOSIS	DESCRIPTION/POA
1.(P) 433.10	OCL CRTD ART WO INFRCT/Y	4. 414.00	COR ATH UNSP VSL NTV/G/Y
2. 401.9	HYPERTENSION NOS/Y	5. V45.81	AORTOCORONARY BYPASS/E
3. 412	OLD MYOCARDIAL INFARCT/E	6. V58.63	LNG USE ANTIPLTE/THRMB/E

PROCEDURE	DESCRIPTION/POA	DATE	SURGEON NAME
1.(P) 38.12	HEAD & NECK ENDARTER NEC	01/07/14	CHERVU,ARUN
2. 00.41	PROCEDURE-TWO VESSELS	01/07/14	CHERVU,ARUN
3. 88.71	DX ULTRASOUND-HEAD/NECK	01/07/14	CHERVU,ARUN

HCPCS CPT-4 CODE HCPCS DESCRIPTION

MAURICE, EUGENE G Discharge Date: 01/08/14
001632858 1400300500 02894730
01/10/14

Cobb CDS Department

CDS Worksheet on Account Number:

MR#001632858 341-01 01/07/14
MAURICE,EUGENE G
01/02/49 M 65Y
CHERVU,ARUN
ACCT# C1400300500



ARMBAND USE ONLY

(Please place patient label or write the patient's name and account #)



1-CDS

WELLSTAR HEALTH SYSTEM
HEALTH INFORMATION MANAGEMENT DEPARTMENT

Section: DOCUMENT CAPTURE
Title: ALTERNATE MEDIA DOCUMENTATION

ALTERNATE MEDIA NOTIFICATION

Media considered a part of the legal medical record exists for this patient encounter and are located in the legacy computer system.

Please contact HIM Department for further

001632858
MAURICE, EUGENE G 341-01 01/07/14
01/02/49 M 65Y C1400300500
CHERVU, ARUN

Patient Name: _____

Encounter Number: _____

Discharge Date: 1/8/14

Medium: photos (1)



WellStar Health System

These documents were provided on: **1/8/2014 8:48:14 AM Eastern Standard**

Signature acknowledges that patient/guardian has received these instructions and verbalizes understanding.

Document ID	Document Title
86527	Discharge Instructions: Caring for Your Incision
86520	Discharge Instructions: Eating a Low-Salt Diet
116265en	Diet, Low Salt (2Gm)
82050	Tips for Using Less Salt
82081	Low-Salt Choices
82590	Eating Healthy
116738en	Diet, Low Cholesterol
84546	Understanding Food and Cholesterol
82078	Reading Food Labels
82075	Low-Fat Cooking Tips
84241	Understanding Dietary Fat

Educator Name: _____ Date/Time: _____

Educator Signature: 

Patient Name: _____ Date/Time: 1-8-14

Patient Signature: 

POOR ORIGINAL

001632898 341-01 01/07/14
 MAURICE EUGENE G 65Y C1400300500
 01/02/14
 CHERYL APRIL M

Cobb Hospital (Barrett Center) 770-732-4094 (8:30a-6:30p)
Douglas Hospital 770-920-6375 (6:30a-6:00p)
Kennestone Hospital 770-793-7320 (8:00a-6:30p)
Paulding Hospital 770-443-7078 (8:00a-4:00p)
Windy Hill Hospital 770-844-1414 (8:30a-4:30p)

Parking Code: 1111 *
- Tylenol only for pain

Preoperative Instructions Follow MD Instruction on Aspirin

Day Before Surgery

1. Drink plenty of fluids during the day and evening until midnight. Eat a light evening meal the night before surgery, unless instructed differently by your physician.
2. **DO NOT EAT OR DRINK ANYTHING AFTER 12 MIDNIGHT.**
3. Take a shower or tub bath the night before surgery. You may bathe the morning of surgery.
4. Notify your physician if there is any change in your physical condition, such as a cold, fever, infection, nausea, vomiting, and/or diarrhea.

Morning of Surgery

1. Please report to the Surgery Center

Date: 1/31/14 Arrival Time: 0530 Surgery Time: 0730 ^{AM/PM} _{AM/PM}

2. You may take the following medications with a sip of water. Kamion, Carvedilol
3. You may brush your teeth, but **do not swallow** any water or toothpaste.
4. Do not chew gum, eat candy, chew tobacco, dip snuff, or smoke the morning of surgery.
5. **Do not wear any makeup, mascara, eye shadow, eyeliner or false eyelashes.**
6. Remove all fingernail and toenail polish, except clear.
7. Bring a container for your contact lenses, glasses, and dentures.
8. Wear loose fitting clothing such as a jogging suit. For eye, breast, shoulder, or facial surgery, wear a button-down or zipper front top. **Please, no metal snaps, buttons, or zippers on outer or inner shorts.** If you are to be admitted after surgery, please leave your suitcase in the car.
9. Leave all valuables and jewelry at home. All jewelry, including body piercings, **must be removed.**
10. For outpatient surgery, **you must have a responsible adult stay throughout your surgery, recovery, and drive you home and stay with you for 24 hours.** Driving a car, operating machinery or power tools is not recommended for 24 hours after any type of anesthesia. Your surgery may be **canceled or delayed** if you do not have a ride. If you choose public transportation, you will still be required to have a friend or family member accompany you.
11. Please, no visitors under the age of twelve. **Two visitors** are allowed in the Surgical Waiting Room. If time permits, these visitors will be allowed to visit you in the pre-op area.
12. Children may bring a special comfort item or blanket. Please bring a pacifier, bottle, sippy cup and diapers. If your child is nursing, please notify the nurse when you arrive.
13. If instructed, you may have clear liquids (Jell-O, broth, apple juice, tea, water only) until _____ (time) on the day of surgery.
14. Additional instructions: _____

I understand and assume responsibility for the above instructions.

Patient/Authorized Person's Signature: Eugene G. Maurer Date: 1-3-14

Nurse: Jordan RN Date: 1/31/14 Time: 1202

WellStar

- Cobb Douglas Kennestone
 Paulding Windy Hill

Preoperative Instructions

001632858
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN

FORM #WS0544

ITEM #65725

Page 1 of 1

Rev. 2/2009

HIM Approved 2/2009



1-WS0544

Cobb Pre-Op Surgery Worksheet

001632858
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN

01/07/14

H 57
Wt 108.1

Vital Sig:
BP: 136/73
Temp: 97.7
Pulse: 79
Resp: 10
O₂ Sat: 100

Surgery Time:

OR #:



Anes Dr.:

Patient Type: OPS
 OSS
 AM

prep 4
Tara

WCC001 (Rev. 7/05)

ORIGINAL

 <p>Wellstar Health System</p> <p> <input type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill </p> <p align="center">PHYSICIAN REQUEST AND INFORMED CONSENT TO PROCEDURE OR DIAGNOSTIC TEST</p>	<p>001632858 01/07/14 MAURICE, EUGENE G 01/02/49 M 65Y C1400300500 CHERVU, ARUN</p>  <p align="center">716 1520</p>
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DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS.

Patient Name: Eugene Maurice Date: 1/13/14
 I understand that the following procedure(s) which has (have) been described to me is (are) to be performed on the patient:

Carotid Endarterectomy Left Right

The diagnosis requiring the procedure: Carotid Stenosis

The purpose of the procedure: Prevent stroke

The physician(s) responsible for the performance of the above stated procedure(s) is(are):

David H. Hafner, MD Steven W. Oweida, MD Arun Chervu, MD Jeffrey M. Reilly, MD
Gary M. Jacobson, MD Hector Dourron, MD Charles Wyble, MD John E. Jones, MD Shariq Sayeed, MD
Ryan Messick, PA-C Heather Tison, PA-C Paula Cutrona, PA-C Krystin Brinker, PA-C Stephanie Rivers, PA-C



and that as a result of this procedure being performed there may be material risk of:
 INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF FUNCTION
 OF ANY LIMB OR ORGAN, PARALYSIS, OR PARTIAL PARALYSIS, PARAPLEGIA, QUADRIPLÉGIA, BRAIN DAMAGE,
 CARDIAC OR RESPIRATORY ARREST OR DEATH.

In addition to these material risks, there may be other possible risks involved in this procedure including but not limited to:
bleeding, infection, stroke, heart problems, injury to nerves of tongue and vocal cords, recurrent blockage

If I choose not to have the above procedure, my prognosis (future medical condition) is: possible stroke

The practical alternatives to this procedure(s) are: medical therapy, stent therapy

- I understand that the physician, medical personnel and other assistants will rely on statements about the patient, the patient's medical history, and other information in determining whether to perform the procedure or the course of treatment for the patient's condition and in recommending the procedure which has been explained.
- I understand that during the course of the procedure described above it may be necessary or appropriate to perform additional procedures which are unforeseen or not known to be needed at the time consent is given. I consent to and authorize the persons described herein to make the decisions concerning such procedures as they deem necessary or appropriate.
- I also consent to diagnostic studies, x-ray examinations and any other treatment or courses of treatment relating to the diagnosis or procedures described herein.
- The likelihood of success of this procedure is: good () fair () poor.
 However, I understand that the practice of medicine is not an exact science and that **NO GUARANTEES OR ASSURANCE HAVE BEEN MADE TO ME** concerning the results of this procedure.
- I consent to the administration of anesthesia including conscious sedation and to the use of such anesthetics as may be deemed advisable by my physician/anesthesiologist. In addition, the alternatives, risks, and benefits of the planned anesthesia or conscious sedation have been discussed.
- I also consent that any tissues, specimens, organs or limbs removed from the patient's body in the course of any procedure may be tested or retained for scientific or teaching purposes and then disposed of within the discretion of the physician, facility or other health care provider.
- I consent to any medically oriented personnel designated by the physician including students and business personnel under the direct supervision and control of such physician and all other personnel who may otherwise be involved in such procedure(s).
- I consent to allow all licensing, accrediting and/or regulatory agencies access to my medical records.

 <p>Wellstar Health System</p> <p> <input type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill </p> <p align="center">PHYSICIAN REQUEST AND INFORMED CONSENT TO PROCEDURE OR DIAGNOSTIC TEST</p>	<p>001632858 01/07/14 MAURICE, EUGENE G 01/02/49 M 65Y C1400300500 CHERVU, ARUN</p>  <p align="center"># 418460</p>
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BLOOD TRANSFUSION CONSENT

I understand that in the event of severe blood loss I may require a blood transfusion. I also understand that there are risks associated with blood transfusion including, but not limited to, HIV (AIDS) infection, hepatitis, and other infections as well as fever, chills, allergic reactions, accumulation of fluid in the lungs and break down of red blood cells (hemolysis). I understand that there are risks associated with alternatives to blood transfusion, for example, self donation, directed donors, intraoperative hemodilution. I further understand that in certain life threatening emergency situations, it may be necessary to administer blood and/or blood products before all laboratory tests have been completed. I have been advised that I may provide my own donors or pre-deposit my own blood if I am medically able to do so and if my transfusion is not an emergency. I understand that there are no practical alternatives to the use of blood and that the failure to transfuse when needed could potentially cause additional medical problems or complicate existing ones or lead to serious illness or death. The use of blood and/or blood products has been explained to me and I have been given an opportunity to ask questions. I hereby consent to receive blood and/or blood product transfusion(s).

Signature of Patient Eugene G. Maurin Date 1-3-13 Time 10:15
Signature of person Authorized to Sign _____ Relation to Patient _____
Witness to Signature Rae Burnett Date 1/3/13 Time 10:15 Am

I have been informed of the above and hereby refuse blood and/or blood product transfusion.

Signature of Patient _____ Date _____
Signature of person Authorized to Sign _____ Relation to Patient _____
Witness to Signature _____

I understand and acknowledge that by signing this form I have read or had read this form or had it explained to me and that I fully understand its contents including without limitation:

- a. A diagnosis of the condition requiring the procedure
- b. The nature and purpose of the procedure(s)
- c. The material risk of the procedure
- d. The likelihood of success of the procedure(s)
- e. The practical alternatives to the procedure(s)

and that such information was provided through the use of video tapes, audio, pamphlets, booklets, or other means of communication and through direct conversation with the responsible physician or other health care providers under the supervision and control of the responsible physician, and that I have been given ample opportunity to ask questions and that any and all questions have been answered to my satisfaction.

I hereby voluntarily request and consent to the performance of the procedures described or referred to herein.

Signature of Patient Eugene G. Maurin Date 1-3-13 Time 10:15
Relationship if not Patient _____

Patient unable to sign because: _____
Witness to signature: Rae Burnett Date 1/3/13 Time 10:15 Am

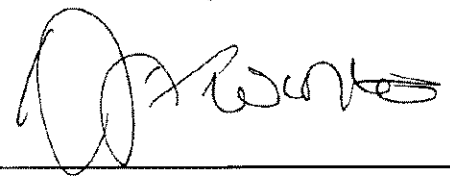
This consent may have other consents included as referenced.

Name/Signature of Physician or Medical Professional explaining the procedure to the patient or guardian:
Ann Chakraborty / Chakr Date 1/3/13 Time 10:15

DO NOT USE THESE ABBREVIATIONS: U, IU, µg, Zeros incorrectly (examples 2.0, 2), QD, qd, QOD, qod, blanket orders (examples "continue previous meds" or "continue home meds"), MS, MSO₄, MgSO₄, Pit, PIT, HCTZ, HCl, MTX, AZT, ARA-A or ARA-C.

1/8/14
1:36 PM

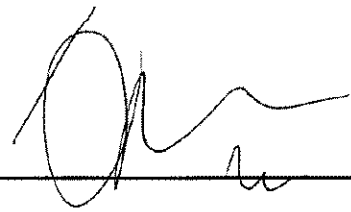
- Feed pt
- ambulate in hall E assisting
- ice pack to left neck



DATE / TIME / SIGNATURE

1/10/14
9 AM

DC home




DATE / TIME / SIGNATURE

DATE / TIME / SIGNATURE

- WellStar**
 Cobb Douglas Kennestone
 Paulding Windy Hill

001632858 341-01 01/07/14
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN



Physician's Orders

FORM# WS0416

ESI# 20140

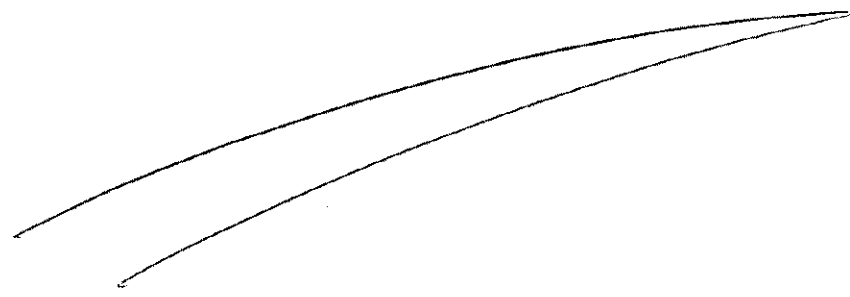
Revision Date (12/2008)



1-WS0416

DO NOT USE THESE ABBREVIATIONS: U, IU, µg, Zeros incorrectly (examples 2.0, .2), QD, qd, QOD, qod, blanket orders (examples "continue previous meds" or "continue home meds"), MS, MSO., MgSO., Pit, PIT, HCTZ, HCl, MTX, AZT, ARA-A or ARA-C.

1/8/14 @ 1-06. 2ph^o chart check done - *[Signature]*



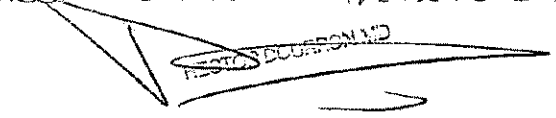
DATE / TIME / SIGNATURE

1/8/14 0748

1. DIC IVF
2. Ambulate pt c assist
3. DIC home
4. DIC IVs prior to discharge
5. F/U c VSA - Austen 1/21/14 @ 2:15PM
6. No driving, lifting > 5# x 2 weeks

DATE / TIME / SIGNATURE

v.o. RBAC Dr. Davron/J. Malcom, RN-VSA



1/8/14 0915

1. Hold discharge for now
2. NPO x meds *[initials]*
3. Continue to J @ neck @ 300. Call c changed. 1/8/14 1:30pm

DATE / TIME / SIGNATURE

v.o. RBAC Dr. Davron/J. Malcom, RN-VSA

WellStar

Cobb Douglas Kennestone


Paulding Windy Hill

001632858 341-01 01/07/14

MAURICE, EUGENE G

01/02/49 M 65Y C1400300500

CHEVU, ARUN



Physician's Orders

FORM# WS0416

ISS# 20140

Revision Date (12/2008)



1/8/14 *[Signature]* 0945

1-WS0416

Patient: Maurice, Eugene G DOB: 01/02/1949	Account: 140030000 MRN: 001632858	Allergies: NKA
---	--------------------------------------	----------------



HIM Approval: November 2013
Created By: Arun Chervu, MD

Carotid Endarterectomy Postoperative

Enter Zynx Tracking Order #: 44180 in HEO/STAR *(Handwritten mark)*

© Indicates Core Measure - MUST BE ADDRESSED WITHOUT EXCEPTION

Admit

Status

Inpatient

Diagnosis S/P Left CEA

Admitting Physician
Arun Chervu MD

Estimated Length of Stay

Past Midnight Tomorrow

I certify that inpatient services for greater than two midnights are medically necessary and is documented in my history and physical.

Unit

Recovery Room

Progressive Care *(1115 -> 1415)*

Activity

Elevate head of bed 30-45 degrees *(Handwritten: 30)*

Bed rest *(Handwritten: 11/14 BSO)*

Up with assistance in AM first day post op *(Handwritten: 11/14 BSO)*

Nursing Orders

Notify provider for hemodynamic instability: Pulse less than 50 or greater than 110, SBP less than 90 or greater than 180, Temp greater than 101.1

Vital Signs per PACU, then

Vital Signs per Critical Care protocol

(Handwritten signature)

Physician Signature _____
Date 1/7/14 Time 1120h
Printed on: Tue Jan 7 11:18:34 EST 2014

MR#001632858	R: -	01/07/14
MAURICE, EUGENE G		
01/02/49	M	65Y
CHERVU, ARUN		
ACCT# C1400300500		

(Large handwritten signature) 1/7/14 1550

Patient: Maurice, Eugene G Account: 140030000 Allergies: NKA
DOB: 01/02/1949 MRN: 001632858

- Neurovascular check every 2 hours, call MD with changes
 - Urinary straight catheterization if unable to void
 - Oxygen via nasal cannula at 3 liters to maintain SpO2 greater than or equal to 92%
 - Incentive spirometry 10 breaths every hour while awake
 - Discontinue urinary catheter post op day 1 at 6 am
- If urinary catheter is needed more than 2 days, documentation of rationale is required on post op day 1 or post op day 2

Dressing Care

- MD to change FIRST dressing
- If dressing becomes saturated, reinforce dressing, if bleeding persists, call MD
- Drain management JP to bulb suction - document output
- Have Betadine, 4 X 4s and Medipore tape at bedside

Diet

Regular

IV Fluids

Lactated ringers at 60 mL/hr

Medications

- For inpatients, please see Therapy Review and Reorder Form for current medications

Prophylactic Antibacterial

- ceFAZolin 1 gram intravenously every 6 hours for 3 doses

Contingency/PRN

Analgesics (do not exceed a total dose of 3000 mg acetaminophen per 24 hours)

- acetaminophen 650 milligram orally every 6 hours as needed for mild pain
- acetaminophen 325 mg - oxyCODONE 5 mg (Percocet) 1 - 2 tablet orally every 4 hours as needed for moderate pain
- morphine 2 - 3 milligram intravenously every 2 hours as needed for severe pain

Nitrates

- nitroglycerin 0.4 milligram tablet sublingually every 5 minutes for 3 doses as needed for chest pain. Call MD if chest pain persists

Constipation

Physician Signature

Date 1/7/14 Time 11:20h

Printed on: Tue Jan 7 11:18:34 EST 2014

MR#001632858 R: MAURICE, EUGENE G 01/02/49 M 65Y
CHERVU, ARUN
ACCT# C1400300500

01/07/14



Patient: Maurice, Eugene G DOB: 01/02/1949	Account: 1400300000 MRN: 001632858	Allergies: NKA
---	---------------------------------------	----------------

- magnesium hydroxide (MOM) 30 milliliter orally every 6 hours as needed for constipation

Antiemetics

- ondansetron 4 milligram intravenously every 6 hours as needed for nausea/vomiting

Critical Care

- cloNIDine (Catapres) 0.1 milligram orally every 4 hours as needed for SBP greater than 180
- niCARdipine (Cardene) Start at 5 milligram/hour continuous intravenous infusion as needed for sustained SBP greater than 160, may increase in increments of 2.5 mg/hr every 15 minutes to a maximum of 15 mg/hr
- phenylephrine (Neosynephrine) start at 100-180 microgram/minute continuous intravenous infusion as needed for sustained SBP less than 100, once blood pressure stabilized reduce to 40-60 mcg/min
- atropine 0.4 milligram intravenously as needed for HR less than 40 and SBP less than 90
- dextran (dextran 40) 20 milliliter/hour until bottle infused
- dexamethasone (Decadron) 4 milligram intravenously every 6 hours for 4 doses
- Other D/C Cardene and Neosynephrine drips if goes to floor

PACU Nursing to Complete

- Pre-op antibiotics given: Date 1/7/14 / Time Aug 25 0509
- Post-op antibiotics given: Date 8 / Time _____
- Incision Closure Time 1104
- Epidural for pain management? YES/NO (NO)
- Ensure SCD is ordered. If not, contact MD for order (NO)
- Ensure Anticoagulant is ordered. If not, contact MD unless hysterectomy or contraindicated
- Beta Blocker ordered? YES/NO Date 1/7/14 / Time 0600 / NO

Laboratory

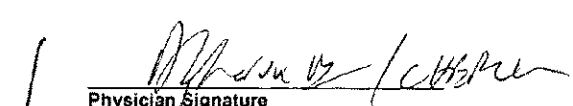
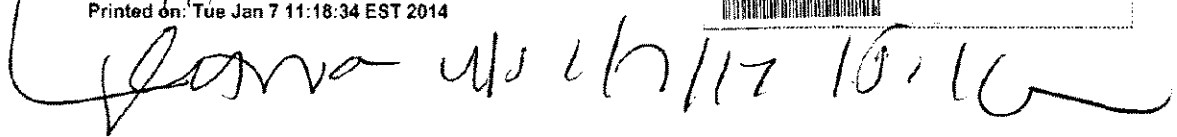

- H & H at 0600 on post op day 1 (H&H)

Respiratory

- Oxygen therapy via Respiratory CPG, maintain oxygen saturation at 90% (90)

Consults

- Consult to Care Coordination for discharge planning. (CC)


 Physician Signature
 Date 1/7/14 Time 1120
 Printed on: Tue Jan 7 11:18:34 EST 2014

 MR#001632858 R: MAURICE, EUGENE G
 01/02/49 M 65Y
 CHERVU, ARUN
 ACCT# C1400300500


PHYSICIAN INTRAOPERATIVE ORDERS

Allergies: NKDA

Must check () order to be initiated

MEDICATIONS ORDERED BY SURGEON / ADMINISTERED BY ANESTHESIA:

ceFAZolin 1 gram 2 grams dexamethasone: _____ mg IV IM clindamycin _____ mg IV
 vancomycin 1 gram IV moxifloxacin HCL (Avelox) 400 mg IV Other: heparin 6,000

LOCAL ANESTHETICS:

cocaine 4% topical 40 mg/mL morphine (Duramorph) 5 mg/10 mL
 sodium bicarbonate 8.4% acetaminophen _____ mg suppository Other: _____
 bupivacaine 0.25% 0.5% 0.75% plain with epinephrine 1:200,000
 lidocaine 0.5% 1% 2% plain with epinephrine 1:100,000
 lidocaine 0.5% 1% 2% plain with epinephrine 1:200,000

IRRIGATIONS:

epinephrine 1 mg/mL _____ in _____ mL 0.9% sodium chloride bacitracin 5,000 units in 1,000 mL 0.9% sodium chloride
 Neosporin GU irrigant 1 amp in 1000 mL 0.9% sodium chloride clindamycin _____ mg in _____ mL 0.9% sodium chloride
 heparin 5,000 units in 500 mL 0.9% sodium chloride gentamicin _____ mg in _____ mL 0.9% sodium chloride

ANTIBIOTIC EYE DROPS:

ciprofloxacin ophthalmic solution neomycin, polymixin B and hydrocortisone (Cortisporin) ophthalmic suspension
 Other: _____

OINTMENTS:

bacitracin ointment bacitracin, neomycin, polymixin B (Neosporin) ointment
 bacitracin, neomycin, polymixin B and hydrocortisone (Cortisporin) ointment

MISCELLANEOUS:

epinephrine topical 1:1000 oxymetazoline (Afrin) nasal spray dexamethasone 4 mg/mL
 methylPREDNISolone (Depo-Medrol) _____ mg/mL morphine 10 mg/mL
 Gelfoam: Size 100 Thrombin 5,000 unit topical FloSeal 10 mL Tisseal _____ mL
 Tissue: Freeze dried Frozen Type: _____
 Reconstitution solution: _____
 iohexol (Omnipaque) 300 mg I/mL _____ vasopressin 20 units/mL _____
 Other: Dextran 40

TREATMENT:

Tourniquet (See Intraoperative Record) SCD: bilateral Knee High Thigh High Foot Pumps
 Catheter: Straight Foley Remove Post-Operative Continue Post-Operative

LABS:

Gram stain(s) X _____ Aerobic culture(s) X _____ Anaerobic culture(s) X _____ PTH
 AFB culture(s) X _____ Fungal culture(s) X _____ Viral culture(s) X _____ POC I-STAT _____
 ABG BMP H & H CBC Blood glucose
 Type and cross for _____ units PRBC Transfuse _____ units OF BLOOD
 Other: _____

MEDICAL IMAGING:

Portable X-ray C-Arm / Fluoroscopy

Verbal Order / Read Back and Confirmed

Dr. Chervu / Arun 1/7/14 @ 7:50 AM/PM Chervu 1/7/14 11:00 AM/PM
Registered Nurse Signature Date / Time Physician Signature Date / Time

WellStar

Cobb Douglas Kennestone
 Paulding Windy Hill

PHYSICIAN INTRAOPERATIVE ORDERS

001632858 01/07/14
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN

FORM #WS0849

ITEM #62599

Page 1 of 1



1-WS0849



Must check () order to be initiated
 Bullet point (•) applies to all patients

ALLERGIES:

NKDA

WEIGHT:

Kg 108

HEIGHT:

5'7"

Pre-Op Orders	Post-Op Orders
<p>Labs:</p> <ul style="list-style-type: none"> Roizen Criteria (revised 2010) if labs not ordered by surgeon Test Reason: _____ <p>NPO Status:</p> <ul style="list-style-type: none"> NPO at midnight Children under 2 yrs: NPO solids 8, formula 6, breast milk 4 and clear liquids 2 hours respectively <p>Intravenous Therapy:</p> <ul style="list-style-type: none"> IV cath 20 gauge or greater in 8 years or older if tolerated Lactated Ringer's at 50 mL/hr D5 0.45% sodium chloride at 50 mL/hr if BBG 60 or less 0.9% sodium chloride at 50 mL/hr Add _____ mEq KCL to each liter of IV fluid Subcutaneous 1% lidocaine 0.1 mL PRN pain Apply EMLA Cream 1 hour prior to IV cannulation PRN pain <p>Diabetes:</p> <ul style="list-style-type: none"> Hold metformin (Glucophage) 24 hours pre-op BBG (bedside blood glucose) upon arrival in pre-op area If BBG is less than 60 or more than 200 notify Anesthesia <p>Respiratory Therapy and Monitoring:</p> <ul style="list-style-type: none"> Check pulse oximetry Nasal cannula O2 at 2-3 L/min if O2 Sat falls below 90% Monitor O2 Sat with IV narcotic and/or IV sedation Clear Lungs / IS Kit education / baseline documentation (18 years and older) <p>Medications:</p> <ul style="list-style-type: none"> Hold metformin (Glucophage) 24 hours pre-op May take all usual medications the day of surgery except insulin, other oral hypoglycemic agents, and diuretics chlorhexidine rinse (18 yrs and older) 15 mL 0.12% 1-3 hours prior to surgery. Swish and spit. Do NOT swallow. metoprolol succinate (Toprol-XL) <input type="checkbox"/> 25 mg or <input type="checkbox"/> _____ mg PO metoprolol tartrate (Lopressor) <input type="checkbox"/> 25 mg or <input type="checkbox"/> _____ mg PO propranolol (Inderal) <input type="checkbox"/> 10 mg or <input type="checkbox"/> _____ mg PO famotidine (Peppid) _____ mg <input type="checkbox"/> IV <input type="checkbox"/> PO metoclopramide (Reglan) _____ mg <input type="checkbox"/> IV <input type="checkbox"/> PO scopolamine transdermal patch 1-3 hours or H.S. pre-op ondansetron (Zofran) _____ mg <input type="checkbox"/> IV <input type="checkbox"/> PO diphenhydramine (Benadryl) _____ mg <input type="checkbox"/> IV <input type="checkbox"/> PO glycopyrrolate (Robinul) _____ mg IV fentanyl (Sublimaze) _____ mcg IV midazolam (Versed) _____ mg PO or _____ mg IV ketamine (Ketalar) _____ mg PO or _____ mg IV acetaminophen (Tylenol) _____ mg PO or _____ mg PR albuterol (Ventolin) _____ mg nebulizer treatment 	<p>Respiratory Management:</p> <ul style="list-style-type: none"> O2 via face shield _____ 100% (wean to room air) O2 cannula at _____ L/min (wean to room air as tolerated) Maintain O2 Sat on room air above 91% or notify Anesthesia ABG as indicated <input type="checkbox"/> HGB <input type="checkbox"/> CBC <input type="checkbox"/> BMP CXR <input type="checkbox"/> for line placement Ventilator settings to be checked by Respiratory Therapy IMV Rate _____ /min TV _____ mL FIO2 _____ % PEEP _____ albuterol (Ventolin) _____ mg nebulizer treatment naioxone _____ mg IV every 2 min for respirations less than 8 per minute; maximum dose 10 mg. Notify Anesthesia immediately <p>Analgesic Management:</p> <ol style="list-style-type: none"> Notify anesthesiologist if pain treatment not effective. If more than one treatment for pain ordered, mark order of use. <ul style="list-style-type: none"> #1 fentanyl <u>50</u> mcg IV every 5 min PRN up to <u>200</u> mcg/hr #2 morphine <u>1</u> mg IV every 10 min PRN up to <u>6</u> mg/hr # HYDROMORPHONE _____ mg IV every 5 min PRN up to _____ mg/hr # meperidine _____ mg IV one time # ketorolac _____ mg IV # midazolam _____ mg IV every 10 min PRN up to _____ mg/hr <p>Antiemetics (if more than one treatment for nausea / vomiting ordered, mark order of use):</p> <ul style="list-style-type: none"> # ondansetron (Zofran) _____ mg IV every 10 min PRN N/V X _____ # metoclopramide (Reglan) _____ mg IV no sooner than 2 hours if given pre-op # promethazine (Phenergan) _____ mg IV every 5-10 min X _____ or _____ mg <input type="checkbox"/> IM or <input type="checkbox"/> PR X 1 plus <input type="checkbox"/> ePHEDrine _____ mg IM # dexamethasone (Decadron) _____ mg slow IV # droperidol 0.625 mg IV X 1 Adult ASA I or II <p>Oral Pain Medication (May give 1 time PRN pain):</p> <ul style="list-style-type: none"> acetaminophen 325 mg/oxycodone 5 mg (Percocet) 1-2 tablets acetaminophen 500 mg/oxycodone 5 mg (Lortab) 1-2 tablets ibuprofen _____ mg acetaminophen 500/ HYDROcodone 7.5 mg per 15 mL (Lortab) _____ mL acetaminophen 300 mg /codeine 30 mg (Tylenol #3) 1-2 tablets acetaminophen 100 mg/ 5 mL _____ mL acetaminophen 160 mg/5 mL _____ mL acetaminophen 120/ codeine 12 mg per 5 mL (Tylenol #3) _____ mL Other: _____ <ul style="list-style-type: none"> Warming blanket for temp of 95° F or for comfort Insulin Dependent Patient: BBG in PACU; notify physician if BBG greater than 200 or less than 60. Discharge by agreed established protocol or PAR 8 or more

Tara Bedell RN
 Pre-Op Nurse Signature / Credentials

11/7/13
 Date

0655 AM / PM
 Time

Post-Op Nurse Signature / Credentials

11/7/14
 Date


07 PM
 Time

Physician Signature

01/07/14
 Date

11 PM
 Time

WellStar
 Cobb Windy Hill

001632858
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN


Pre / Post Operative Anesthesia Orders



2-WS1364

PEDIATRIC DOSING TABLES

Preoperative Sedation			
Midazolam • 0.5 mg/kg PO (max 20 mg) • 0.08 - 0.5 mg/kg IM • 1 mg/kg PR • 0.2 - 0.3 mg/kg IN • 0.2 mg/kg OT		Ketamine • 6 mg/kg PO • 0.2 - 5 mg/kg IM • 8 - 10 mg/kg PR • 3 mg/kg IN	
acetaminophen (Tylenol) elixir 160 mg/ 5 mL (10-15 mg/kg) 3 to 5 mL/10 kg PO		acetaminophen 120/ codeine 12 mg per 5 mL (Tylenol with Codeine) elixir Age 3-6: 5 mL every 6-8 hours Age 7-12: 10 mL every 6-8 hours Not recommended in children under 3 years	
Postoperative Pain Management			
Mild to Moderate		Moderate to Severe (begin with ½ dose and titrate to effect)	
Ketorolac	0.75 - 1. mg/kg IV	Morphine	0.1 mg/kg IV
Ibuprofen	10 mg/kg PO	Meperidine	1 mg/kg IV
Acetaminophen	10 - 15 mg/kg PO	FentaNYL	1 mcg/kg IV
	30 - 40 mg/kg PR	Codeine	1 mg/kg PO
Postoperative Nausea / Vomiting Management			
Droperidol	10 - 20 mcg/kg IV	Metoclopramide	0.1 - 0.15 mg/kg
DiphenhydrAMINE	0.75 - 1 mg/kg IV	IV Ondansetron	0.05 - 0.1 mg/kg IV
Promethazine	0.25 - 0.5 mg/kg IV		


Administration Abbreviations	
IM = Intramuscular	IV = Intravenous
PR = Per Rectum	PO = By Mouth
OT = Oral Transmucosal	IN = Intranasal

***Actual dosing may be greater or less than indicated in tables based on patient requirements and physician preference**

References:

- The Pediatric Anesthesia Handbook, 2nd edition, Mosby-Year Book, Inc. 1997
- The Pediatric Anesthesia Handbook, Yemen, McGraw-Hill, 2002
- Clinical Pediatric Anesthesia, Badgwell, Lippincott-Raven, 1997
- MicroMedex Healthcare Series

FOR REFERENCE ONLY

<p>WellStar</p> <p><input type="checkbox"/> Cobb <input type="checkbox"/> Windy Hill</p> <p>Pre / Post Operative Anesthesia Orders</p>	<p>001632858 01/07/14 MAURICE,EUGENE G 01/02/49 M 65Y C1400300500 CHERVU,ARUN</p> 
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V.T.E. / Thrombosis Assessment for Surgical and Medical Patients
 Must check (✓) order to be initiated
 Bullet point (•) applies to all patients
 Omit assessment for outpatients with a surgery time of less than 60 minutes

STEP 1 - NURSING ASSESSMENT (Assess within 24 hours of admission)

Patient Diagnosis _____ Type of surgery planned _____

RISK FACTORS: Assess for the following risk factors and enter Total Risk Factor Score

Score 1 for each factor	Score 2 for each factor	Score 3 for each factor	Score 5 for each factor
<input type="checkbox"/> Age 41 to 59 years <input type="checkbox"/> History of prior major surgery (within past 1 month) <input type="checkbox"/> Pregnancy or postpartum (less than 1 month) <input type="checkbox"/> Varicose veins <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Obesity (BMI 30 to 40) <input type="checkbox"/> Oral contraceptives <input type="checkbox"/> Hormone therapy <input type="checkbox"/> Abnormal pulmonary function - COPD or Pneumonia (less than 1 month) <input type="checkbox"/> Medical patient (on bedrest) <input type="checkbox"/> MI (less than 1 month) <input type="checkbox"/> CHF (less than 1 month) <input type="checkbox"/> Sepsis (less than 1 month) <input type="checkbox"/> Swollen legs (current)	<input checked="" type="checkbox"/> Age 60 - 74 years <input type="checkbox"/> Major surgery (greater than 60 minutes, current admission) <input type="checkbox"/> Laparoscopic surgery (greater than 60 minutes) <input type="checkbox"/> Arthroscopic surgery (greater than 60 minutes) <input type="checkbox"/> Morbid obesity (BMI greater than 40 to 50) <input type="checkbox"/> Immobilizing cast or splint <input type="checkbox"/> Central venous catheter <input type="checkbox"/> Malignancy - previous	<input type="checkbox"/> Age 75 years and over <input type="checkbox"/> History of SVT, DVT/PE <input type="checkbox"/> Family history of DVT/PE <input checked="" type="checkbox"/> Major surgery lasting 2 to 3 hours <input type="checkbox"/> BMI greater than 50 <input type="checkbox"/> Venous stasis syndrome <input checked="" type="checkbox"/> Hypercoagulable states (see list)	<input type="checkbox"/> Major surgery (greater than 3 hours) <input type="checkbox"/> Elective major lower extremity arthroplasty <input type="checkbox"/> Hip, pelvis, or leg fracture (less than 1 month) <input type="checkbox"/> Stroke (less than 1 month) <input type="checkbox"/> Major trauma (less than 1 month) <input type="checkbox"/> Acute spinal cord injury (less than 1 month) <input type="checkbox"/> Paralysis (less than 1 month) <input type="checkbox"/> Mechanical ventilation

Add the number (points) from the above columns for the Total Risk Factor Score (and record on top of Page 2)

STEP 2- RECOMMENDED PROPHYLACTIC REGIMENS FOR EACH RISK GROUP

Low Risk Total Risk Factor Score of 1	Moderate - High Risk Total Risk Factor Score of 2 to 4	Highest Risk Total Risk Factor Score of 5 or more
- No specific measures - Early ambulation	- Pharmacologic Prophylaxis*: Heparin (q 8 h), or Anti-Xa inhibitor, or Low molecular weight heparin OR - Compression device* *General/Orthopedic Surgery Compression device AND pharmacologic prophylaxis required.	- Pharmacologic Prophylaxis: Heparin (q 8 h), or Anti-Xa inhibitor, or Low molecular weight heparin PLUS Compression device

Assessment Nurse [Signature] Date 5/7/13 Time 11:35 AM / PM
 Signature/Title

For patients at risk, initial this box to indicate that VTE patient education has been provided.

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- Cobb Paulding Kennestone
 Douglas Windy Hill

VTE/Thrombosis Assessment Orders

FORM # WS0940

ESI# 86464

Pg. 1 of 2

001632858 01/07/14
 MAURICE, EUGENE G
 01/02/48 M 65Y C1400300500
 CHERVU, ARUN



2-WS0940

V.T.E. / Thrombosis Assessment for Surgical and Medical Patients

Must check (☑) order to be initiated

Bullet point (•) applies to all patients

Omit assessment for outpatients with a surgery time of less than 60 minutes

Total Risk Factor Score (from Page 1)

5

STEP 3- PHYSICIAN ORDERS:

Compression Devices:

- Sequential pneumatic compression (Calf SCDs)

Provide unless one of the following applies:

- ☐ Contraindicated due to VTE within last 6 months ☐ Other contraindication
☐ Plantar pneumatic compression (Foot Pumps) due to the following Calf SCDs contraindication:
☐ lower extremity bypass ☐ lower extremity surgery ☐ knee surgery
☐ Total risk factor score less than or equal to 1
☐ Non-surgical patient with total risk factor score of 2 to 4 receiving pharmacologic prophylaxis

PLUS

Pharmacologic Prophylaxis:

- ☐ Patient has previous order for treatment or prophylaxis. See previous order.
☑ heparin 5000 units SubQ q 8 hrs (recommended if CrCl less than 30 mL/min, except elective hip replacement)
☐ fondaparinux (Arixtra) 2.5 mg SubQ q 24 hrs (contraindicated if CrCl less 30 mL/min, dialysis patient, or patient weight less than 50 kg)
☐ enoxaparin (Lovenox)
☐ 30 mg SubQ q 12 hrs ☐ Do not interchange
☐ 40 mg SubQ q 24 hrs ☐ Do not interchange
☐ 30 mg SubQ q 24 hrs (CrCl less than 30 mL/min) ☐ Do not interchange
☐ 40 mg SubQ q 12 hrs (BMI greater than 40) ☐ Do not interchange

Contraindications to Pharmacologic Prophylaxis:

- ☐ Patient has contraindication to anticoagulants: risk of bleeding greater than DVT risk.
☐ Prophylaxis delayed due to high risk of bleeding secondary to epidural/indwelling spinal catheter placed.

Laboratory Evaluation:

- When above medications are ordered, perform baseline CBC and BMP. Then perform CBC day 2, day 5, and day 7.
*Notify Prescriber if platelet count is less than 100,000 or decreased by 50% of baseline.

Labs should be drawn for: Inpatients within 1 week Outpatients within 1 month

Start Date and Time Pharmacological Prophylaxis to begin: 1/8/14, 0700hrs

Physician Signature [Signature] Date 1/7/14 Time 0600 AM / PM

EMERGENCY 1/7/14 120 #

WellStar

- ☐ Cobb ☐ Paulding ☐ Kennestone
☐ Douglas ☐ Windy Hill

VTE/Thrombosis Assessment Orders

FORM # WS0940

ESI# 86464

Pg. 2

PATIENT IDENTIFICATION

001632858 01/07/14
MAURICE.EUGENE.G
01/02/49 M 65Y C1400300500
CHERVU, ARUN



09

Preoperative Diagnostic Orders

Patient Name Eugene Maurice Date of Birth 1/2/49
 Date of Surgery 1/27/14 Surgeon Chervu Scheduled Procedure: Left carotid endarterectomy

Test (Please check the appropriate box)	Reason (Please check the appropriate box)	ICD-9 Code	Test (Please check the appropriate box)	Reason (Please check the appropriate box)	ICD-9 Code
<input type="checkbox"/> EKG	<input type="checkbox"/> Hypertension <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Heart Block <input type="checkbox"/> Arterial Fibrillation <input type="checkbox"/> CHF <input type="checkbox"/> Asthma <input type="checkbox"/> Dysrhythmia <input type="checkbox"/> Syncope <input type="checkbox"/> Pallor <input type="checkbox"/> Abd pain <input type="checkbox"/> Post CABG <input type="checkbox"/> Other (describe)	401.9 244.9 414.OX 428.X 427.31 428.0 493.90 427.X 780.2 782.61 789.OX V15.1	<input type="checkbox"/> Blood Glucose	<input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Liver disorder (describe) <input type="checkbox"/> Other (describe)	250.OX
<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> Malignancy (describe) <input type="checkbox"/> Renal disease (describe) <input type="checkbox"/> Oral disease (describe) <input type="checkbox"/> GI disease (describe) <input type="checkbox"/> Breast disease (describe) <input type="checkbox"/> GU disease (describe) <input type="checkbox"/> GYN disease (describe) <input type="checkbox"/> Dermatitis <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Hernia Abd. Cavity (describe) <input type="checkbox"/> Irritable bowel disease (describe) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Pain in joint (describe site) <input type="checkbox"/> Malaise and fatigue <input type="checkbox"/> Anemia <input type="checkbox"/> Hypertension <input type="checkbox"/> CHF <input type="checkbox"/> Asthma <input type="checkbox"/> Other (describe)	 692.X 250.OX 443.9 714.0 719.4X 760.79 265.9 401.9 428.0 493.90	<input checked="" type="checkbox"/> Pro Time	<input type="checkbox"/> Malignancy (describe) <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Anemia <input type="checkbox"/> Dysrhythmia <input type="checkbox"/> CHF <input type="checkbox"/> Phlebitis <input type="checkbox"/> Esophageal disease <input type="checkbox"/> COPD <input type="checkbox"/> Chronic bronchitis <input type="checkbox"/> Emphysema <input type="checkbox"/> Asthma <input type="checkbox"/> Edema <input type="checkbox"/> Dysphasia <input type="checkbox"/> Other (describe)	 250.OX 401.9 414.OX 285.9 427.X 428.0 451.X 530.9 496 491.X 492.8 493.90 782.3 787.2
<input type="checkbox"/> Hepatic Function <input type="checkbox"/> Hepatitis Panel	<input type="checkbox"/> CHF	428.0	<input checked="" type="checkbox"/> BMP	<input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Long term use of anticoagulants <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Phlebitis <input type="checkbox"/> Gastric Ulcer (describe) <input type="checkbox"/> Hematuria <input type="checkbox"/> Post Menopausal bleed <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Other (describe)	427.31 V58.61 443.9 414.OX 451.OX 599.7 627.1 786.3
<input checked="" type="checkbox"/> Type & Hold (Screen) <input type="checkbox"/> Type & Crossmatch	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Other (describe)	789.OX	<input type="checkbox"/> Electrolytes <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> Pregnancy Test		

DISCLAIMER: This form is intended as a coding reference only and is not meant to suggest or in any way influence your selection of ICD-9 and CPT codes. You should select whatever ICD-9 and/or CPT code is most appropriate under the circumstances. You are not limited to the codes listed on this form.


MD Signature [Signature] Date/Time 1/23/14, 10:30 AM / PM
 RN Signature _____ Date/Time _____ AM / PM

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 Cobb Douglas Kennestone
 Paulding Windy Hill

Preoperative Diagnostic Orders

Form# WS0286 Item# 63526 Page 1 of 1

001632858 01/07/14
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500 R
 CHERVU, ARUN



Preoperative Admission Orders

Patient Name: Eugene Maurice Date of Birth: 1/2/49
 Date of Surgery: 1/7/14
 Scheduled Procedure: Left Carotid endarterectomy
 Admitting Diagnosis: Carotid Stenosis
 Height (required): 5'7" Weight (required): 241 Stated Actual
 NKA Allergies: _____
 Latex Allergy Yes No

Check (✓) indicates request	Orders Request	RN Initials
	Diagnostic tests per Anesthesia	
	Admitting Patient Type: <input type="checkbox"/> IP/AM Admit <input type="checkbox"/> OPS (Required to have written order)	
✓	NPO after midnight <u>except meds with sips of water</u>	
	Preoperative education on use of: <input type="checkbox"/> PCA pump <input type="checkbox"/> Incentive spirometry <input type="checkbox"/> Other	
✓	Clipper prep in: <input checked="" type="checkbox"/> Pre-Op <input type="checkbox"/> OR	
	SCD: <input type="checkbox"/> Yes <input type="checkbox"/> No TED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Patient on beta blocker <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ensure patient takes medication as prescribed (Meets SCIP protocol)	
✓	Preoperative antibiotic (Refer to SCIP protocol for proper antibiotic administered for vascular, orthopedics, colon and hysterectomy surgeries): <u>Amcef 2gm</u> <u>IV PB, Delacron 8mg IV push x 1</u>	
	Special intraoperative needs (Implants, instruments, equipment, supplies):	

Physician Signature: [Signature] Date: 1/3/14 Time: 1015 AM/PM
 RN Signature: [Signature] Date: 1/7/14 Time: 0657 AM/PM

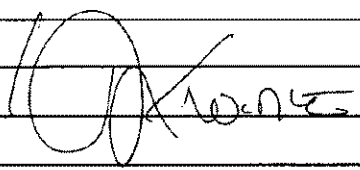
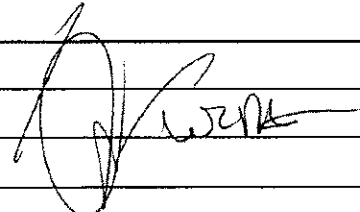
WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill
 Preoperative Admission Orders

001632858 01/07/14
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN



PAID
 Page 1 of 1
 1-WS0345
1/13/14

WELLSTAR PROGRESS NOTES

DATE	Time AM/PM	NOTES
1/8/14	1:24 PM	Vascular
		- stable formation @ neck
		- track analges
		- soft, no swallowing issues
		- ice pack
		- feed ok
		✓ in 2 hrs - probable discharge
		
1/8/14	5 PM	Vascular
		@ neck soft
		ok to DC home
		instructions given
		

WELLSTAR

- Cobb
 Douglas
 Kennestone
 Paulding
 Windy Hill
 Other _____

PROGRESS NOTES

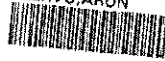
Form # WS1650

ITEM # 1650

Page 1 of 1



1-WS1650

001632858 341-01 01/07/14
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN


REVISION

HIM Approved 10/2008



FORM: 1110110

Progress Note - MAURICE, EUGENE G - 01/08/14 07:02
(SUMMARIZED PATIENT DATA ONLY, COMPLETE DATA ONLINE.)

MAURICE, EUGENE G
Case
FROM: 01/07/14 07:02 TO: 01/08/14 07:02
ROOM: 341-01 ADM: 01/07/14 05:44
AGE: 65Y SEX: M MD: CHERVU, ARUN
DOB: 01/02/1949 ID: 1400300500 MR: 001632858
REQUESTED: 01/08/14 07:02 (SR27)
OPT OUT:

VITAL SIGNS Most recent value for 01/08 (Range for past 24 hrs excluding most recent value)
Temp #1 98.1F 06408 (97.2F 0-57.3F A) BP #1 140/60mmHg 0608 (126-159/64-73) SpO2 95% Room 0608 (93% One 96% Room)
Pulse #1 69bpm M6408 (58bpm M-74bpm M) BP Equip Portab (Portab) Pulse Ox R Spotck (Spotck)
Respiratio 18/min 0608 (16-18/0)

INTAKE Most recent value for 01/08 (Range for past 24 hrs excluding most recent value)
Oral ml 240 0614 (320) LR 0 0621

OUTPUT Most recent value for 01/08 (Range for past 24 hrs excluding most recent value)
Urine ml 500 0637 (400-700) JP #1 ml 8 0638

I&O (01/07 07:01-01/08 07:01) 560/2608 Net -2048 I&O (01/08 07:01-07:02) ---/--- Net ---

ALL LABS Most recent value for 01/08 (Range for past 36 hrs excluding most recent value)
HGB AND HCT HEMOGLOBIN 12.4 L 0627 HEMATOCRIT 38 L 0627

ROUTINE MEDICATIONS *indicates new or change in med order in last 24 hours. () indicates shortened med name.
*Dexamethason (14 MG IV Q8H *Provastatin (180 MG ORAL QHS *Famipril 10 MG ORAL BID
*Carvedilol 12.5 MG ORAL BID *Ezetimibe 10 MG ORAL QHS *Heparin Sodi (15000 UNIT SUBC Q8H
*Aspirin 81 MG ORAL DAILY *Chlorthalido (150 MG ORAL DAILY

Discontinued Medications: Cefazolin Sodium Adv;
One Time Meds Scheduled: Pneumococcal 23-VALPS Vaccine 25 MCG IM 01/08 21:00

INFUSING IVS & DRIPS
Lactated Ringers 60 ml/hr

POOR ORIGINAL

2283499

11/8/14 0745
Pt A&O, NAD, no new C/O
Neuro: @UE/@UE 5/5 strength
Tongue midline, speech clear
Lungs: CTA w/ RRR Abd: soft, NT
@UE: Warm, well perfused
@neck: soft, mildly tender, flat
Jennif Malcom, RN
Imp: head left
Plan: Discharge
for in pt room

11/8/14 0910
Called to Pt's room for clo @neck swelling. @neck is fuller now. Pt in NAD, comfortable, breathing clo difficulty. Notified Dr. Davron who would like to hold discharge & continue to observe pt w/vascular surgery closely for now.
Jennif Malcom, RN
11/8/14 1:30pm



PATIENT ID: 1400300500

WELLSTAR PROGRESS NOTES

DATE	Time AM/PM	NOTES
1/7/14	1030	<div data-bbox="544 556 1112 997" data-label="Figure"> </div> <div data-bbox="544 1081 1112 1522" data-label="Figure"> </div>

POOR ORIGINAL

WELLSTAR

- Cobb Douglas Kennestone
- Paulding Windy Hill Other _____

PROGRESS NOTES

Form # WS1650 ITEM # 1650

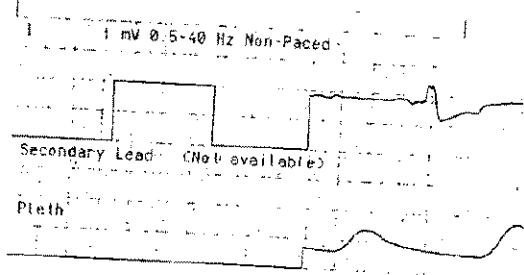
001632858 01/07/14
 MAURICE,EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN



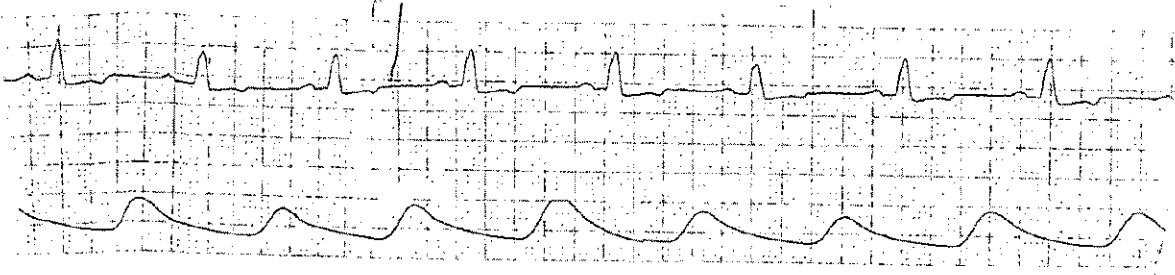
INTERPRETATION

RHYTHM STRIP RECORD **RHYTHM STRIP - 6 SECOND STRIP**

DATE: 1/7/14 TIME: (SAM)A10) 7 Jan 14 11:28 25 mm/sec
 ATRIAL RATE 62 No Patient Admitted CIR03
 VENT. RATE
 INTERVALS PR QRR 62 bpm
 T WAVE ST PVC
 ECTOPY 'uise 61 bpm
 (Nsg)-INTERPRETATION BP 142/65 (83) mmHg 7 Jan 14 11:25
 RT 146/51 (86) mmHg
 R 27 rpm



LEAD SR
 NURSE'S SIGNATURE *[Signature]*



NURSE'S SIGNATURE
 DATE: TIME:
 ATRIAL RATE
 VENT. RATE
 INTERVALS PR QRS QTc
 T WAVE ST
 ECTOPY
 (Nsg)-INTERPRETATION
 LEAD
 NURSE'S SIGNATURE

REMOVE TO EXPOSE ADHESIVE
 REMOVE TO EXPOSE ADHESIVE
 REMOVE TO EXPOSE ADHESIVE
 REMOVE TO EXPOSE ADHESIVE
 REMOVE TO EXPOSE ADHESIVE
 REMOVE TO EXPOSE ADHESIVE
POOR ORIGINAL

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill
Rhythm Strip Record

001632858 01/07/14
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN

page ①
of ②

Date: 1-7-14 OR#: 3 SURGEON: Chervu

Diagnosis: Carotid stenosis
Procedure: Carotid endarterectomy

PRE-PROCEDURE
 Patient N/A P
 Consent Reviewed
 Anesthesia Status: Permit Signed
 Awake Approximate
 Uncooperative Calm Anxious
 Confused Unresponsive

PRE-ANESTHESIA EVALUATION
 Immediate pre-induction evaluation/assessment complete: Yes No
 Plan of Care: Roman Same
 Initials: MW Change To: _____

PRE-INDUCTION VALUES
 BP: P R SAT

PATIENT SAFETY
 Suction Checked
 Safety Belt On
 Area L/R on Ambboards <90°
 Ambboards Restraints
 Arm Tucked L/R Ax Roll
 Pressure points checked and padded
 Eye Care: Tropic Olanest
 Pass Goggles

PREMEDICATION
 Versed 2 Mg IV @ 0725
 Fentanyl _____ Mg IV @ _____

ANTIBIOTIC
 Antibiotic: Anoxigan IV @ 0804
 Antibiotic: _____ IV @ _____

TOURNICQUET
 T _____ mm Hg _____ time _____ min

PATIENT SUMMARY
 N100A

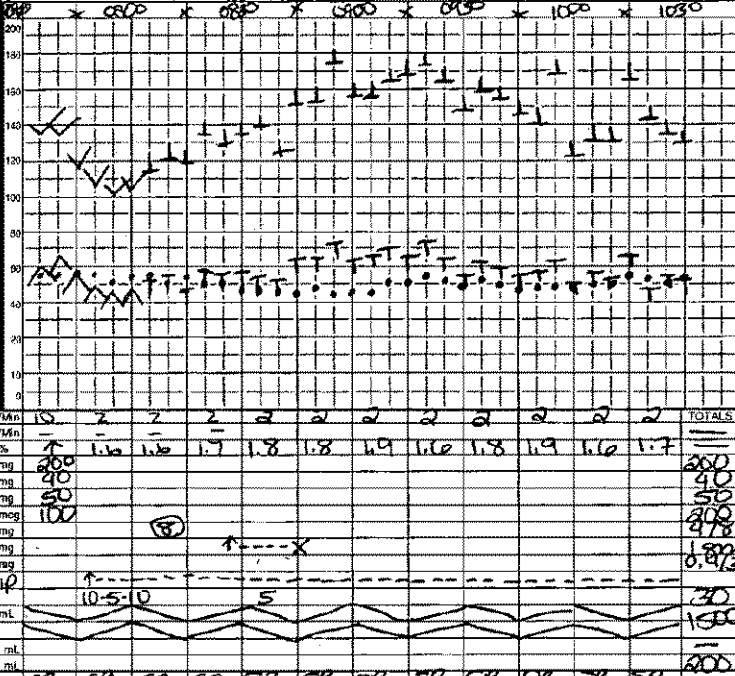
MONITORS AND EQUIPMENT
 ECG Procord Exspn Other
 Non-Invasive BP LHR High
 Continuous EKG Y Lead EKG
 Pulse Oximeter Gas Analyzer
 End Tidal CO₂ Gas Analyzer
 Arise Warning Nerve Stimulator
 Hoyer Hugger LHR AS
 KC Pad Fluid Warmer

ANESTHETIC TECHNIQUE
 General: Iso-Propofol LTA
 Rigid Sequence Circuit Pressure
 IV Induction TIVA
 Inhalation TIVA
 Regional: Spinal Epidural
 Other _____
 Site _____
 G. Tube / Spinal needle
 Introducer _____
 G. Tube / Epidural Needle
 Catheter _____
 Neg. blood Neg. parasthesia
 Neg. test dose
 Drug _____ Dose _____ Time _____

AIRWAY MANAGEMENT
 Intubation: Oral FAE
 Nasal Armored
 Direct Endotracheal
 Blind Laryngeal Mask
 Stylet uffed
 Magill's uffed
 Fiber Optic CO₂ present
 Awake Blunt Miller
 Secured at 29 cm Alarumate
 Attempts x _____ Easy
 Airway: Oral Nasal Difficult
 Mask Case Side Remarks
 LMA Nasal Cannula

ANESTHESIA TIME
 START: 0725
 IN ROOM: 0730
 STOP: 1120
 ASA: 1
 2
 3
 4
 5
 E

Art. line placed in
 ② radial artery p
 induction by Dr.
 Balancing
 0825- Coxtoran
 infusion started
 20ml/hr PRF
 0908-6000units
 Heparin IV P, PRK



FLUIDS / AGENTS

Agent	U/L	U/L	U/L	U/L	U/L	U/L	U/L	U/L	U/L	TOTALS
Oxygen	15	2	2	2	2	2	2	2	2	2
NO ₂ A/F										
DES 2 SEVO										
PROP	200									200
ETOM	40									40
STP	50									50
LIDO	100									100
SUK										
ROX										
VEC										
Nimbex										
FENTANYL										
ZOFRAN										
ECADROL										
ROBINUL / NEOSTIGMINE										
FLUIDS: CLR	10.5	10								30
FLUIDS: LR										1500
Urine (NO FOLEY)										200
EBL										

MONITORS

Parameter	U/L	U/L	U/L	U/L	U/L	U/L	U/L	U/L	U/L	U/L	U/L	U/L
EKG	58	52	58	58	58	58	58	58	58	58	58	58
SaO ₂ %	96	96	96	96	96	96	96	96	96	96	96	96
ET CO ₂	37	33	33	33	33	33	33	33	33	33	33	33
FiO ₂	1.0	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
Temp	36.3	35.9	35.7	35.5	35.4	35.4	35.4	35.4	35.4	35.4	35.4	35.4
TOF												
Tidal Volume	50	50	50	50	50	50	50	50	50	50	50	50
Resp. Rate												
Peak Pressure												
P _{EEP}												

RECOVERY
 PACU SOS ICU Time: 115
 RR: 100/47 O₂ Sat: 97
 P: 102 R: 16 T: 98.5
 PACU
 Awake/Responsive
 Satisfactory
 Satisfactory Condition
 Report Given
 Monitors
 Mask Oxygen
 T-Piece Oxy.
 Oral/nasal airway

WellStar
 Cobb Douglas Kennestone
 Pauding Windy Hill
ANESTHESIA RECORD

PAT 001632858
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN

page 2
of 2

Date: 1-7-14 OR#: 3 SURGEON: Chervu

Diagnosis: see page one
Procedure: see page one

PRE-PROCEDURE		PRE-ANESTHESIA EVALUATION		MONITORS AND EQUIPMENT		ANESTHETIC TECHNIQUE		AIRWAY MANAGEMENT		ANESTHESIA TIME	
<input type="checkbox"/> Interfaced <input type="checkbox"/> H & P <input type="checkbox"/> Chart Reviewed <input type="checkbox"/> Permit Signed Pre-anesthesia Status: <input type="checkbox"/> Awake <input type="checkbox"/> Apprehensive <input type="checkbox"/> Alert <input type="checkbox"/> Uncooperative <input type="checkbox"/> Calm <input type="checkbox"/> Asleep <input type="checkbox"/> Comforted <input type="checkbox"/> Unresponsive		Immediate pre-induction evaluation/assessment complete <input type="checkbox"/> Yes <input type="checkbox"/> No Plan of Care Remain Same <input type="checkbox"/> Yes <input type="checkbox"/> No Pre-Induction Values: BP, HR, RR, SpO2, SAT		<input type="checkbox"/> Sxth <input type="checkbox"/> Pncard <input type="checkbox"/> Eaxch <input type="checkbox"/> Other <input type="checkbox"/> Non-Invasive BP <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Carotid/TKK <input type="checkbox"/> Y <input type="checkbox"/> NG <input type="checkbox"/> OG <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> O2 Sat <input type="checkbox"/> SpO2 <input type="checkbox"/> End Tidal CO2 <input type="checkbox"/> O2 Analyzer <input type="checkbox"/> Active Warming <input type="checkbox"/> Heat Blanket <input type="checkbox"/> Bair Hugger <input type="checkbox"/> KC Pad <input type="checkbox"/> TME <input type="checkbox"/> BIS <input type="checkbox"/> Puff Warmer		General: <input type="checkbox"/> Pre-Oxygenation <input type="checkbox"/> LTA <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Circuit Pressure <input type="checkbox"/> IV Induction <input type="checkbox"/> TIVA <input type="checkbox"/> Inhalation <input type="checkbox"/> Regional: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Pre-emptive <input type="checkbox"/> Pre-emptive <input type="checkbox"/> Sedation <input type="checkbox"/> Sedation <input type="checkbox"/> Anticholinergic <input type="checkbox"/> Anticholinergic <input type="checkbox"/> Catheter <input type="checkbox"/> cm <input type="checkbox"/> Neg. CSF <input type="checkbox"/> Neg. blood <input type="checkbox"/> Neg. parathesic <input type="checkbox"/> Neg. test dose Drug: _____ Dose: _____ Time: _____		Intubation: <input type="checkbox"/> Tube Size _____ <input type="checkbox"/> Oral <input type="checkbox"/> NAE <input type="checkbox"/> Nasal <input type="checkbox"/> Airway <input type="checkbox"/> Direct <input type="checkbox"/> Endobronch. <input type="checkbox"/> Blind <input type="checkbox"/> Uncuffed <input type="checkbox"/> Cuffed <input type="checkbox"/> Stylet <input type="checkbox"/> Cuffed <input type="checkbox"/> Magill's <input type="checkbox"/> B & S <input type="checkbox"/> Fiber Optic <input type="checkbox"/> ET CO2 present <input type="checkbox"/> Awake <input type="checkbox"/> Trade <input type="checkbox"/> MAC <input type="checkbox"/> Miller <input type="checkbox"/> Secured at _____ cm <input type="checkbox"/> Atraumatic <input type="checkbox"/> Easy <input type="checkbox"/> Difficult <input type="checkbox"/> Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Mask Case <input type="checkbox"/> See Remarks <input type="checkbox"/> LMA <input type="checkbox"/> Nasal Cannula		START: 0725 IN ROOM: 0730 STOP: 1120 ASA: 1, 2, 3, 4, 5, E REMARKS:	
PATIENT SAFETY <input type="checkbox"/> May/Pre Checkoff <input type="checkbox"/> Safety Pin On <input type="checkbox"/> Aseptic Technique <input type="checkbox"/> Antiseptic Solution <input type="checkbox"/> Antiseptic L.R. <input type="checkbox"/> Pressure points checked by _____ <input type="checkbox"/> Eye Care: <input type="checkbox"/> Taped <input type="checkbox"/> Occluded <input type="checkbox"/> Goggles		PREMEDICATION <input type="checkbox"/> Versed <input type="checkbox"/> Mg IV @ _____ <input type="checkbox"/> Fentanyl <input type="checkbox"/> Mg IV @ _____		ANTIBIOTIC Antibiotic: _____ IV @ _____ Antibiotic: _____ IV @ _____		TOURMOUET _____ mm Hg _____ time _____ min		PATIENT SUMMARY NCOA		VITAL SIGNS 200 x 110 x 110 x 100 x 100 x 100 x 100	
FLUIDS / AGENTS Oxygen: 2 2 = 4 D5NS 2500 D5FS 2500 PROP 2500 LIDO 2500 BLOC 2500 FENTANYL 2500 ZOPRANOLONE 2500 TORADOL 2500 ROBINUL / NEOSTIGMINE 2500 Phenylephrine		FLUIDS ALR 2500 D5NS 2500 Urine (NO FOLEY) _____ ml EBL _____ ml EKG _____ SaO2 % _____ ET CO2 _____ FiO2 _____ Temp <input type="checkbox"/> Skin <input checked="" type="checkbox"/> Other _____ °F		MONITORS TOF _____ Tidal Volume _____ Resp. Rate _____ Peak Pressure _____ cmH2O PEEP _____ cmH2O		RECOVERY <input type="checkbox"/> PACU <input type="checkbox"/> OBS <input type="checkbox"/> ICU Time _____ BP _____ O2 Sat _____ PACU <input type="checkbox"/> Always Packed <input type="checkbox"/> Mouth Open <input type="checkbox"/> Awake/Responsive <input type="checkbox"/> Nasal Oxygen <input type="checkbox"/> Secate <input type="checkbox"/> Insulated <input type="checkbox"/> Mask Oxygen <input type="checkbox"/> VSS <input type="checkbox"/> Ventilator <input type="checkbox"/> T-Piece Oxy. <input type="checkbox"/> Satisfactory Condition <input type="checkbox"/> Unassisted Airway					

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill
ANESTHESIA RECORD

MR#001632858 R -
 MAURICE, EUGENE G
 01/02/49 M 65Y
 CHERVU, ARUN
 ACCT# C1400300500

01/07/14



1-C4448

**THE FOLLOWING INFORMATION WILL ASSIST YOUR ANESTHESIOLOGIST.
MARK ALL MEDICAL CONDITIONS THAT APPLY TO YOU, PAST OR PRESENT.**

ANESTHESIA-RELATED ISSUES

- Complications related to anesthesia (such as severe nausea, high fever, or difficult intubation) in yourself
- Complications related to anesthesia in any of your family members
- Full dentures Upper Lower
- Partial dentures Upper Lower
- Capped teeth Upper Lower
- Loose or chipped tooth
Where? _____
- Painful or decreased ability to move neck or to open jaw fully
- Nasal surgery or facial fracture
- History of motion sickness

PRIOR SURGERIES AND DATES

- No prior surgeries
CAB G 11-1-92

HEART DISEASE

- High cholesterol
- High blood pressure
- Heart disease
Date of last visit to a cardiologist:
12-31-13
- Heart attack Date: _____
- Heart surgery, stent, angioplasty
Date: 11-1-92
- Chest pain or angina
- Congestive heart failure
- Palpitations or irregular heartbeat
- Mitral valve prolapse or heart murmur
- Any other heart valve disease
- Pacemaker or cardiac defibrillator
- Shortness of breath with mild exercise
- Abnormal EKG or chest x-ray

LUNG DISEASE

- Smoking history Packs per day? 1
Years? 20 Quit for how long? 2 yrs
- Asthma or wheezing
Date of last attack: _____
- Lung disease, COPD, or emphysema
- Oxygen use at home

LUNG DISEASE (CONTINUED)

- Sleep apnea or history of excessive snoring
- Use of a CPAP machine
- Cold, fever, productive cough, or "flu" in the past 2 weeks

GI / KIDNEY / LIVER DISEASE

- Acid reflux or heartburn
- Hiatal hernia
- Kidney disease
- Kidney failure
Date of last dialysis: _____
- Liver disease or cirrhosis
- Hepatitis or jaundice (hepatitis)
- Do you drink alcoholic beverages?
2 drinks per wk
- Use recreational or street drugs

ENDOCRINE DISEASE

- Diabetes Type I Type II
- Take insulin
- Take pills for diabetes (such as Glipizide, Glyburide, or Glucophage)
Date last taken: _____
- Thyroid disease
- Taken steroids in the past year

BLOOD DISORDERS

- Anemia
- Sickle cell disease or trait
- Bleeding or clotting abnormalities
- Take blood thinners (such as aspirin, Coumadin, or Plavix)
Date last taken: 1-3-14
- Take vitamin E, garlic, ginger, ginseng, or ginkgo herbal supplements
- Exposure to AIDS or HIV

NEUROLOGIC DISEASE

- Stroke or CVA Date: _____
- History of TIA or "mini stroke"
- Seizure disorder or epilepsy
Date of last seizure: _____
- Neuromuscular disease
- Frequent headaches or migraines
- Low back pain 1971 10-92

NEUROLOGIC DISEASE (CONT'D)

- Anxiety
- Depression

FEMALE-RELATED ISSUES

- I am / could be pregnant
If pregnant, how many weeks? _____
- Date of last menstrual period _____
- Pregnancy-induced hypertension (PIH)
- Gestational diabetes
- History of previous cesarean section
- This has been an uncomplicated pregnancy

OTHER MEDICAL CONDITIONS

- Rheumatoid arthritis or osteoarthritis
- History of cancer
What type? _____
- History of mastectomy
- Other medical problems not listed above (if so, please explain below):

MEDICATIONS: ASPIRIN 81mg
RAMIPRIL 10mg x2
CARVEDILOL 12.5mg x2
CHLORTHALIDONE 50mg
VITAMIN 10-80 3/wk

ALLERGIES:
WOODA

Height: 5'7" **Weight:** 230
Date of Procedure: 1-7-14
Diagnosis: _____

Proposed Procedure: _____

Completed by (Signature) Eugene G. Maurice **Date/Time** 1-3-14

WellStar

- Cobb Douglas Kennestone Main
- Kennestone SDS Paulding Windy Hill

Pre-Anesthetic Assessment and Consultation

001632858 01/07/14
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN



FORM #2-WC0020 ITEM #83978

Page 1 of 2

4/2013

HIM Approved 4/2013



2-WC0020

Do Not Write Below This Line - For Physician Use Only

AIRWAY EXAM: MAL 1 3 4
 Good ROM TMD greater than or equal to 3 FB
 CAPS / FULL / PARTIAL
 SpO2 _____ BP _____ HR _____
 RR _____ SpO2 _____
 See nursing notes for vital*

HEART: RRR **LUNGS:** CTA
NEURO: Alert Sedated
 Unconscious Confused

PROBLEM LIST:
 Circle those that apply and strike those that do not
 CAD 5/1 cmc
 HTN
 Tobacco
 ↑ BMI
 OSA
 DM
 Asthma
 GERD

LAB WORK:

 Within normal limits Within normal limits
 PT 10.8 INR 0.98 PTT _____
 Glucose _____ Time _____
 HCG: Negative / LMP _____ T&S / T&C

BETA BLOCKER
 Is the patient on beta blockers? Yes No
 If yes, has it been given in the past 24 hours? Yes No
 If no, reason: Bradycardia (HR less than 50)
 Current or potential hemodynamic instability with beta blocker

EKG: NSR / WNL **ECHO:** *cf. 5-10!*
 Stress Test: *1/8 ECG*
 Cardiac Clearance:
 Chest x-ray: NAD
 Pulmonary Clearance:

ASA STATUS: 1 2 3 4 5 E GA
 Risks, benefits, and options discussed. Questions regarding anesthetic risks were solicited and answered. Patient was warned of the risk of dental injury.
 GETA
 SAB
 EPIDURAL
 BLOCK
 PONV PROPHYLAXIS
 Anesthesia Provider: *[Signature]*
 Date / Time: *1/7/14*

24 HOUR POST-ANESTHESIA NOTE:
 For use for inpatients only
 No anesthetic complications VS stable
 Discharged on day of surgery Neuro intact
 Pain controlled
 Comments: _____
 Authenticated by: *Wilmer Balasing, M.D.*
 On 01/07/2014 08:44:54 AM
 Signature: *[Signature]*
 Date / Time: *1/7/14*

WellStar
 Cobb Douglas Kennestone Main
 Kennestone SDS Paulding Windy Hill
Pre-Anesthetic Assessment and Consultation

001632858
 MAURICE, EUGENE G 01/07/14
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN

WellStar

**Acknowledgment of Receipt
of
"NOTICE OF PRIVACY PRACTICES"
for
Protected Health Information**

I, acknowledge that I have received a copy of WellStar Health System's "Notice of Privacy Practices" for Protected Health Information on the date set forth below.

1-3-14
Date of Receipt

1-2-49
Date of Birth

EUGENE G. MAURICE
Patient Name

Print Name of Authorized Personal Representative

Eugene G. Maurice
Signature of Patient

Signature of Authorized Personal Representative

Please Indicate Relationship to Patient

FOR USE BY WELLSTAR HEALTH SYSTEM PERSONNEL ONLY: (Complete if patient Acknowledgment is not obtained)

An Acknowledgment of Receipt of Notice of Privacy Practices was not obtained because:

- Patient refused to sign Acknowledgment.
- Unable to gain signed Acknowledgment due to communication/language or other barrier.
- Patient was unable to sign Acknowledgment due to emergency treatment situation.
- Other: Please indicate reason _____

Signature of WellStar Representative: _____ Date: _____

Please the appropriate facility:

- Kennestone Hospital Cobb Hospital Douglas Hospital Windy Hill Hospital Paulding Hospital
- Homecare Hospice
- Other: _____

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill

001632858 01/07/14
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500 ICKER
 CHERVU, ARUN



Notice of Privacy Practices

FORM # WS0446

ESI # 71002

Revision Date (11/2010)

HIM Approved 11/2010



* 1-WS0446 *

WELLSTAR.

Patient Admissions Packet Table of Contents and Acknowledgment Form

- General Consent to Treat and Financial Responsibility Statement
- Acknowledgement of Receipt of Notice of Privacy Practices
- Message from Tricare
- Welcome from Reynold J. Jennings
- What to Expect As a Wellstar Patient
- Patient Rights and Responsibilities
- Advanced Directives – Critical Conditions
- Joint Notice of Privacy Practices Brochure
- Smoking/Tobacco Cessation & Living Well with Diabetes (back)
- Customer Concerns
- Pneumococcal Polysaccharide Vaccine

POOR ORIGINAL

The undersigned hereby certifies that the patient named below received this Patient Admissions Packet which contains the above forms on this 3rd day of Jan, 2014.

Maurice, Eugene

Name of Patient

[Signature]

Signature of Nurse or Other Healthcare Provider

In the event that you need one of the above forms, please notify your nurse.

WellStar

Cobb Douglas Kennestone
Paulding Windy Hill Other _____

Patient Admissions Packet - Table of Contents

001632858 01/07/14
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN

KER



FORM # WS0644

(White Copy: Chart / Yellow Copy: Patient)

Revision Date (12/2011)



1-WS0644

DATE	TIME	DEPT CODE	STAFF INITIALS	EDUCATION TOPIC	Please check (✓) the appropriate column in each category (see code legend below)																		
					LEARNER			METHOD				OUTCOME											
					P	F	O	D	W	T	G	V	V	N	D	R							
1/2	12:00	1224	JK	Admission education provided and discussed with patient per Admission Packet (Advance Directives, Smoking Cessation, Patient Rights, immunizations, etc.)	✓				✓														
				Review safe and effective use of medications including food/drug interaction																			
				List:																			
				Review safe and effective use of medical equipment																			
				List:																			
				Review pain management																			
				List:																			
				Review diet and nutrition																			
				List:																			
				Review rehabilitation techniques																			
				List:																			
				Review community resources																			
				List:																			
1/2	12:00	1224	JK	Review Infection Control Practices: Hand hygiene, respiratory hygiene, and contact precautions according to patient's condition	✓																		
				Review measures to prevent adverse events in surgery: Patient identification practices, prevention of surgical infections, and marking of the procedure sites. <i>hair, hair, hand, wrist</i>	✓																		
				Disease specific and health promotion education provided (booklets, videos, handouts)	✓																		
				• DVT																			
				• Diabetes																			
				• AMI - Acute Myocardial Infarction booklet given "Living with Heart Disease"																			
				• Surgical Patient - Turn, cough, deep breathe <i>curv mrg</i>	✓																		
				• Smoking cessation information provided																			
				• HF - Heart Failure Booklet given "A Guide to a Stronger Heart" (includes diet, activity, medications, worsening signs and symptoms, follow-up, weight monitoring)																			
				• Stroke - Stroke packet given (includes signs and symptoms, warning signs, when to call 911, personal risk factors, medications and need for follow up)																			
				• Other <i>Prep instructions, APO</i>	✓																		
				The following videos were viewed by the patient (list titles)	✓																		
				<i>purpose plan of care</i>	✓																		

Department Code:
 CR = Cardiac Rehab
 D = Diabetic Educator
 L = Lactation
 N = Food and Nutrition Therapy
 NS = Nursing
 OT = Occupational Therapy
 P = Pharmacy

PT = Physical Therapy
 XR = Radiology / Imaging
 RT = Respiratory
 SS = Social Services
 SLP = Speech Language Pathologist
 W = Wound / Ostomy / Cont

Learner Code: P = Patient F = Family O = Other
 Method Code: D = Demonstration T = Video/CCTV V = Verbal
 W = Written G = Group/Class
 Outcome Code: V = Verbalized Understanding
 N = Needs Reinforcement
 D = Return Demonstration Satisfactorily
 R = Refused Teaching

INITIAL	SIGNATURE	INITIAL	SIGNATURE
JK	<i>[Signature]</i>		
JK	<i>[Signature]</i>		


WellStar

Cobb Douglas Kennestone
 Paulding Windy Hill

Interdisciplinary Patient / Family Education Record


001632858
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN

01/07/14



SPP #PF-05

FORM #WS0169 ITEM #60860



Page 1 of 2

2-WS0169

HIM Approved 6/2011

PHYSICIAN DOCUMENTATION REVIEWED BY ALL DISCIPLINES AS FOUNDATION OF PATIENT PLAN OF CARE				
DISCIPLINE	DATE / TIME	LEARNING / DISCHARGE NEED	PLAN AND/OR ACTION	SIGNATURE
NURSING				
NUTRITION				
RESPIRATORY				
PHARMACY				
REHAB SERVICES OT, PT, ST				
CARDIAC REHAB / EDUCATION				
DIABETIC EDUCATION				
WOUND / OSTOMY CONTINENCE				
DISCHARGE PLANNING				
SOCIAL SERVICES				
OTHER				
MDC DATES		ATTENDED BY:		
1.				
2.				
3.				
4.				
5.				
6.				

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill
**Interdisciplinary Patient / Family
 Education Record**

FORM #WS0169 ITEM #60960

001632858 01/07/14
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN



red 6/2011

Preoperative Diagnosis: Critical Left Carotid Stenosis

Postoperative / Final Diagnosis: None

Procedure Performed: Left Carotid Endarterectomy + Bovine Percutaneous patch

Performing Physician: J. Hawkins

Assistant: None S. Rajes PA-C ; C. Stevens PA-C

Anesthesia: GBT (Dr. Bolwig)

Findings: _____

high grade stenosis
high carotid bifurcation
Alert, oriented, warm, all
extremities well, tongue
in midline

REF VG-0108N
PN 3213-0108-0011
LOT SPCE113-0910030

Implant(s): Vascu-Guard®

Specimen / Device Removed: Carotid plaque Heparin 6000

Blood Loss: 200cc, plaque 1300cc, total 1500cc

Physician Signature: J. Hawkins Date: 1/7/14 Time: 11:00 AM / PM

Operative Report Dictated

For Outpatient only

Discharge Follow-up Instructions: _____


Condition on Discharge: _____

Discharge Medications: _____

Activities / Diet: _____

Physician Signature _____ Date _____ Time _____ AM / PM

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill
PROCEDURE PROGRESS / DISCHARGE NOTE

001632858 01/07/14
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN




1-WS0238

H&P Update

Select one:

H&P reviewed, patient examined, and patient's condition **unchanged**

OR

H&P reviewed, patient examined, and patient's condition **changed**; see below:

Maurice Eugene G. Chervu
Physician Signature

1/7/14
Date

0650 AM / PM
Time

WellStar

- Cobb Douglas Kennestone
 Paulding Windy Hill

H&P Update

001632858 01/07/14
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN



FORM #WS1234

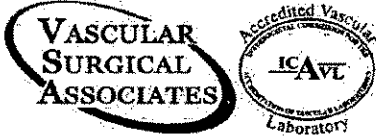
ITEM #101412

Page 1 of 1

HIM Approved 9/2011



1-WS1234



Vascular Surgical Associates

Austell Office

1700 Hospital South Drive Suite 502
Austell, GA 30106
Phone: (770) 944-8315
Fax: (770) 745-2290

Patient: Eugene G Maurice
(418960)

Date of Birth: 01/02/1949

Phone: (678) 398-9479

Encounter Date: 01/03/2014

History of Present Illness

The patient is a 65 year old male who presents for a pre-op visit. The patient is here today for a pre op for a left carotid endarterectomy. The procedure is on 01/07/14. The surgeon for the procedure will be Dr. Chervu. The chief complaint is carotid stenosis. He has no neurologic symptoms. He has been seen by Cardiology.

History

Allergy

No Known Drug Allergies (01/03/2014)

Past Medical

CAROTID ARTERY STEN, NO INFARCT

Hypertension

Heart Attack

Other Medical History

Unspecified Diagnosis

Social

Tobacco use: Never smoker

Alcohol use: Moderate alcohol use

Medications

Vytorin (10-80MG Tablet, 1 Oral every other day) Active.

Carvedilol (12.5MG Tablet, 1 Oral two times daily) Active.

Aspirin (81MG Tablet, Oral daily) Active.

Ramipril (10MG Capsule, 1 Oral two times daily) Active.

Carvedilol (12.5MG Tablet, 1 Oral two times daily) Active.

Medications Reconciled.

Family

Heart Disease: Mother, Brother

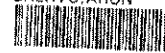
Hypertension: Father, Mother, Brother, Sister

Cancer: Sister

Past Surgical

Coronary Artery Bypass Graft (1992) 6

001632858 01/07/14
MAURICE,EUGENE G
01/02/49 M 65Y C1400300500
CHERVU,ARUN



Review of Systems

Respiratory: Not Present- Shortness of breath.

Cardiovascular: Not Present- Chest Pain.

Gastrointestinal: Not Present- Constipation, Diarrhea, Nausea and Vomiting.

Physical Exam

General

Mental Status - Alert. No Acute distress is noted. **Orientation** - Oriented X3. **Build & Nutrition** - Obese and Well developed.

Integumentary

General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Chest and Lung Exam

Chest and lung exam reveals - clear to A&P.

Cardiovascular

Inspection: Jugular vein - Left - Inspection Normal. Right - Inspection Normal.

Palpation/ Percussion:

Point of Maximal Impulse: - Normal.

Auscultation: Rhythm - Regular. **Heart Sounds** - S1 WNL and S2 WNL.

Murmurs & Other Heart Sounds: Auscultation of the heart reveals - No Murmurs.

--

Peripheral Vascular Observation: Carotid Arteries - Bruit (R) (high-pitched) and Bruit (L) (blowing).

Upper Extremity: Inspection - Right - Note: right GSV harvest;

PALPATION: Brachial pulse - Left - 2+. Right - 2+. **Radial Pulse** - Left - 2+. Right - 2+.

Lower Extremity:

Palpation: Femoral pulse - Left - 2+. Right - 2+. **Popliteal pulse** - Left - 2+. Right - 2+. **Dorsalis pedis pulse** - Left - 2+. Right - 2+. **Edema** - Left - No edema. Right - No edema.

Abdomen

Palpation/ Percussion: Palpation and Percussion of the abdomen reveal - No Palpable abdominal masses. Note: obese, unable to palpate aorta;


Neurologic

Neurologic evaluation reveals - Neurologically grossly intact and nonfocal.

Musculoskeletal

Impression - General - no gross deformity.

001632858
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN
01/07/14



Vital Signs

Date: 01/03/2014 09:41 AM
Temperature:
Pulse: 58
Blood Pressure: 159/79
Height:
Weight:
BMI: -
BSA: -
Date: 01/03/2014 09:41 AM
Temperature:
Pulse: 66
Blood Pressure: 156/72
Height: 67 in
Weight: 241 lb, 2 oz
BMI: 37.77 kg/m²
BSA: 2.27 m²

Assessment & Plan

CAROTID ARTERY STEN, NO INFARCT

Today's Impression: Patient presents for a preop exam for left carotid endarterectomy. CTA reviewed with patient and his wife, and discussed stent vs. CEA, in addition to the high bifurcation. Will plan left Carotid Endarterectomy with staged right CEA. Procedure risks and benefits were explained to patient including, but not limited to stroke, nerve injury, bleeding, infection, etc. Consent signed and obtained. Cardiac clearance discussed with Dr. Alan Cheng. There is a suggestion of probable pulmonary hypertension on CTA, and they will plan to get a cardiac echo either today or Monday prior to surgery.

Current Plans:

- ORAL ANTIPLATELET THERAPY RX (4011F); Routine
- WEIGHT REDUCTION CONSULTATION AND REGIMEN; Routine
- Patient Education: Carotid Artery Disease *: carotid arteries

Future Procedures:

- 05/12/2014: CAROTID DUPLEX SCAN (93880); Routine every 6 months ending after 3 times

cc: Abdul Sheikh MD

*Called by Dr. Cheng
 Cardiac Echo
 → E-FOK w/o
 suggestion of
 pulmonary
 hypertension.
 Will proceed
 with left carotid
 Endarterectomy*

Arun Chervu

Electronically Signed By Arun Chervu MD

01/03/2014, 10:40 AM

001632858 01/07/14
 MAURICE,EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU,ARUN



*1/3/14
 0650h
 [Signature]*

This medical record was composed using voice recognition software. Grammatical errors may be present.

Name: Eugene G Maurice
DOB: 01/02/1949

NEUROVASCULAR ASSESSMENT FLOWSHEET

Date	11/11/14	11/11/14	11/17/14						
Time	1115	1115	1315						
Site Assessed	Bilat radial arm	Bilat foot	Bilat radial arm	Bilat foot					
Nurse Initials	SO	A	SO	SO					
Tissue Color:									
Pink (P) Blue (B)	Pale (Pl) Mottled (M)	P	P	P	P				
Tissue Temp:									
Cold (C) Warm (W)	Cool (CO) Hot (H)	W	W	W	W				
Edema:									
None = 0 Slight = 1+ Marked = 3+	Non-pitting = N Moderate = 2+ Severe = 4+	0	0	0	0				
Pain:									
Rate: "0" = none to "10" = worst ever Radiating = R Constant = C Intermittent = I	Dull = D Sharp = S	0	0	0	0				
Palpated Pulse:									
weak = 1+ increased = 3+ Absent = 0	normal = 2+ bounding = 4+	R 2+ L 2+	R 2+ L 2+	R 2+ L 2+	R 2+ L 2+				
Doppler Pulse:									
Present = P Absent = A		P	P	P	P				
Capillary Refill:									
Less than 3 secs = (WNL) 4-5 secs = Delayed (D) 6 secs or longer = Prolonged (P)		WNL	WNL	WNL	WNL				
Motor Function:									
Strong Active ROM = SA Weak Active ROM = WA Passive ROM = P		SA	SA	SA	SA				
Sensory Function:									
Discriminates sharp/dull = DSD Decreased Sensation = D "Pins and Needles" = P Numb = N		DSD	DSD	DSD	DSD				

Notify Physician immediately of abnormal findings

Initials	Full Signature & Title	Initials	Full Signature & Title	Initials	Full Signature & Title
		SO	<i>[Signature]</i>		

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill
 Neurovascular Assessment Flowsheet

001632858 01/07/14
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN



FORM #WS0569

ITEM #17043

Page 1 of 1

Rev. 4/2008

HIM Approved 4/2008

1-WS0569



Admission Medication Reconciliation Orders

Wellstar Health System

MAUR. EUGENE G
ROOM: BC04-01 ADM: 01-07-2014 05:44
AGE: 65 Y SEX: M MD: Chervu, Arun G.
DOB: 01-02-1949 ID: 1400300500 MR: 001632858
REQUESTED: 01/07/2014 06:52
W - 433.10 Carotid Stenosis

ALLERGIES

ALLERGIES	SYMPTOMS WITH ALLERGY (NV, HIVES, ITCHING, ANAPHYLAXIS):
No Known Allergies	

- Allergy information is incomplete, follow-up required.
- Home Medication list is incomplete, follow-up required.

ACTIVE HOME MEDICATIONS (including OTC Herbals)

Pharmacy does not dispense herbal supplements

Physician: This is the Admission Medication Reconciliation form. Please review active reported home medications and use check boxes to continue or discontinue medications. If you want to HOLD a med the patient has been on, please discontinue and restart when needed. Please sign and date/time each page on the form. Return the copy to the patient's paper chart, the nurse or unit secretary.

DRUG (GENERIC NAME) (COMMENTS)	DOSE	ROUTE	FREQUENCY	CONFIRMED	LAST TAKEN	Continue	Discontinue
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ANTILIPEMIC AGENTS

Vytorin 10-80 Oral [ezetimibe-simvastatin Oral] (Strength: 10-80 mg)		Oral	Every day	01/07/14 06:52	01/06/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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CARDIOVASCULAR DRUGS

carvedilol Oral [carvedilol Oral] (Strength: 12.5 mg)		Oral	2 times per day	01/07/14 06:51	01/07/2014 06:51	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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DIURETICS

chlorthalidone Oral [chlorthalidone Oral] (Strength: 50 mg)		Oral	Every day	01/07/14 06:52	01/06/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

aspirin Oral [aspirin Oral] (Strength: 81 mg)		Oral	Every day	01/07/14 06:51	01/06/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB

ramipril Oral [ramipril Oral] (Strength: 10 mg)		Oral	2 times per day	01/07/14 06:51	01/07/2014 06:30	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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HELD HOME MEDICATIONS (Including OTC Herbals)

Pharmacy does not dispense herbal supplements

DRUG (GENERIC NAME) (COMMENTS)	DOSE	ROUTE	FREQUENCY	CONFIRMED	LAST TAKEN	Discontinue Order	Restart Order
--------------------------------------	------	-------	-----------	-----------	------------	-------------------	---------------

FAKED
1/7/14
1750

Physician Signature:

[Handwritten Signature]

Date and Time:

1/7/14, 06:55

001632858 01/07/14
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN



Admission Medication Reconciliation Orders

Wellstar Health System

MAURICE, EUGENE G
ROOM: BC04-01 ADM: 01-07-2014 05:44
AGE: 65 Y SEX: M MD: Chervu, Arun G.
DOB: 01-02-1949 ID: 1400300500 MR: 001632858
REQUESTED: 01/07/2014 08:52
W - 433.10 Carotid Stenosis

NEW MEDICATION ORDERS

DRUG	DOSE	ROUTE	FREQUENCY	COMMENTS

FAKED
1/7/14

Physician Signature:

[Handwritten Signature]

Date and Time:

1/14, 0855h

Place on chart

001632858
MAURICE, EUGENE G
01/02/49 M 65Y C1400300500
CHERVU, ARUN



01/07/14



Do NOT Fax to Pharmacy. Place on chart in Discharge tab.

Discharge Medication Reconciliation Orders

Wellstar Health System

MAURICE, EUGENE G
ROOM: 341-01 ADM: 01-07-2014 05:44
AGE: 55 Y SEX: M MD: Charva, Ann G
DOB: 01-02-1949 ID: 1400005500 MR: 001632858
REQUESTED: 01/08/2014 07:43
W - 433.10 Carotid Stenosis

ALLERGIES

ALLERGIES	SYMPTOMS WITH ALLERGY (NV, HIVES, ITCHING, ANAPHYLAXIS):
No Known Allergies	

MEDICATION LIST (HM = Home Med IP = Inpatient Med)

Physician: This is the Discharge Medication Reconciliation form. Please review active reported home med (HM) and inpatient medications (IP). Use check boxes to continue/discontinue home meds or add inpatient meds to home med list. Please sign and date/time each page of the form. Return the copy to the patient's paper chart, the nurse or unit secretary.

DRUG (GENERIC NAME)	DOSE / (COMMENT)	ROUTE	FREQUENCY RATE	CONFIRM DATE	STATUS	Home Meds Continue/Discontinue Inpatient Meds
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ANALGESICS AND ANTIPYRETICS

IP	ACETAMINOPHEN	650 MG=(2 x 325 MG TAB) (FOR MILD PAIN. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM)	ORAL	EVERY 6 HOURS AS NEEDED		Active	Yes <input type="checkbox"/> (1) Add to HM list No <input checked="" type="checkbox"/> (2) Please write RX
IP	MORPHINE SULFATE	2-3 MG=1-1.5 ML SYRG (FOR SEVERE PAIN. CAUTION: SOUND ALIKE/LOOK ALIKE. MEDICATION DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.)	IV	EVERY 2 HOURS AS NEEDED		Active	Yes <input type="checkbox"/> (1) Add to HM list No <input checked="" type="checkbox"/> (2) Please write RX
IP	OXYCODONE-ACETAMINO PHEN 5-325MG	1-2 TABLET TAB (FOR MODERATE PAIN. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.)	ORAL	EVERY 4 HOURS AS NEEDED		Active	Yes <input type="checkbox"/> (1) Add to HM list No <input checked="" type="checkbox"/> (2) Please write RX

ANTICHOLINERGIC AGENTS

IP	ATROPINE SULFATE	0.4 MG=1 ML SOLN (FOR HR LESS THAN 40 AND SBP LESS THAN 90.)	IV	AS NEEDED		Active	Yes <input type="checkbox"/> (1) Add to HM list No <input checked="" type="checkbox"/> (2) Please write RX
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ANTICOAGULANTS

IP	HEPARIN SODIUM (PORCINE)	5000 UNIT=1 ML SOLN (IF PLATELET COUNTS FALL BELOW 100,000/MM3 OR A GREATER THAN 50 PERCENT DROP PLEASE CONTACT PHYSICIAN)	SUBCUTA NEOUS	EVERY 8 HOURS		Active	Yes <input type="checkbox"/> (1) Add to HM list No <input checked="" type="checkbox"/> (2) Please write RX
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ANTIEMETICS

IP	ONDANSETRON HCL	4 MG=2 ML SOLN (FOR NAUSEA/VOMITING.)	IV	EVERY 6 HOURS AS NEEDED		Active	Yes <input type="checkbox"/> (1) Add to HM list No <input checked="" type="checkbox"/> (2) Please write RX
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Physician Signature: ECTOR DOLAN MD

Date and Time: 1/8/14 0746

Patient Identification Sticker Required

Do NOT Fax to Pharmacy. Place on chart in Discharge tab.

Discharge Medication Reconciliation Orders

Wellstar Health System

MAURICE, EUGENE G
 ROOM: 341-01 ADM: 01-07-2014 05:44
 AGE: 65 Y SEX: M MD: Charvi, Arun G.
 DCB: 01-02-1948 ID: 1409300500 MR: 001632858
 REQUESTED: 01/08/2014 07:43
 W - 433.10 Carotid Stenosis

DRUG (GENERIC NAME)	DOSE / (COMMENT)	ROUTE	FREQUENCY/ RATE	CONFIRM DATE	STATUS	Home Meds Continue/Discontinue Inpatient Meds Add to HM list? Yes/No	
ANTILIPEMIC AGENTS							
HM Vytorin 10-80 Oral (ezetimibe-simvastatin Oral)	(Strength: 10-80 mg)	Oral	Every day	01/07/2014	Active	Continue <input checked="" type="checkbox"/>	Discontinue <input type="checkbox"/>
IP EZETIMIBE	10 MG=1 TAB (GIVE WITH PRAVASTATIN)	ORAL	NIGHTLY AT BEDTIME		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>
IP PRAVASTATIN SODIUM	80 MG=1 TAB (GIVE WITH ZETIA)	ORAL	NIGHTLY AT BEDTIME		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>
CARDIOVASCULAR DRUGS							
HM carvedilol Ora: (carvedilol Oral)	(Strength: 12.5 mg)	Oral	2 times per day	01/07/2014	Active	Continue <input checked="" type="checkbox"/>	Discontinue <input type="checkbox"/>
IP CARVEDILOL	12.5 MG=(2 x 6.25 MG TAB)	ORAL	TWICE A DAY		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>
DIURETICS							
HM chlorthalidone Oral (chlorthalidone Oral)	(Strength: 50 mg)	Oral	Every day	01/07/2014	Active	Continue <input checked="" type="checkbox"/>	Discontinue <input type="checkbox"/>
IP CHLORTHALIDONE	50 MG=(2 x 25 MG TAB)	ORAL	ONCE A DAY		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>
ELECTROLYTIC, CALORIC, AND WATER BALANCE							
IP LACTATED RINGERS	1,000 ML	IV	80 ml/hr		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>
GASTROINTESTINAL DRUGS							
IP MAGNESIUM HYDROXIDE	2400 MG=30 ML SUSP (FOR CONSTIPATION)	ORAL	EVERY 6 HOURS AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>
HORMONES AND SYNTHETIC SUBSTITUTES							
IP DEXAMETHASONE SODIUM PHOSPHATE	4 MG=1 ML SOLN (X 4 DOSES)	IV	EVERY 6 HOURS		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>

DR. DOURRON MD

Physician Signature: _____

Date and Time: 1/8/14 0746

Patient Identification Sticker Required

Do NOT Fax to Pharmacy. Place on chart in Discharge tab.

Discharge Medication Reconciliation Orders

Wellstar Health System

MAURICE, EUGENE G
 ROOM: 341-01 ADM: 01-07-2014 05:44
 AGE: 65 Y SEX: M MD: Cheryl Ann C.
 DOB: 01-02-1949 ID: 1400300500 MR: 001632858
 REQUESTED: 01/09/2014 07:43
 W- 433.10 Carotid Stenosis

DRUG [GENERIC NAME]	DOSE / (COMMENT)	ROUTE	FREQUENCY/ RATE	CONFIRM DATE	STATUS	Home Meds Continue/Discontinue Inpatient Meds Add to HM list? Yes/No
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HYPOTENSIVE AGENTS

IP	CLONIDINE HCL	0.1 MG=1 TAB (FOR SBP GREATER THAN 180 CAUTION. SOUND ALIKE/LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE MEDICATION SCORE IN THE SCHMID FALL RISK ASSESSMENT.)	ORAL	EVERY 4 HOURS AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>
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NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

HM	aspirin Oral (aspirin Oral)	(Strength: 81 mg)	Oral	Every day	01/07/2014	Active	Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>	
IP	ASPIRIN	81 MG=1 CHEW	ORAL	ONCE A DAY		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>

RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB

HM	ramipril Oral (ramipril Oral)	(Strength: 10 mg)	Oral	2 times per day	01/07/2014	Active	Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>	
IP	RAMIPRIL	10 MG=1 CAP	ORAL	TWICE A DAY		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>

SERUMS, TOXOIDS, AND VACCINES

IP	PNEUMOCOCCAL 23-VALPS VACCINE	25 MCG=0.5 ML INJ (LOT#)	IM	ONE TIME DOSE		Ordered	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>
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VASODILATING AGENTS

IP	NITROGLYCERIN	0.4 MG=1 SUBL (X 3 DOSES FOR CHEST PAIN. CALL MD IF CHEST PAIN PERSISTS.)	SUBLING LJAL	EVERY 5 MINUTES AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX	No <input checked="" type="checkbox"/>
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Physician Signature:

[Handwritten Signature]
 NECTOR DOUGLASSON MD

Date and Time:

1/8/14 07:46

Page 3 of 4

Patient Identification Sticker Required

Do NOT Fax to Pharmacy. Place on chart in Discharge tab.

Discharge Medication Reconciliation Orders

Wellstar Health System

MAURICE, EUGENE G
ROOM: 341-01 ADM: 01-07-2014 05:44
AGE: 65 Y SEX: M MD: Chervu, Arun G.
DOB: 01-02-1949 ID: 1400300500 MR: 001632858
REQUESTED: 01/08/2014 07:43
W - 433.10 Carotid Stenosis

NEW MEDICATION ORDERS

DRUG	DOSE	ROUTE	FREQUENCY/RATE	INDICATION

Physician Signature: 

Date and Time: 1/8/14 0746 - Place on chart in Discharge tab
DO NOT FAX TO PHARMACY

Patient Identification Sticker Required



Home Medication List For Patient
Wellstar Health System

MAURICE, EUGENE G
ROOM: 341-01 ADM: 01-07-2014 05:44
AGE: 65 Y SEX: M MD: Chervu, Arun G.
DOB: 01-02-1949 ID: 1400300500 MR: 001632858
REQUESTED: 01/08/2014 08:19
W - 433 10 Carotid Stenosis

ALLERGIES

ALLERGIES	SYMPTOMS WITH ALLERGY (NV, HIVES, ITCHING, ANAPHYLAXIS):
No Known Allergies	

DISCHARGE MEDICATIONS

- This report lists medications to be taken/given after discharge.
- TAKE ONLY THESE MEDICATIONS.
- Some medications that you were taking previously may have been stopped or dosages changed by your physician.
- Show your list of medications to your Primary Care Physician on your first appointment.
- Update your medication list when medications are discontinued, doses are changed or new medications (including over-the-counter products) are added.
- If you have received a medication that may cause drowsiness, dizziness or confusion, DO NOT DRIVE or operate/work around machinery or drink alcohol for at least 4-6 hours (longer if you still feel drowsy).
- Take medications every day or as ordered. For problems with any medications, call your physician.
- Never stop a medication without consulting with your physician /clinic first, even if you are feeling better.
- Check with the physician, nurse or pharmacist before you take any drugs that the physician did not order (such as cold remedies or sleeping aids).
- Heart Failure Patients: Avoid non-acetaminophen drugs like ibuprofen (Advil or Motrin) or herbal remedies as these drugs interfere with our medications and worsen your symptoms.

Name of Drug [Generic Name] (Comment)	Dose (How Much)	How Often	Next Dose Due	What is it for?	Special Considerations	New Med
carvedilol Oral [carvedilol Oral] (Strength: 12.5 mg)	-Oral	2 times per day	01/08/2014 21:00			<input type="checkbox"/>
ramipril Oral [ramipril Oral] (Strength: 10 mg)	-Oral	2 times per day	01/08/2014 21:00			<input type="checkbox"/>
aspirin Oral [aspirin Oral] (Strength: 81 mg)	-Oral	Every day	01/09/2014 00:00			<input type="checkbox"/>
chlorthalidone Oral [chlorthalidone Oral] (Strength: 50 mg)	-Oral	Every day	01/09/2014 00:00			<input type="checkbox"/>
Vytorin 10-80 Oral [ezetimibe-simvastatin Oral] (Strength: 10-80 mg)	-Oral	Every day	01/08/2014 21:00			<input type="checkbox"/>

Patient Identification Sticker Required

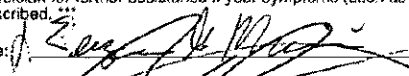
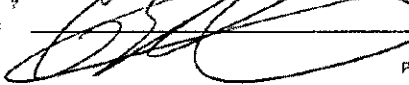
Home Medication List For Patient
Wellstar Health System

MAURICE, EUGENE G
ROOM: 341-01 ADM: 01-07-2014 05:44
AGE: 65 Y SEX: M MD: Charvu, Arun G.
DOB: 01-02-1949 ID: 1400300500 MR: 001632858
REQUESTED: 01/08/2014 08:19
W - 433.10 Carotid Stenosis

Special Instructions

Stop taking these medications

*** Signature verifies that patient is aware not to take any medications not on this list without first checking with their physician. Patient is encouraged to contact their physician for further assistance if your symptoms (such as pain, nausea, shortness of breath) are not relieved after taking your medication as prescribed.***

Patient Signature:  Date and Time: 1-8-14 5:00PM - Place signed copy on chart
Nurse Signature:  Date and Time: 1-8-14 - Give copy to patient
- Patient instructed to give copy to PCP

Patient Identification Sticker Required

C1115-1416

ROOM # 341 POST ANESTHESIA RECORD - INPATIENT

DATE: 1/7/14 SURGEON: Chervu ANESTH: Palang ANESTH: GEN SPINAL EPIDURAL BLOCK MAC LOCAL

PROCEDURE: CEA HISTORY: (LA) cervical fusion; HTN, tobacco; ALLERGIES: N/A

ADM ASSESSMENT TIME: 1115 DISCHARGE ASSESSMENT TIME: 1410

AIRWAY: Natural [x] Oral [] Nasal [] E/TT [] Trach [] LMA [] LOC: Awake [x] Oriented [] Drowsy [] Confused [] Unresponsive [] RESP: Equal [x] Full [] Shallow [] Labored [] Apneic [] O2: NRB [] Cannula [x] T-piece [] Vent [] Trach Collar [] Room Air [] %/Liters / Settings: 2L/12 SpO2: 97% RR: 16 BREATH SOUNDS: Clear [x] Rhonchi [] Wheezes [] Crackles [] SpO2: 97% RR: 16

BP: 105/47 Pulse: 62 Cardiac Rhythm: SR Temp: 98.5 Skin: Warm [x] Cool [] Dry [x] Moist [] Color: Normal [x] Pale [] Cyanotic [] Peripheral Pulses: Radial L 2+ R 2+ Pedal LDP [x] LPT [] RDP [x] RPT [] TEDS: Y [] N [x] SCD/AVI: Y [] N [x] Capillary Refill: Brisk [x] Sluggish [] NA [] Sensation: Normal [x] Dull [] Absent [] NA [] Spinal Level: NA

Comments: Moves all w/ & range assessed by Dr. Chervu NURSING DIAGNOSIS: Potential alteration in cardiovascular function and tissue perfusion related to surgical intervention and effects of anesthesia. EXPECTED OUTCOME: 1. Vital signs within acceptable limits. 2. Cardiac rhythm within acceptable limits. 3. No evidence of excessive bleeding. 4. A-line patent. Distal extremity warm with adequate capillary refill and sensation.

PAR Score: 4 (see scale) Pt. Arrived with Personal Effects Bag: Y [] N [x] Dressing(s): Y [x] NA [] Surg Site WNL: Y [x] N [] Site #1: (LA) neck Site #2: D/I or %Sat: 2 Sp D/I or %Sat: Side Rails up: Y [x] N [] Padded: Y [] N [] IV(s) Site WNL: Y [x] N [] Patent: Y [x] N [] Comments: (RA) hat # 28 ga, 1 IV (LA) hat # 28 ga Drain(s) Patent: Y [] N [] NA []

WellStar [x] Cobb [] Douglas [] Kennestone [] Paulding [] Windy Hill Post Anesthesia Record - Inpatient 001632858 01/07/14 MAURICE, EUGENE G 01/02/49 M 65Y C1400300500 CHERVU, ARUN

Date: 11/7/14 P. 79 ON-GOING ASSESSMENT 1415

TIME	11:5	Adm	11:20	11:25	11:30	11:35	11:40	11:45	11:50	11:55	12:00	12:05	12:10	12:15	12:20	12:25	12:30	12:35	12:40	12:45	12:50	12:55	13:00	
ACTIVITY	2		2		2		2		2		2		2		2		2		2		2		2	
RESPIRATIONS	2		2		2		2		2		2		2		2		2		2		2		2	
CIRCULATION Pre-op:	1		2		2		2		2		2		2		2		2		2		2		2	
CONSCIOUSNESS	2		1		2		2		2		2		2		2		2		2		2		2	
SpO ₂	1		1		1		1		1		1		1		1		1		1		1		1	
PAR SCORE	8		8		9		9		9		9		9		9		9		9		9		9	
NBP	100/47	150/68	142/65	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69	144/69
ABP	150/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62	148/62
PULSE	62	56	58	57	56	56	57	58	57	64	55	60	58											
RESPIRATIONS	16	18	22	20	19	18	14	18	16	18	18	20	19											
SpO ₂	97	94	96	95	95	95	96	96	99	94	99	99	95											
TEMP	98.5																							
O ₂	3				3				3		2													
FiO ₂	2				2				2		2													
TV MODE	N/A																							
RATE PEEP	N/A																							
Mandibular Support	N/A																							
Requires ETT/Ora/Nasal/LMA	N/A																							
Pain Score (0-10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Behavior (0-10)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Pain Quality	N/A																							
Position/Reposition	103/45																							
Dressing Assessed	101																							
Neurovascular	101																							

PAR Score Activity: 2 Moves 4 extremities 1 Moves 2 extremities 0 Able to move 0 extremities Respirations 2 Able to deep breathe and cough freely 1 Dyspnea or limited breathing 0 Apneic Circulation 2 BP +/- 20% of preanesthetic level 1 BP +/- 20-50% of preanesthetic level 0 BP +/- 50% of preanesthetic level Consciousness 2 Fully awake 1 Arousable on calling 0 Not responding SpO₂ 2 SpO ₂ more than 92% on room air 1 Supplemental O ₂ to maintain SpO ₂ more than 90% 0 SpO ₂ less than 90% even with O ₂	Pain Score 	Pain Behavior (Adult) 0 No pain relaxed calm expression 1-3 slight/mild stressed/tense expression 4-6 moderate guarded movement/facial grimacing 7-9 severe moaning/restless 10 worst crying out/increased intensity of above behaviors	Pain Behavior (Infants/children) 5 sleeping 0 No pain 1-3 slight/mild restless/irritated 4-6 moderate facial grimacing favors body part (knees at abdomen/puls at body part) 7-9 severe 10 worst pain crying uncontrollably
	CARDIAC RHYTHM SR = Sinus Rhythm ✓ = Yes ST = Sinus Tachycardia - = No SB = Sinus Bradycardia N/A = Not applicable	PERIPHERAL PULSES 0 = Absent +1 = Weak +2 = Normal	Pain Quality T = Tender Thr = Throbbing Pr = Pressure Cr = Cramping A = Aching Sh = Sharp D = Dull B = Burning
INT [Signature]	RN SIGNATURE [Signature]	ANESTHESIA DISCHARGE/ POST-OP EVAL NOTE <input type="checkbox"/> Pt awake, answers questions, mental status baseline; No anesthetic complications <input type="checkbox"/> BP (+/-20% baseline), Pulse, RR, SpO ₂ , airway, temp & VAS are acceptable as documented above <input type="checkbox"/> N/V Treated; Hydration Acceptable; POP (if applicable) acceptable. <input type="checkbox"/> Pt sedated, confused or not sufficiently recovered from anesthesia; post op w/in 4hr Comments: _____ By: _____ Date: <u>11/7/14</u> Time: _____	

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill
Post Anesthesia Record - Inpatient

001632858
 MAURICE, EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU, ARUN

Date: 11/7/11

INTAKE OR: <u>1580</u>				OUTPUT OR: <u>6</u>			MEDICATIONS:					
TIME	SITE	PACU	IN	LTC	TIME	URINE:	AMOUNT	TIME	ROUTE	MEDICATION	REASON	INT
1115	UR	<u>500</u>	<u>500</u>	<u>8</u>						<u>Doxoran 2mg</u>		<u>NO</u>
1230	UR	<u>1000</u>	<u>0</u>	<u>1000</u>								
						OTHER:						
						<u>1200 JP</u>	<u>1000</u>					
						OTHER:						
						OTHER:						
						OTHER:						


PACU TOTALS	CRYSTALLOIDS	OTHER:	URINE	OTHER: <u>ER</u>	OTHER:
	<u>500</u>				
<u>780(1)</u>	<u>2000</u>			<u>700</u>	

TIME	LAB / X-RAY / CONSULT	REASON	TIME	RESULTS / INTERVENTION	INT

TIME	NOTES:	INT
1115	<u>pt to pacer. Alert/Oriented/V-signs stable. On nasopharynx</u>	<u>NO</u>
1150	<u>Rosa / CRP, registered. Advised pt will be in Recovery for 3 hrs, per Dr's orders.</u>	<u>NO</u>
1230	<u>Per pt, "I don't have family member in the waiting area," to visit. Karen updated & advised accordingly.</u>	<u>NO</u>
1240	<u>with @ bedside. Left @ 1305</u>	<u>NO</u>
1400	<u>A-line removed / D/C - No hemostasis. Karen / RN advised to assess site plan pt gets up stairs.</u>	<u>NO</u>
1450	<u>Rosa / CRP, advised to send family to room.</u>	<u>NO</u>

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Post Anesthesia Record - Inpatient

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RN - Complete the screening for all Inpatients ages 18 and greater **INCLUDING** OB cases. If patient eligible for vaccine, administer vaccine(s) on 2nd day of hospital stay at 2100 (Section III), with patient verbal consent.

Section I: Screening Ages 18 and Greater

PNEUMOCOCCAL VACCINE (PPV23)	INFLUENZA VACCINE (September when vaccine available - March 31 only)
<p>Pneumococcal vaccine indicated if (see algorithm on back):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age 65 or greater who have not received the vaccine anytime in the past. <input type="checkbox"/> Age 65 or greater and received <u>first</u> vaccination when less than 65 and more than 5 years have lapsed since <u>first</u> dose. (*Note: Only a <u>one-time</u> revaccination is indicated for these patients) <input type="checkbox"/> Age 65 or greater and uncertain or unable to give vaccine history (check medical history if previous admission). <input type="checkbox"/> Age from 18-64 with history of COPD including asthma, cardiovascular disease, diabetes, chronic renal failure or liver failure or nephrotic syndrome, HIV, sickle cell, splenectomy (see back for further conditions). <input type="checkbox"/> Age 18-64 with chronic illness and not received their one time <u>revaccination in the past 5 years</u> (see back for further information). <input type="checkbox"/> Smoker <p>Pneumococcal vaccine is <u>not indicated</u> due to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No history of chronic condition if <u>under age of 65</u> <input type="checkbox"/> Previous immunization (if less than 5 years ago or one time revaccination already received) <input type="checkbox"/> Serious reaction / allergy to pneumococcal vaccine; describe: _____ <input type="checkbox"/> Bone marrow transplant within last 12 months <input type="checkbox"/> Receipt of chemotherapy or radiation during this hospitalization or less than 2 weeks prior to this hospitalization. <input type="checkbox"/> Received the Shingles vaccine within the last 4 weeks <input type="checkbox"/> OB case not delivered <input type="checkbox"/> Patient Declined 	<p>Influenza vaccine indicated if:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 18 years and older and has not received vaccine this flu season (check medical history if recent admission) <p>Influenza vaccine is <u>not indicated</u> due to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Previous immunization this flu season <input type="checkbox"/> Anaphylactic allergy to eggs <input type="checkbox"/> Anaphylactic latex allergy <input type="checkbox"/> History of Guillain-Barre Syndrome within 6 weeks after previous influenza vaccination <input type="checkbox"/> Bone marrow transplant within the past 6 months <input type="checkbox"/> Patient declined

50

Screening completed by: [Signature] Date: 1/7/14 Time: 1040 AM / PM

Section II: Vaccine Orders for Eligible Inpatients

Pneumococcal Polysaccharide Vaccine Orders	Influenza Vaccine Orders
Vaccine to be given on 2nd day* of hospital stay at 2100 unless ordered otherwise.	
*Note: If patient in ICU, give vaccine on day of transfer to floor prior to transfer. Fax orders to pharmacy	
Check appropriate box(es):	
<input checked="" type="checkbox"/> Pneumococcal vaccine 0.5 mL IM on 2nd day at 2100 - OB cases: Give after delivery before discharge	<input type="checkbox"/> Influenza vaccine 0.5 mL IM on 2nd day at 2100 - OB cases: May give during pregnancy or after delivery before discharge

Section III: Administration

1. Patient received CDC: Vaccine Information Sheet and/or Flu vaccine Information Sheet

2. Patient received documentation of vaccination administration (copy of this document)


3. Vaccine(s) given:

Pneumococcal vaccine 0.5 mL IM _____ (site) Lot # _____

Influenza vaccine (adult) 0.5 mL IM _____ (site) Lot # _____

Administered by: Signature / title: _____ Date: _____

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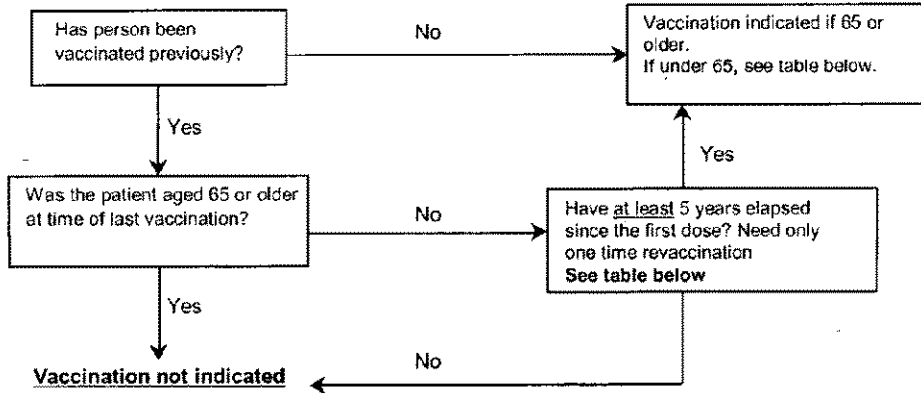
Adult Influenza and Pneumococcal Screening and Vaccination Administration Day 2



2-WS1009

"Neither inactivated nor live vaccines administered to a lactating woman affect the safety of breast-feeding for mothers or infants." (citation is long...CDC MMWR 2006)

Pneumococcal Vaccine Administer Day 2 - Algorithm for vaccinating eligible persons



Criteria	Initial vaccinate if under ages 19 - 24	Revaccinate if 5 years or more since vaccine
Chronic renal failure or nephrotic syndrome	X	X
Functional or anatomic asplenia: sickle cell disease or splenectomy	X	X
Lowered resistance***	X	X
Organ or bone marrow transplantation	X	X
Chronic Lung Disease	X	
Asthma	X	
Smoker	X	
Chronic cardiovascular disease	X	
Diabetes mellitus	X	
Chronic liver diseases	X	
Cirrhosis	X	
Chronic alcoholism	X	
Cochlear implants	X	
Cerebrospinal fluid leaks	X	
HIV	X	
Resident of Nursing Home	X	

***Lowered resistance (HIV, leukemia, congenital immunodeficiency, Hodgkin's disease, lymphoma, multiple myeloma, generalized malignancy, organ or bone marrow transplant, long-term steroid use, or chemotherapy)

Resources:

- <http://cdc.gov/vaccines/recs/schedules/default.htm>
- <http://cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf>
- <http://cdc.gov/vaccines/recs/schedules/downloads/child/7-18yrs-schedule-pr.pdf>
- <http://cdc.gov/vaccines/recs/schedules/downloads/adult/mmwr-adult-schedule.pdf>

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Adult Influenza and Pneumococcal Screening and Vaccination Administration Day 2

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PRE-PROCEDURE CHECKLIST - Send complete chart with patient to procedure / surgical area

Check () and initial when applicable and completed. Blank indicates N/A (not applicable)

RN Initials

MUST BE COMPLETED BY UNIT SENDING TO PROCEDURE / SURGICAL AREA

1
Nursing Unit / PreOp

Isolation Precautions: Yes No Type: Contact Droplet Airborne Receiving Dept / RN Notified: Yes No

PROCEDURE VERIFICATION - Nursing Unit / PreOp

H&P (OP update within 24 hours of procedure) Informed Consent signed and witnessed
 Patient Identification, patient verbalizes correct procedure, and all documentation matches confirmed procedure

PAPERWORK CHECK - Nursing Unit / PreOp

Pacemaker Yes No If yes, interrogation form (Item #100940) must be on chart. Call device manufacturer if needed.
 Defibrillator Yes No If yes, interrogation form (Item #100940) must be on chart. Call device manufacturer if needed.

Patient Database Blood Administration Record Print Inpatient Med Admin Record / TRRF
 Outpatient Home Medication Reconciliation List POLST Advanced Directive PT/ INR/ PTT
 CBC Chemistry X-rays EKG Preg test BBG
 Blood Products (Type / Screen, Type / Crossmatch) Number of Units: _____ R number: _____

2
Nursing Unit / PreOp and Procedure Area / OR

PATIENT PREP - Nursing Unit / PreOp / Procedure Area / OR

Allergy band on patient and allergies listed on patient's Database Height: 57 Weight: 108 BMI: 18.1

Tubes, Drains, Catheters List: _____
 Anti-embolism hose Foot Pump Sequential Compression sleeve Other: _____

Beta Blocker Therapy Last dose date/ time: 11/2/14 0600
 Anticoagulant Therapy Last dose date/ time: 11/6/14 0600

IV Access (existing or started) IV # g / site / solution: R L HAND 20 PHANIP Other: _____
 VTE Assessment Complete NPO since: 0000 11/7 Voided at: 11/7 0600

Prep: None Bowel prep → Results: _____ (per Pt or Initials/Date/Time)
 Skin: → chlorhexidine CHG Wipes PM Prep: 2400 (per Pt or Initials/Date/Time)
 solution AM Prep: 0600 (per Pt or Initials/Date/Time)
 Hair removal: clipped

Remove all that apply: Dentures/ Partial Glasses/ Contacts Jewelry/ Body Jewelry Hearing Aid Underwear Hair Clips/ Pins
 Disposition of belongings: Remain in room To family / significant other Locked in: Prep room Security

VS prior to leaving unit: BP: 135/73 P: 79 RR: 16 T: 97.5 SpO2/O2: 100 / flow KAR

Released to Procedure Area / OR via Stretcher Bed Wheelchair Ambulatory

Released by (Floor RN or PreOp RN): Jarubutillan Date: 11/11/14 Time: 0655

Report given to (healthcare professional / RN): _____ Date: _____ Time: _____

3
Procedure Area / OR

MANDATORY UNIVERSAL PROTOCOL - PART I - Procedure Area / OR

H&P (OP update within 24 hours of procedure) Informed Consent signed, witnessed, on chart
 Patient Identification, patient verbalizes correct procedure, and all documentation matches confirmed procedure

Side / Site confirmed: Left Right Location: neck
 Site Marked by physician Site specific bracelet applied N/A

Required test results, blood / antibiotics / irrigation fluids, implants, devices and special needs / equipment are available

Released to Procedure Area / OR via Stretcher Bed Wheelchair Ambulatory

Thomas A. Ray
 Procedure Area / OR RN Signature

11/11/14
 Date

0726 AM
 Time

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PRE-PROCEDURE CHECKLIST - page 2

ADMITTED FROM: Inpatient unit Telemetry ED Home Other: _____

Education: Patient / Family informed of procedural and safety processes, questions answered Clear Lungs / IS kit Baseline 24550

FOR OPS / AM ADMISSION

Pain Assessment: Able to give self-report of pain Pain scale used: Numeric (0-10) Faces (0-10) NVPS PAINAD
 Pain Score: _____ Comfort Goal: _____
 Location(s): _____ Onset / Duration: _____
 Aggravating Factors: _____ Alleviating Factors: _____

Medications taken today on Medication Administration Record

PREOPERATIVE AREA MEDICATION ADMINISTRATION

Medication	Dose	Route	Date / time	Administered by	Pain Scale	Response / Comment
chlorhexidine rinse 0.12% (18 yrs & older)	15 mL	PO (swish & spit)		<i>JB</i>		


POST MEDICATION VITAL SIGNS

Time						
BP						
Pulse						
Respirations						
SpO2 / oxygen						

Above information completed by (RN): *Jane [Signature]* Date / Time: *1/11 1:00* AM / PM

NURSES NOTES

WellStar
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Pre-Procedure Checklist
 FORM #WS0343 ITEM #24165

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NURSING ASSESSMENT OF PATIENT DISCHARGE READINESS 670-910-2298

Discharge: Date 1-8-14 Time 1708 AM / PM Patient Phone Number: _____

Mode Of Discharge: Ambulatory Wheelchair Ambulance Carried

Destination: Home Facility _____ In Care of _____

Discharge per Physician Assessment and Order: Yes AMA

Pain Assessment: Pain Goal (0-10) 0 Verbalized Pain (0-10) 0

If pain is greater than established comfort goal, action taken: Physician notified Other _____

Vaccine(s) administered during hospitalization:
 Influenza / Date: This Season Pneumococcal / Date: _____ Other / Date: _____

PATIENT DISCHARGE INSTRUCTIONS

Diagnosis-specific education provided (Care Notes, books pamphlets): Vascular D/C Instructions

Healthy Living Guides: Incision Care

- Have regular physical activity, avoid sitting for long periods, regularly stretch, exercise your feet and legs while sitting.
- Check with doctor for restrictions / limitations: No driving or lifting > 5 lbs
- Eat a well-balanced diet as tolerated. Follow your doctor's recommendations: Diet: Carbless
- Report rapid weight gain or loss to your doctor.
- Call your doctor for chest pain, chest pressure, any excessive pain, shortness of breath, fast heartbeat, weakness, dizziness, fainting, fever, nausea, unusual bleeding or bruising, etc.
- Call 911 if you think you are having a heart attack or stroke; **see warning signs on the back of this form.**
- Know your risk factors for heart attack and/or stroke: high blood pressure, diabetes, atrial fibrillation (rapid heart rate), smoking, inactivity, high cholesterol levels.
- Remember to follow up with your primary care doctor after discharge.

Patient discharged with the following equipment: _____

Smoking: It is never too late to stop smoking if you smoke. Smoking harms the heart, lungs, and the blood. You are more likely to have a heart attack, lung disease, or cancer if you smoke. For classes on quitting call 770-956-7827.

More information is on the back of this form.

FOLLOW-UP APPOINTMENTS AND REFERRALS
(i.e. Physician, Home Health, Social Services, Outpatient, Cardiac Rehab)

Name	Phone	Date	Time	Call for Appointment
<u>Vascular - Austell</u>	<u>770-944-8315</u>	<u>1/21/14</u>	<u>2:15 PM</u>	

ADDITIONAL INSTRUCTIONS (add contact information for equipment):
No Driving or lifting > 5 lbs for 2 weeks

I understand the above instructions and will take a copy to my next physician's appointment.
 I understand the instructions regarding my medications. Low-cost generic prescriptions available at Kroger, Target, Publix, WalMart, and Hospital in-house pharmacy.
 I understand safe use of the equipment I will be taking home.
 I understand that I should call my physician and/or return to the hospital if my symptoms worsen or if I have questions or problems.
 I have received all personal belongings.


Patient/Responsible Person Signature: Eugene G. Maurine Date / Time: 1-8-14 5:00 AM / PM AM PM
 Nurse Signature: _____ Date / Time: _____

WellStar

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 Paulding Windy Hill

Discharge Summary

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- If you have received a medication that may cause drowsiness, dizziness, or confusion, **DO NOT DRIVE** or operate / work around machinery or drink alcohol for at least 4-6 hours (longer if you still feel drowsy).
- Take medications every day as ordered. For problems with any medication, call your physician.
- Never stop a medication without consulting with your physician / clinic first, even if you are feeling better.
- Check with the physician, nurse, or pharmacist before you take any drugs that the physician did not order (such as cold remedies or sleeping aids).
- **Heart Failure Patients:** Avoid non-acetaminophen drugs like ibuprofen (Advil or Motrin) or herbal remedies. as these drugs interfere with your medications and can worsen your symptoms.

REFERRALS (physician referral may be required for some of these patient services):

Cardiac Rehabilitation / Registration for Heart Smart or HF Outpatient Classes

Cobb Hospital: 770-732-4129

Douglas Hospital: 770-920-6425

Kennestone Hospital: 770-793-7455

Paulding Hospital: Contact any of the above numbers for registration

Diabetes Services

Diabetes Education Classes, Support Groups, Disease Management, and Weight Management

Kennestone, Cobb, Douglas, and Paulding: 770-793-7828

Nutrition Counseling

Cobb Hospital: 770-732-3984

Douglas Hospital: 770-920-6367

Kennestone Hospital: 770-956-7827

Paulding Hospital: 770-505-7121

HEART FAILURE PATIENT:

Please refer to the Heart Failure booklet for further information.

Weigh every morning: If you experience unexplained weight gain of 3 to 5 pounds in 1 to 2 days, or if you experience increased shortness of breath, call your physician immediately.

Diet: Low fat, low cholesterol, 2 gram sodium diet as instructed by the dietitian.

Activity: No strenuous activity or lifting (greater than 10 pounds). Continue current level of walking or exercise at home until after follow-up appointment with your physician. No driving until permitted by your physician.

Exercise: Please discuss home exercise program with your physician or health-care provider.

Follow-up appointment: Your physician is an important part of your discharge plan. Keep all of your follow-up appointments and notify your physician if signs and symptoms of heart failure return or worsen.

Medications: Take all of your medications as prescribed by your physician. Do not skip or stop taking your medications without permission from your physician.

Signs and Symptoms: Shortness of breath, fatigue, cough, sudden weight gain, swollen ankles and/or legs, dizzy spells, feeling faint, tightness, or pain in chest. Call your physician if these symptoms return or worsen. Call 911 if symptoms are severe.

Heart Attack Warning Signs: Chest pressure, squeezing, or pain not relieved by rest (or nitroglycerin *if prescribed*); pain in the jaw, neck, arms, shoulders, or back not relieved by rest (or nitroglycerin *if prescribed*); shortness of breath; nausea, sweating, or feeling faint. Call 911 if pain / symptoms persist for more than 15 minutes!

Stroke Warning Signs: Sudden numbness or weakness in face, arm, or leg especially on one side of the body; sudden confusion, difficulty speaking or understanding; sudden difficulty seeing in one eye or both eyes; sudden difficulty walking, dizziness, loss of balance or coordination; sudden severe headache with no known cause. Call 911 if pain / symptoms persist for more than 15 minutes!

WellStar

Cobb Douglas Kennestone

Paulding Windy Hill


Discharge Summary

FORM #WS0230

ITEM #24163

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 CHERVU.ARUN



CONSENT TO ROUTINE PROCEDURES AND TREATMENTS & FINANCIAL RESPONSIBILITY STATEMENT

Section I CONSENT TO ROUTINE PROCEDURES AND TREATMENTS

I consent to routine procedures and treatments at a WellStar Health System "WellStar" facility as an outpatient, inpatient or emergency department patient, depending on my medical needs. Routine procedures and treatments can include testing (for example, x-rays and blood tests), routine care and procedures (for example, intravenous fluids, injections, or bladder or stomach tubes) and evaluation (for example, interviews and physical exams). However, this consent to routine procedures and treatments does not include consent for other invasive procedures (for example, surgery, amniocentesis, or diagnostic tests such as colonoscopy or those requiring the use of contrast material), consent for blood or blood products, general anesthesia or my participation in research. These circumstances require a separate consent process. I understand it is the responsibility of my physician or surgeon to obtain any required separate consent(s).

I understand that I may receive treatment and healthcare services given by WellStar employees (such as nurses and technicians) and by physicians and other independent medical professionals on the medical staff of WellStar facilities (for example, Emergency Department physicians, radiologists, and surgeons) who are NOT WellStar employees. I understand that the healthcare services provided by these independent medical professionals, using independent medical judgment, at a WellStar facility in no way creates any type of employment, partnership, or other relationship other than as an independent contractor. These independent contractors are responsible for their own actions and WellStar shall not be liable for the acts or omissions of any such independent contractors.

While I am a patient at a WellStar facility, I understand that I may be observed by or receive healthcare services from, students enrolled in training programs. Students are supervised by instructors, WellStar employees, or other independent medical professionals on the medical staff of the WellStar facility, depending on the type of training program the students are enrolled in. I understand that I have the right to request that someone other than a student provide my care.

I understand that I retain no property rights to any tissue samples or bodily fluids removed from my body (specimens) as part of procedures or treatment given to me. I further understand that WellStar has no obligation to preserve these specimens; that it will retain or dispose of specimens according to its usual practices.

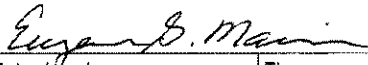
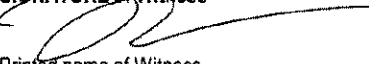
I understand that I have the right to ask questions about a proposed procedure or treatment (including the identity of any person providing or observing treatment and his or her affiliation with WellStar) at any time. I understand the practice of medicine is not an exact science and diagnosis and outcomes of treatment depend upon my medical condition, and may involve risks or even death. I understand that no guarantees can be made as to the outcome of my care.

Section II MATERNITY PATIENTS

If I deliver an infant(s) while I am a patient of at a WellStar facility, I agree that this same Consent to Routine Procedures and Treatments applies to the infant(s).

Section III EMERGENCY OR LABORING PATIENTS

In accordance with federal law, I understand my right to receive an appropriate medical screening examination performed by a physician or other qualified medical professional to determine whether I am suffering from an emergency medical condition. If such a condition exists, stabilizing treatment will be provided within the capabilities of this WellStar facility and its staff, even if I cannot pay for these services, do not have medical insurance coverage, or am not entitled to Medicare or Medicaid.

SIGNATURE of Patient (or Patient Representative*) 		SIGNATURE of Witness 	
Printed name of Patient Eugene B. Maurin		Printed name of Witness Kerry Lewis	
Date signed 1-3-14	Time 11:21 AM / PM	Date signed 01/03/14	Time 11:38 AM / PM
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

Section IV ASSIGNMENT OF BENEFITS/FINANCIAL RESPONSIBILITY

I assign any right I may have to receive payment from a health insurance plan, ERISA, Medicare, Medicaid, Social Security or other payor(s) for services rendered by WellStar and the medical professionals caring for me during my treatment. I understand that I am financially responsible for all healthcare services, including amounts that are not covered by my health insurance plan or payor, as appropriate, based on the terms of the health plan contracts or the law. For example, the payment of non-covered services, deductibles and co-payments are the patient's responsibility. For healthcare services provided by independent medical professionals, I understand that I will receive separate bills and that I am responsible for paying for them. I agree to provide

WellStar <input type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill <input type="checkbox"/> Other _____	001632858 01/07/14 MAURICE, EUGENE G 01/02/49 M 65Y C1400300500 CHERVU, ARUN 	KER
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WellStar with all health insurance coverage information if I choose to use my insurance for payment of services. I agree to respond to all requests for benefit information and complete any forms required by my insurance plan. I am responsible for understanding and following the terms of my health insurance plan. I authorize WellStar and its medical professionals to submit appeals for payment, including arbitration and formal complaints, on my behalf as required by my insurance company. I also understand that I am financially responsible for collection costs if my account becomes delinquent and that all delinquent accounts will bear interest at the legal rate, unless prohibited by law. I understand that WellStar may request and use data from third parties such as credit reporting agencies in order to verify demographic data or evaluate financial options.

For Medicare/Medicaid Patients: I certify that the information given by me in applying for payment under Title XVII and XIX of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made on my behalf. I assign payment for the unpaid charges to WellStar or the independent medical professionals providing healthcare services to me. I understand that I am responsible for any remaining balance not covered by other insurance.

If I am signing this form and am not the patient, I understand that I am also responsible for and agree to pay charges not covered by the assignments made in this Section IV, including any Medicare deductibles.

Section V FINANCIAL ASSISTANCE STATEMENT

It is WellStar's policy to provide medical care at no cost to qualified members of the WellStar-served communities, and to provide significantly discounted medical care to certain qualified members of our communities faced with financial hardship due to medical misfortune, according to policy. I understand that if payment of my bill creates a financial hardship, I may qualify for assistance with all or part of my medical expenses associated with my treatment at a WellStar facility and that I can call 678-838-5750 for more information.

Section VI CONSENT TO PHOTOGRAPHY AND VIDEOTAPING

Sometimes, WellStar facilities and physicians use patient photographs and videos for identification, clinical, educational, or research-related purposes. These photographs, recordings or videos could be in digital or other formats and may be reproduced for scientific or treatment reasons. I consent to having photographs, recordings or videos taken for patient care, educational, research, or other clinical benefits.

Section VII NOTICE REGARDING RELEASE OF HEALTH INFORMATION

As explained in WellStar's Notice of Privacy Practices, WellStar may use and disclose medical information including privileged information (i.e. mental health, alcohol/drug abuse or HIV/AIDS), to physicians or other healthcare providers for the purposes of providing treatment, and to payors for the purposes of payment for medical treatment. HIPAA also permits WellStar and its affiliated companies to use medical information for healthcare operations. I expressly authorize WellStar's use and disclosure of my medical information as described in this Section VII.

Section VIII INPATIENT INFORMATION

I have received a copy of the Patient Admission Packet that includes "Patient Rights and Responsibilities" and information regarding Advance Care Planning. If I am a Medicare beneficiary, I have also received a notice entitled "Important Message from Medicare."

Section IX ADVANCE DIRECTIVE

I have an Advance Directive Yes No If yes, I will provide a copy to WellStar. I have been advised that WellStar does not honor Advance Directives in Pre-admission Testing or in the Outpatient Diagnostics and Treatment setting.

Section X PERSONAL VALUABLES

I understand that WellStar is not liable or responsible for lost or damaged personal belongings and valuables (for example, money, jewelry, hearing aids, or dentures) unless placed within a WellStar safe. I will ask family members or friends to take home my personal belongings and valuables. I also understand and will inform the staff if I have dentures, eyeglasses, contact lenses, prosthetics or other items that I need to retain close by for personal functioning to assure safekeeping.

I confirm that I have read and understood and accept the terms of this document, that I am the patient or patient's representative, and that I am authorized to sign this document and accept its terms.

SIGNATURE of Patient (or Patient Representative*) <i>Eugene G. Maurice</i>		SIGNATURE of Witness <i>[Signature]</i>	
Date signed <u>1-3-14</u>		Printed name of Witness <i>Fred Lewis - Reg. Dir.</i>	
Time <u>11:21</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Date signed <u>1/3/14</u>	Time <u>11:28</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill Other _____
General Consent to Treat & Financial Responsibility Statement

001632858 01/07/14
 MAURICE,EUGENE G
 01/02/49 M 65Y C1400300500
 CHERVU,ARUN CKER





COBB HOSPITAL
P.O. BOX 102254
ATLANTA, GA 30362
(770) 732-4000
Tax ID: 06-0905382

ADMISSION RECORD

CORPORATE NUMBER
02894730

P A T I E N T	ACCOUNT NO.	ADMISSION DATE TIME	ROOM-BED	AC	SEX	MS	RACE	SERVICE	PT	PC	DATE OF BIRTH	AGE	ACCIDENT/WORK/DATE	UNIT NUMBER	
	C1404801123	02/17/14 1535	339-01	S	M	M	I	VAS	IP	35	01/02/49	65Y	NO	001632858	
	NAME AND ADDRESS		SOC-SEC-NO		DIAGNOSIS/COMPLAINT										
	MAURICE, EUGENE G 61 SHOCKLEY WAY DALLAS GA 301578973		339-42-1524 PHONE MESSAGE? (678)398-9479 110		433.10-OCL CRTD ART WO INFRCT										
	EMPLOYER NAME & ADDRESS		OCCUPATION		PREVIOUS ADMIT NAME		DATE		ARRIVAL MODE						
G U A R A N T E E	NOT EMPLOYED				CHERVU, ARUN		02/17/14		PRIVATE						
					CHERVU, ARUN		PUBLICITY		ADM BY						
					CHERVU, ARUN		3		ROOM PREF						
					UNKNOWN, DOCTOR		ADM SRC		COU DIS		STATION				
					1		NO		MTC						
I N S U R A N C E	NAME AND ADDRESS		SOC-SEC-NO		PC										
	MAURICE, EUGENE G 61 SHOCKLEY WAY DALLAS GA 301578973		339-42-1524 PHONE MESSAGE? (678)398-9479 SELF		EMPLOYER NAME & ADDRESS										
	NOT EMPLOYED														
M I S C	INSURANCE 1 & 2		INSURANCE 3 & 4												
	AETNA /MDCR HMO OPEN AC ATTN CLAIMS DEPT P O BOX 981107 EL PASO TX 79998-1107 MDCR HMO OPE 339421524A MAURICE, EUGENE G MEBH34SM		MDCR HMO OPE 339421524A MAURICE, EUGENE G MEBH34SM												
RELATIVE 1		SPOUS		RELATIVE 1 EMPLOYER											
MAURICE, SHIRLEY A 61 SHOCKLEY WAY (678)910-2476 DALLAS GA 30157-8973															
CHURCH:		FUNERAL HOME:		PREFERRED LANGUAGE: ENGLISH											
DENOMINATION: CAT		CHART LOCATION:		NOTICE OF PRIVACY PRACTICE: No											
ADVANCE DIRECTIVE: N		HOME HEALTH PLAN:		DATE OF PRIVACY PRACTICE:											

Insurance information reflects that which the patient provides at time of registration and as such is subject to verification.

CRT Used: 8SD

OPT OUT: No

PUBLICITY:

OPT OUT DATE: 02/17/14

Consultants:	Discharge Date/Time:
Primary Diagnosis:	Codes:
Other Diagnosis:	
Primary Procedure:	Codes CPT Date
Other Procedure(s):	

Date

Physician's Signature

Rev. 04/2011

WellStar with all health insurance coverage information if I choose to use my insurance for payment of services. I agree to respond to all requests for benefit information and complete any forms required by my insurance plan. I am responsible for understanding and following the terms of my health insurance plan. I authorize WellStar and its medical professionals to submit appeals for payment, including arbitration and formal complaints, on my behalf as required by my insurance company. I also understand that I am financially responsible for collection costs if my account becomes delinquent and that all delinquent accounts will bear interest at the legal rate, unless prohibited by law. I understand that WellStar may request and use data from third parties such as credit reporting agencies in order to verify demographic data or evaluate financial options.

For Medicare/Medicaid Patients: I certify that the information given by me in applying for payment under Title XVII and XIX of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made on my behalf. I assign payment for the unpaid charges to WellStar or the independent medical professionals providing healthcare services to me. I understand that I am responsible for any remaining balance not covered by other insurance.

If I am signing this form and am not the patient, I understand that I am also responsible for and agree to pay charges not covered by the assignments made in this Section IV, including any Medicare deductibles.

Section V FINANCIAL ASSISTANCE STATEMENT

It is WellStar's policy to provide medical care at no cost to qualified members of the WellStar-served communities, and to provide significantly discounted medical care to certain qualified members of our communities faced with financial hardship due to medical misfortune, according to policy. I understand that if payment of my bill creates a financial hardship, I may qualify for assistance with all or part of my medical expenses associated with my treatment at a WellStar facility and that I can call 678-838-5750 for more information.

Section VI CONSENT TO PHOTOGRAPHY AND VIDEOTAPING

Sometimes, WellStar facilities and physicians use patient photographs and videos for identification, clinical, educational, or research-related purposes. These photographs, recordings or videos could be in digital or other formats and may be reproduced for scientific or treatment reasons. I consent to having photographs, recordings or videos taken for patient care, educational, research, or other clinical benefits.

Section VII NOTICE REGARDING RELEASE OF HEALTH INFORMATION

As explained in WellStar's Notice of Privacy Practices, WellStar may use and disclose medical information including privileged information (i.e. mental health, alcohol/drug abuse or HIV/AIDS), to physicians or other healthcare providers for the purposes of providing treatment, and to payors for the purposes of payment for medical treatment. HIPAA also permits WellStar and its affiliated companies to use medical information for healthcare operations. I expressly authorize WellStar's use and disclosure of my medical information as described in this Section VII.

Section VIII INPATIENT INFORMATION

I have received a copy of the Patient Admission Packet that includes "Patient Rights and Responsibilities" and information regarding Advance Care Planning. If I am a Medicare beneficiary, I have also received a notice entitled "Important Message from Medicare."

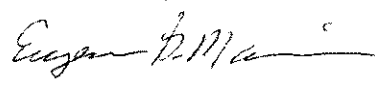
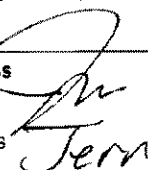
Section IX ADVANCE DIRECTIVE

I have an Advance Directive Yes No If yes: I will provide a copy to WellStar. I have been advised that WellStar does not honor Advance Directives in Pre-admission Testing or in the Outpatient Diagnostics and Treatment setting.

Section X PERSONAL VALUABLES

I understand that WellStar is not liable or responsible for lost or damaged personal belongings and valuables (for example, money, jewelry, hearing aids, or dentures) unless placed within a WellStar safe. I will ask family members or friends to take home my personal belongings and valuables. I also understand and will inform the staff if I have dentures, eyeglasses, contact lenses, prosthetics or other items that I need to retain close by for personal functioning to assure safekeeping.

I confirm that I have read and understood and accept the terms of this document, that I am the patient or patient's representative, and that I am authorized to sign this document and accept its terms.

SIGNATURE of Patient (or Patient Representative*) 		SIGNATURE of Witness 	
Printed name of Patient: Eugene G. Maurice		Printed name of Witness: Jenni Mills	
Date signed: FEB 17 2014	Time: 1535 AM (PM)	Date signed: FEB 17 2014	Time: 1535 AM (PM)
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

WellStar
 Cobb Douglas Kennestone
 Paulding Windy Hill Other _____
General Consent to Treat & Financial Responsibility Statement

MR#001632858 R: 306-01 02/17/14
 MAURICE, EUGENE G
 01/02/49 M 65Y
 CHERVU, ARUN
 ACCT# C1404801123
 ICKER

CONSENT TO ROUTINE PROCEDURES AND TREATMENTS & FINANCIAL RESPONSIBILITY STATEMENT

Section I CONSENT TO ROUTINE PROCEDURES AND TREATMENTS

I consent to routine procedures and treatments at a WellStar Health System "WellStar" facility as an outpatient, inpatient or emergency department patient, depending on my medical needs. Routine procedures and treatments can include testing (for example, x-rays and blood tests), routine care and procedures (for example, intravenous fluids, injections, or bladder or stomach tubes) and evaluation (for example, interviews and physical exams). However, this consent to routine procedures and treatments does not include consent for other invasive procedures (for example, surgery, amniocentesis, or diagnostic tests such as colonoscopy or those requiring the use of contrast material), consent for blood or blood products, general anesthesia or my participation in research. These circumstances require a separate consent process. I understand it is the responsibility of my physician or surgeon to obtain any required separate consent(s).

I understand that I may receive treatment and healthcare services given by WellStar employees (such as nurses and technicians) and by physicians and other independent medical professionals on the medical staff of WellStar facilities (for example, Emergency Department physicians, radiologists, and surgeons) who are NOT WellStar employees. I understand that the healthcare services provided by these independent medical professionals, using independent medical judgment, at a WellStar facility in no way creates any type of employment, partnership, or other relationship other than as an independent contractor. These independent contractors are responsible for their own actions and WellStar shall not be liable for the acts or omissions of any such independent contractors.

While I am a patient at a WellStar facility, I understand that I may be observed by or receive healthcare services from, students enrolled in training programs. Students are supervised by instructors, WellStar employees, or other independent medical professionals on the medical staff of the WellStar facility, depending on the type of training program the students are enrolled in. I understand that I have the right to request that someone other than a student provide my care.

I understand that I retain no property rights to any tissue samples or bodily fluids removed from my body (specimens) as part of procedures or treatment given to me. I further understand that WellStar has no obligation to preserve these specimens; that it will retain or dispose of specimens according to its usual practices.

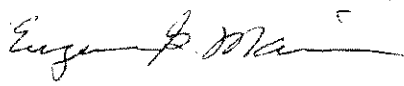

I understand that I have the right to ask questions about a proposed procedure or treatment (including the identity of any person providing or observing treatment and his or her affiliation with WellStar) at any time. I understand the practice of medicine is not an exact science and diagnosis and outcomes of treatment depend upon my medical condition, and may involve risks or even death. I understand that no guarantees can be made as to the outcome of my care.

Section II MATERNITY PATIENTS

If I deliver an infant(s) while I am a patient of at a WellStar facility, I agree that this same Consent to Routine Procedures and Treatments applies to the infant(s).

Section III EMERGENCY OR LABORING PATIENTS

In accordance with federal law, I understand my right to receive an appropriate medical screening examination performed by a physician or other qualified medical professional to determine whether I am suffering from an emergency medical condition. If such a condition exists, stabilizing treatment will be provided within the capabilities of this WellStar facility and its staff, even if I cannot pay for these services, do not have medical insurance coverage, or am not entitled to Medicare or Medicaid.

SIGNATURE of Patient (or Patient Representative*) 		SIGNATURE of Witness 	
Date signed FEB 17 2014		Printed name of Witness Jerrin Mills	
Time 1530 AM (PM)		Date signed FEB 17 2014	
Time 1530 AM (PM)		Time 1530 AM (PM)	
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

Section IV ASSIGNMENT OF BENEFITS/FINANCIAL RESPONSIBILITY

I assign any right I may have to receive payment from a health insurance plan, ERISA, Medicare, Medicaid, Social Security or other payor(s) for services rendered by WellStar and the medical professionals caring for me during my treatment. I understand that I am financially responsible for all healthcare services, including amounts that are not covered by my health insurance plan or payor, as appropriate, based on the terms of the health plan contracts or the law. For example, the payment of non-covered services, deductibles and co-payments are the patient's responsibility. For healthcare services provided by independent medical professionals, I understand that I will receive separate bills and that I am responsible for paying for them. I agree to provide

WellStar <input checked="" type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill <input type="checkbox"/> Other _____	MR#001632858 R: 306-01 02/17/14 MAURICE, EUGENE G 01/02/49 M 65Y CHERVU, ARUN ACCT# C1404801123 :R
General Consent to Treat & Financial Responsibility Statement	





HIM Approval: November 2013
Created By:

General Admission

Enter Zynx Tracking Order #: 44344 in HEO/STAR

Admit

Status

Inpatient

Estimated Length of Stay

3-4 Days

I certify that inpatient services for greater than two midnights are medically necessary and is documented in my history and physical.

Unit

Medical/Surgical

Code Status

Attempt Resuscitation/CPR

Admitting Physician

Arun Chervu MD

Diagnosis

Left Neck Infection, Possible Carotid Patch Infection

Condition

Good

Vital Signs

Per unit routine

Notify provider for systolic blood pressure greater than 180 or less than 90, diastolic blood pressure greater than 110 or less than 40, temperature greater than 100.4 or less than 95, heart rate greater than 140 or less than 50, oxygen saturation less than 85%

Physician Signature

Date 2/17/14 Time 1:50

Printed on: Mon Feb 17 15:11:00 EST 2014

MR#001632858 R: 306-01 02/17/14
MAURICE,EUGENE G
01/02/49 M 65Y
CHERVU,ARUN
ACCT# C1404801123

Jired



Activity

Up ad lib

Nursing Orders

Please get a full list of patient's medications / dosages from family and / or PCP

Measure intake and output

routine

Diet

Regular

Medications

- aspirin 81 milligram Orally once a day, first dose stat if not already given
- pantoprazole (Protonix) 40 milligram intravenously once a day
- docusate sodium (Colace) 100 milligram orally 2 times a day

Antibacterial Agents (Pharmacy to adjust dose)

Select reason for ordering vancomycin below:

patient at high risk due to acute inpatient hospitalization within the last year

Additional Medications

Vancomycin 15 mg/kg IVPB every 12 hours, Pharmacy to adjust -hospitalization within the last 2 months

Contingency/PRN Medications

For Sleep/itching

temazepam (Restoril) 15 milligram orally once a day, at bedtime as needed for insomnia, may repeat one dose in 30 minutes (Do not use in pregnant patients)

For Constipation


bisacodyl (Dulcolax) 5 milligram orally once a day as needed for constipation

Antiemetics


Physician Signature

Date 2/17/14 Time 15:17

Printed on: Mon Feb 17 15:11:00 EST 2014

MR#001632858 R: 306-01 02/17/14
 MAURICE, EUGENE G
 01/02/49 M 65Y
 CHERVU, ARUN
 ACCT# C1404801123


ondansetron (Zofran) 4 milligram orally or intravenously every 6 hours as needed for nausea/vomiting

For Pain (Do not exceed a total dose of 3000 mg acetaminophen per 24 hours)

nitroglycerin 0.4 milligram sublingually as needed for chest pain, may repeat every 5 minutes x 3 doses, call if unrelieved

acetaminophen (Tylenol) 650 milligram orally or rectally every 6 hours as needed for mild pain or fever above 101.5 F

HYDROcodone 5 mg - acetaminophen 325 mg (Norco) 1 - 2 tablet orally every 6 hours as needed for moderate pain

morphine 1 - 2 milligram intravenously every 3 hours as needed for severe pain

For Hypertension

hydralazine 10 milligrams intravenously every 3 hours as needed for systolic bp greater than 180

clonidine (Catapres) 0.1 milligrams orally every 4 hours as needed for systolic bp greater than 170

For Anxiety

ALPRAZolam (Xanax) 0.25 milligram orally every 6 hours as needed for anxiety

IV Fluids

Saline lock

Laboratory

AM on 2/18/14

CBC with differential

Basic metabolic panel

PT and INR

Other CRP, ESR

Respiratory

Respiratory Care per CPG

MD Consults (if urgent or today consult ordered after 4pm, must be called in by requesting physician)

Consult to Dr. Josph Havlik Possible infection Today

Physician Signature

Date 2/18/14 Time 1:15

Printed on: Mon Feb 17 15:11:00 EST 2014

MR#001632858 R: 306-01 02/17/14
MAURICE, EUGENE G
01/02/49 M 65Y
CHERUVU, ARUN
ACCT# C1404801123

ired





HIM Approval: November 2012
Created By:

Venous Thromboembolism (VTE) Prophylaxis

Enter Zynx Tracking Order #: 44170 in HEO/STAR

Nursing Orders

Sequential pneumatic compression (Calf SCDs)

Pharmacologic Prophylaxis

For hospitalized acutely ill general medical patients without contraindications who are confined to bed and have additional risk factors for VTE, DVT prophylaxis with LDUH, an LMWH, or a factor Xa inhibitor should be used, noting that LMWH reduces the risk of major bleeding as compared with UFH

Individualized therapy based on the type of agent used, comorbidities, risk factors, and/or type of procedure should be used

Pharmacologic Prophylaxis Start Date and Time: 2/17/14 / 2000 hrs

heparin 5,000 unit subcutaneously every 8 hours
(recommended if CrCl less than 30 mL/min, EXCEPT elective hip replacement)

Laboratory Evaluation

Labs should be drawn for Inpatients within 1 week, Outpatients within 1 month

When above medications are ordered, perform baseline CBC and BMP
Then perform CBC day 2, day 5 and day 7
Notify MD if platelet count is less than 100,000 or decreased by 50% of baseline

Physician Signature

Date 2/17/14 Time 15:09

Printed on: Mon Feb 17 15:09:09 EST 2014

MR#001632858 R: 306-01 02/17/14
MAURICE,EUGENE G
01/02/49 M 65Y
CHERVU,ARUN
ACCT# C1404801123





Austell Office

1700 Hospital South Drive Suite 502
Austell, GA 30106
Phone: (770) 944-8315
Fax: (770) 745-2290

Eugene G Maurice

Patient #: 418960

DOB: 01/02/1949 (65 years)

Regular Medications

Aspirin 81MG Tablet

Dosage: 1 (Oral) daily
Prescribed by: Rae Burnett

Vytorin 10-80MG Tablet

Dosage: 1 (Oral) every other day
Prescribed by: Rae Burnett

Carvedilol 12.5MG Tablet

Dosage: 1 (Oral) two times daily
Prescribed by: Rae Burnett

Ramipril 10MG Capsule

Dosage: 1 (Oral) two times daily
Prescribed by: Rae Burnett

Diuretic

Dosage: 1 (Oral) daily
Prescribed by: Rae Burnett

Bactrim DS 800-160MG Tablet

Dosage: 1 (one) Tablet (Oral) 1 PO BID X 10 DAYS for 10 days (local prescription)
Start Date: 02/11/2014; Prescribed by: Rae Burnett

Bactroban 2% Ointment

Dosage: 1 (one) Ointment (External) apply to affected area daily for 30 days (local prescription)
Start Date: 02/07/2014; Prescribed by: Rae Burnett



Vascular Surgical Associates

Austell Office

1700 Hospital South Drive Suite 502
Austell, GA 30106
Phone: (770) 944-8315
Fax: (770) 745-2290

Patient: Eugene G Maurice (418960) Date of Birth: 01/02/1949 Phone: (678) 398-9479

Encounter Date: 02/17/2014

History of Present Illness

The patient is a 65 year old male presenting for a post-operative visit. The patient is here today to follow up from a carotid endarterectomy. Patient is 6 weeks postop procedure. Patient has been compliant with post operative instructions. Patient has returned to full activity. He reports that his wound is improving. He denies fever. he states that it has stopped draining.

History

Allergy
No Known Drug Allergies (01/22/2014)

Past Medical
CAROTID ARTERY STEN, NO INFARCT
CAROTID ARTERY STEN, NO INFARCT
Heart Attack
Hypertension

Other Medical History
Unspecified Diagnosis

Social
Tobacco use: Never smoker
Alcohol use: Moderate alcohol use

Medications
Bactroban (2% Ointment, 1 (one) Ointment External apply to affected area daily, Taken starting 02/07/2014) Active.
Bactrim DS (800-160MG Tablet, 1 (one) Tablet Oral 1 PO BID X 10 DAYS, Taken starting 02/11/2014) Active.
Diuretic (Oral daily) Active.
Ramipril (10MG Capsule, 1 Oral two times daily) Active.
Carvedilol (12.5MG Tablet, 1 Oral two times daily) Active.
Vytorin (10-80MG Tablet, 1 Oral every other day) Active.
Aspirin (81MG Tablet, Oral daily) Active.
Medications Reconciled.

Family
Heart Disease: Mother, Brother
Cancer: Sister
Hypertension: Father, Mother, Brother, Sister

Past Surgical
Coronary Artery Bypass Graft (1992) 6
CAROTID ENDARTERECTOMY WITH MANDIBULAR SUBLUXATION (35301) (01/07/2014) CHERVU, RIVERS

Review of Systems

Respiratory: Not Present- Shortness of breath.

Cardiovascular: Not Present- Chest Pain.

Gastrointestinal: Not Present- Diarrhea, Nausea and Vomiting.

Physical Exam

Left neck mainly healed except 2 punctate areas of drainage; ? serosanguinous;

Speech- intact, tongue in midline.

Neuro - alert, oriented, moving all extremities well;

General

Mental Status - Alert. No Acute distress is noted. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished.

Integumentary

General Characteristics: Skin Moisture - normal skin moisture. **Temperature** - normal warmth is noted.

Chest and Lung Exam

Chest and lung exam reveals - quiet, even and easy respiratory effort with no use of accessory muscles and clear to A&P.

Cardiovascular

Inspection: Jugular vein - **Left** - Inspection Normal. **Right** - Inspection Normal.

Palpation/Percussion:

Point of Maximal Impulse: - Normal.

Auscultation: Rhythm - Regular. **Heart Sounds** - S1 WNL and S2 WNL.

Murmurs & Other Heart Sounds: Auscultation of the heart reveals - No Murmurs.

Abdomen

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - No Palpable abdominal masses.

Neurologic

Neurologic evaluation reveals - Neurologically grossly intact and nonfocal.

Musculoskeletal

Impression - General - no gross deformity.

Vital Signs

Date: 02/17/2014 01:46 PM
Temperature:
Pulse: 63 (Regular)
Respirations:
Peak Flow:
Blood Pressure: 152/ 71
Reading Type: Electronic
Cuff Location: Left Arm
Position: Sitting

Height:
Weight:
Neck:
Waist:
BMI: -
BSA: -

Pulse Ox: -
Pain Level: /10
LMP Date: -
Note:

Date: 02/17/2014 01:45 PM
Temperature:
Pulse: 62 (Regular)
Respirations:
Peak Flow:
Blood Pressure: 140/ 70
Reading Type: Electronic
Cuff Location: Right Arm
Position: Sitting

Height: 66 in
Weight: 235 lb
Neck:
Waist:
BMI: 37.93 kg/m²
BSA: 2.23 m²

Pulse Ox: -
Pain Level: /10
LMP Date: -
Note:

Assessment & Plan

CAROTID ARTERY STEN, NO INFARCT

Today's Impression: Patient is 6 weeks postop left carotid endarterectomy. The incision site is still not completely healed and there was some purulent drainage last week. I am concerned about possible infection of the graft. I will admit the patient to the hospital and start antibiotics. I will have infectious disease see the patient. I will plan Operative Exploration of left neck incision with possible excision of Bovine pericardial patch, and vein patch repair. Discussed in detail with the patient and his wife. I have reviewed his CTA which does show some fluid around the carotid patch, but given the early timing, I am not sure this is an abscess.

Current Plans:

- ORAL ANTIPLATELET THERAPY RX (4011F); Routine
- WEIGHT REDUCTION CONSULTATION AND REGIMEN; Routine
- Patient Education: Carotid Artery Disease *: carotid arteries

Future Procedures:

- 03/07/2014: CAROTID DUPLEX SCAN (93880); Routine every 3 months ending after 4 times

cc: Dr. Abdul Sheikh

Amun Chamin

Name: Eugene G Maurice
DOB: 01/02/1949

Electronically Signed By Arun Chervu MD

02/17/2014, 02:48 PM

This medical record was composed using voice recognition software. Grammatical errors may be present.

WELLSTAR COBB HOSPITAL

ACCT: 1400300500	MRN: 1632858
NAME: MAURICE, EUGENE G	ADM: 01/07/2014
DOB: 01/02/1949	DIS:
PHYSICIAN: CHERVU, ARUN MD	RM/BED: PAC/01
	PT TYPE: INPATIENT

DATE OF ADMISSION: 01/07/2014

DATE OF OPERATION: 01/07/2014

SURGEON: Arun Chervu, MD

PREOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

POSTOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

OPERATION PERFORMED

1. Left carotid endarterectomy with bovine pericardial patch angioplasty.
2. Intraoperative SonoSite.

FIRST ASSISTANT: Stephanie Rivers, PA-C.

SECOND ASSISTANT: Courtney Stevens, PA-C.

ANESTHESIOLOGIST: Wilmer M. Balaoing, MD

ANESTHESIA: General endotracheal.

INDICATIONS FOR PROCEDURE: The patient is a 65-year-old, white male with a high-grade left carotid stenosis; in addition he also has a right carotid stenosis. The patient is taken to the operating room for left carotid endarterectomy. Risks and benefits of the procedure, including but not limited to bleeding, infection, clotting, stroke, cranial nerve injury, cardiac and respiratory problems, etc., are discussed in detail with the patient and his wife, in addition to treatment and alternatives including carotid stenting. Consent has been signed to proceed with left carotid endarterectomy.

PROCEDURE: In the operating room, the patient underwent general anesthesia. The left neck and chest were prepped and sterilely draped using full barrier precautions. After appropriate timeout, I made a standard incision just anterior to sternocleidomastoid muscle, taken down to the level of the jugular vein. There was a small tear in the jugular vein that I sutured with 6-0 Prolene. The facial vein was ligated and then divided. I then encircled the proximal common carotid artery, taking care to preserve the vagus nerve. The patient had quite a high bifurcation. I encircled the external and then the internal carotid artery where it was soft, taking care to preserve the hypoglossal nerve. I then gave the patient 6000 units of heparin. After waiting 3 minutes for the heparin to circulate, I clamped the distal internal and then the common and external carotid artery. The artery was opened longitudinally using a #12 blade, and

OPERATIVE REPORT
Page 1 of 2
PRELIMINARY REPORT
COPY FOR: CHERVU, ARUN

This fax was received by GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>

ACCT: 1400300500	MRN: 1632858
NAME: MAURICE, EUGENE G	ADM: 01/07/2014

extending, using a Potts scissors. I then began an endarterectomy plane and achieved a nice proximal endpoint. I did an eversion endarterectomy of the external and then achieved a very nice distal endpoint. There was a lot of loose debris that took some time to clean off in the ICA. Ultimately I felt that I could close. I took a bovine pericardial patch, sewed the top 2 quadrants with 6-0 Prolene. The patch was cut to the appropriate length. I then put in the proximal suture and did the third quadrant. The suture was tied. fourth quadrant was done. I removed the shunt and then irrigated the bed with copious amounts of heparinized saline and dextran solution. The anastomosis was completed. Flow was reconstituted first to the external and after 10 heartbeats to the internal carotid artery. Two hemostatic sutures were required, and then I had very good hemostasis. I then did an intraoperative SonoSite and had excellent flow in the common. The distal common carotid artery had no debris that I can see in the carotid dissection area, and then the excellent flow in the distal internal carotid artery. I put in a J-P drain, did a Valsalva, and no significant bleeding was identified. The platysma was approximated using running 3-0 Vicryl sutures and then skin staples. Surgical and Tegaderm dressing were applied. Final sponge and needle counts correct.

ESTIMATED BLOOD LOSS: Of 200 mL.

IV FLUIDS: Of 1300 mL crystalloid.

TOTAL HEPARIN: Of 6000 units.

SPECIMENS: Carotid plaque, not sent for pathology.

CONDITION ON DISCHARGE: The patient tolerated procedure well and taken to recovery room in satisfactory condition. At the end of the procedure, the patient was alert and oriented, moving all extremities well. Tongue was in midline. Speech was intact.

Arun Chervu, MD

cc: Abdul M. Sheikh, MD

Dictation Date/Time: 01/07/2014 11:27 A
Transcription Date/Time: 01/07/2014 11:51 A
AC:WEB JOB #: 2283658 DOC #: 1718083

OPERATIVE REPORT
Page 2 of 2
PRELIMINARY REPORT
COPY FOR: CHERVU, ARUN

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NAME: MAURICE, EUGENE
Medical Record Number: 001632858
Account Number: 1404801123
Facility: C
Report Name: COBB HOSPITAL CONSULTATION REPORT
DATE OF ADMISSION: 02/17/2014

DATE OF CONSULTATION: 02/17/2014

REQUESTING PHYSICIAN: Arun Chervu, MD

CONSULTING PHYSICIAN: Joseph A. Havlik, Jr., MD, INFECTIOUS DISEASE

REASON FOR CONSULTATION: Concern for postoperative wound infection.

IMPRESSION:

1. Rule out left neck postoperative wound infection versus seroma after left carotid endarterectomy with vein patch done on 01/07/2014; concern for low level infection with staph species, such as coag-negative staph.
2. Peripheral vascular disease.
3. Coronary atherosclerotic heart disease.
4. Hypertension.

RECOMMENDATION:

1. Blood cultures x2.
2. Wound culture.
3. Vancomycin 50 mg/kg IV q.12.
4. Surgical I and D with cultures as per Dr. Chervu.

HISTORY OF PRESENT ILLNESS: This is a 65-year-old Caucasian male with high-grade left carotid stenosis, required carotid endarterectomy with bovine pericardial patch angioplasty on 01/07/2014. The patient developed some postoperative hematoma after the drain was taken out. This eventually went down, but he had some chronic drainage and then over the past weekend the wound reopened when he was playing with his granddaughter. He was seen by Dr. Chervu earlier today. He has not had any fever and has not felt bad. CT scan was done which showed some periwound fluid collection. Wound drainage was cultured and he was sent over for admission to the hospital.

PAST MEDICAL HISTORY: Significant for coronary atherosclerotic heart disease, status post bypass surgery, history of peripheral vascular disease, both right and left carotid disease, also with hypertension.

ALLERGIES: NONE KNOWN.

SOCIAL HISTORY: Previous smoker. No alcohol or recreational drug use. He has currently been working with his son rehabbing houses. Retired from his previous job in IT.

FAMILY HISTORY: Coronary artery disease.

REVIEW OF SYSTEMS:

HEENT: No history recurrent upper respiratory tract infection.
ENDOCRINE: No history of diabetes or thyroid disease.
PULMONARY: No history of chronic lung disease.
CARDIAC: As above.

NAME: MAURICE, EUGENE
Medical Record Number: 001632858
Account Number: 1404801123
Facility: C
Report Name: COBB HOSPITAL CONSULTATION REPORT

LIVER: No history of chronic liver disease.
KIDNEY: No history of chronic kidney disease, recurrent urinary tract infection.
GASTROINTESTINAL: No history of GI illness.
VASCULAR: As above.
NEUROLOGICAL: No history of seizures or stroke.
SKIN: No problems with wound healing.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature 97.8, pulse 57, respiratory rate 18, blood pressure 135/64.

GENERAL: Older middle-aged Caucasian male, alert, oriented x3 in no acute distress. Does not appear ill.

HEENT: Mouth: No lesion or thrush.

NECK: Supple. Left neck wound with Band-Aid over the open area, but no significant erythema.

LUNGS: Clear.

HEART: Regular rate and rhythm, S1, S2.

ABDOMEN: Soft. Bowel sounds normoactive. Nontender. Obese abdomen.

EXTREMITIES: Without significant edema.

SKIN: He has some flushing of the neck and chest which he said is chronic.

NEUROLOGIC: Moves all fours without difficulty.

LABORATORY AND DIAGNOSTICS: None available at the time of dictation.

Radiology: No new studies available except verbal report of fluid around the left carotid per Dr. Chervu.

Thank you very much for asking us to see this patient in consultation. Please note I discussed the consultation with Dr. Chervu on the day of consultation. We will continue to follow as needed during his hospitalization.

{End of Report}

Joseph A. Havlik, Jr., MD
Infectious Disease

JH:WEB JOB #: 2371702 DOC #: :1737136
D: 02/17/2014 18:53:00
T: 02/17/2014 19:55:07

Authenticated and Edited by Joseph A Havlik, Jr., MD On 2/21/14 2:51:25 PM

NAME: MAURICE, EUGENE
Medical Record Number: 001632858
Account Number: 1404801123
Facility: C
Report Name: COBB HOSPITAL CONSULTATION REPORT
DATE OF ADMISSION: 02/17/2014

DATE OF CONSULTATION: 02/17/2014

REQUESTING PHYSICIAN: Arun Chervu, MD

CONSULTING PHYSICIAN: Joseph A. Havlik, Jr., MD, INFECTIOUS DISEASE

REASON FOR CONSULTATION: Concern for postoperative wound infection.

IMPRESSION:

1. Rule out left neck postoperative wound infection versus seroma after left carotid endarterectomy with vein patch done on 01/07/2014; concern for low level infection with staph species, such as coag-negative staph.
2. Peripheral vascular disease.
3. Coronary atherosclerotic heart disease.
4. Hypertension.

RECOMMENDATION:

1. Blood cultures x2.
2. Wound culture.
3. Vancomycin 50 mg/kg IV q.12.
4. Surgical I and D with cultures as per Dr. Chervu.

HISTORY OF PRESENT ILLNESS: This is a 65-year-old Caucasian male with high-grade left carotid stenosis, required carotid endarterectomy with bovine pericardial patch angioplasty on 01/07/2014. The patient developed some postoperative hematoma after the drain was taken out. This eventually went down, but he had some chronic drainage and then over the past weekend the wound reopened when he was playing with his granddaughter. He was seen by Dr. Chervu earlier today. He has not had any fever, has not felt bad. CT scan was done which showed some periwound fluid collection. Wound drainage was cultured and he was sent over for admission to the hospital.

PAST MEDICAL HISTORY: Significant for coronary atherosclerotic heart disease, status post bypass surgery, history of peripheral vascular disease, both right and left carotid disease, also with hypertension.

ALLERGIES: NONE KNOWN.

SOCIAL HISTORY: Previous smoker. No alcohol or recreational drug use. He has currently been working with his son. Retired from his previous job.

FAMILY HISTORY: Coronary artery disease.

REVIEW OF SYSTEMS:

HEENT: No history recurrent upper respiratory tract infection.

ENDOCRINE: No history of diabetes or thyroid disease.

PULMONARY: No history of chronic lung disease.

CARDIAC: As above.

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Thank you very much for asking us to see this patient in consultation. Please note I discussed the consultation with Dr. Chervu on the day of consultation. We will continue to follow as needed during his hospitalization.

{End of Report}

Joseph A. Havlik, Jr., MD
Infectious Disease

JH:WEB JOB #: 2371702 DOC #: :1737136
D: 02/17/2014 18:53:00
T: 02/17/2014 19:55:07

NAME: MAURICE, EUGENE
Medical Record Number: 001632858
Account Number: 1404801123
Facility: C
Report Name: COBB HOSPITAL OPERATIVE REPORT
DATE OF ADMISSION: 02/17/2014

DATE OF OPERATION: 02/19/2014

SURGEON: Arun Chervu, MD

PREOPERATIVE DIAGNOSIS: Possible left carotid patch infection.

POSTOPERATIVE DIAGNOSIS: Hematoma over patch, possible infection.

OPERATION PERFORMED

1. Exploration of left neck with excision of left bovine pericardial patch and repair of left carotid artery with left greater saphenous vein patch angioplasty.
2. Intraoperative SonoSite.

FIRST ASSISTANT: Hector M. Dourron, MD

SECOND ASSISTANT: Jeffrey N Winter, MD

ANESTHESIOLOGIST: Thakor B. Patel, MD

ANESTHESIA: General.

INDICATIONS FOR PROCEDURE: The patient is a 65-year-old white male who approximately 6 to 8 weeks ago underwent a left carotid endarterectomy with bovine pericardial patch angioplasty. The patient was taken to the operating room for possible infected patch as he has a draining wound in his neck. Risks and benefits of the planned intervention, including but not limited to bleeding, infection, clotting, arterial injury, stroke, cranial nerve injury, etc, are discussed in detail with the patient and informed consent obtained.

PROCEDURE: In the operating room, the patient underwent general anesthesia. The left neck and chest were prepped and sterilely draped. Given the findings on CT, I most likely felt like I had to remove the patch; therefore, the greater saphenous vein was imaged and then cut down around the ankle. We then opened the neck incision. Initially, there was no gross pus, there was some inflammatory tissue, very adherent. I then got down to the level of the carotid artery. There was an area of the patch that was completely unincorporated with a hematoma. No gross pus was noted. I then encircled the proximal common carotid artery. I then began dissection. The vagus nerve was preserved and then encircled the external carotid artery and the internal carotid artery superiorly. The hypoglossal nerve was identified and carefully preserved. At this point, the patient was given 4500 units of heparin. I then after waiting 3 minutes, clamped the distal internal, the common and external carotid artery. The previous bovine pericardial patch was removed. I then placed a 10 Argyle shunt, good backbleeding was noted, placed on the proximal common.

At this point, I then removed all loose debris. I removed all the sutures and the old patch. I then took our vein patch, spatulated it

NAME: MAURICE, EUGENE
Medical Record Number: 001632858
Account Number: 1404801123
Facility: C
Report Name: COBB HOSPITAL OPERATIVE REPORT

and then did a vein patch angioplasty. The top 2 quadrants were sewn, the patch was cut to appropriate length, the third quadrant was sewn and the suture was tied. After the fourth quadrant was done, the shunt was then removed. I then completed the anastomosis after irrigating the bed with copious amounts of heparinized saline and dextran solution. Anastomosis completed, flow was reconstituted first to the external and after 10 heartbeats to the internal. One hemostatic suture was required. There was some generalized oozing. The patient was given a total of 20 mg of protamine. At this point, I also used some Arista as well as some thrombin-soaked Gelfoam, Evicel. Ultimately, I had reasonable hemostasis. I did a Valsalva, no significant bleeding sites were identified. I left some Arista in the wound. A JP drain was placed. I closed the platysma using a running 3-0 Vicryl suture and then skin staples. Surgical and Tegaderm dressing was applied.

The patient tolerated the procedure well. The final sponge and needle counts were correct. At the end of the procedure, the patient was alert and oriented, moving all extremities well, tongue was in midline and speech was intact.

ESTIMATED BLOOD LOSS: 150 mL.

FLUIDS 1100 mL of crystalloid.

COMPLICATIONS: No immediate complications.

SPECIMENS: Gram stain and C and S of hematoma, and then a segment of the patch sent for sonication.

{End of Report}

Arun Chervu, MD
Vascular Surgery

AC:WEB JOB #: 2377253 DOC #: :1738329
D: 02/19/2014 18:46:00
T: 02/19/2014 20:07:18

cc:
David A. Gose, M.D.

Dr. Shaikh
Authenticated by Arun Chervu, MD On 02/24/2014 11:01:50 AM

Cobb CDS Department

CDS Worksheet on Account Number:

001632858 306-01 02/17/14
MAURICE, EUGENE G
01/02/49 M 65Y C1404801123
CHERVU, ARUN



(Please place patient label or write the patient's name and account #)



1-CDS

WellStar Cobb Hospital
Discharge Plan

=====
Patient Name: EUGENE G. MAURICE
DOB: 01/02/1949
Age: 65
Account Number: 1404801123
MR Number: 001632858
=====

=====
Admission Information
Encounter Type: Inpatient
Patient Type: INPATIENT
Admit Date: 02/17/2014
Admit Time: 03:35 PM
Admit Reason: OCL CRTD ART WO INFRCT
Admitting Phys: CHERVU, ARUN MD
Attending Phys: CHERVU, ARUN MD
Unit: 3 MEDICAL TELEMETRY
Room/Bed: 339 / 01
=====

=====
Discharge Information
Estimated D/C Date: 02/21/2014
Estimated LOS: 4
Actual D/C Date: 02/21/2014
Actual LOS: 4
ADT Disch/Disp: Home/Routine Discharge
Primary Diagnosis: Occlusion, carotid artery w/o infarction
=====

=====
Assessment Information
Status: Open
Discharge Manager: Eshete, Elias CH SS Student
Transition Manager:
=====

=====
Problems Identified

Functional Assessment; Onset 02/19/2014
02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:
Ambulatory ; Alert and Oriented
02/19/2014 12:36 PM Eshete, Elias CH SS Student Ht:144.8CM Wt:108.0KG
NKA:Allergies

Dx:postoperative wound infection

Sx:1. Left carotid endarterectomy with bovine pericardial patch
angioplasty. 2. Intraoperative SonoSite

PMH:Significant for coronary atherosclerotic heart

disease, status post bypass surgery, history of peripheral vascular
disease, both right and left carotid disease, also with hypertension.

Address/Phone: Confirmed to face sheet.

NOK:Spouse, Shirley Maurice. 678-910-2476

Support:Resides with his wife.

HH/Rehab: None

DME:None.

PLOF:Independent in ADL's

MED: Has Rx coverage, CVS on Dallas Hwy.

Transport: Spouse, Shirley Maurice. 678-910-2476

Advance Directives; Onset 02/19/2014

02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:
Patient has No Advance Directive

Prior Resource Utilization; Onset 02/19/2014

02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:
No Prior Resources Used

02/19/2014 12:36 PM Eshete, Elias CH SS Student Pt has no PCP, offered a
Physician referral info but pt refused. He stated he will find a PCP at
some point of time.

Discharge Plan (Narrative); Onset 02/19/2014

02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:
02/19/2014 12:36 PM Eshete, Elias CH SS Student The plan is go home where he
lives with his wife upon DC

Discharge Risk Assessment - Low Risk; Onset 02/19/2014

02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:
Independent in ADLs ; Able to Direct Medical Care

Patient Discharge Risk Level; Onset 02/19/2014

02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:
Low Risk - (Risk Level 1)

MAURICE, EUGENE G
 Cobb
 I&O Detail Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1404801123 MR: 001032858
 REQUESTED: 02/22/14 15:30
 OPT OUT:

FLWSHEET	02/20					
INTAKE	04:00	05:08	06:16	06:17	24-HR	07:10
Oral ml		118 118			118	
0.45 Saline			0 (modified) 0	164 164	164	
OtherMaint fld#1	1150 1150	&			1150	
IV			0 (modified) 0	67 67	67	0
Intake Total	1150 1150	118 1268	0 1268	231 1499	1499	0
02/20/14 04:00 OtherMaint fld#1 (MY62): LR from PACU						
OUTPUT	04:00	05:08	06:16	06:17	24-HR	07:10
Urine Cath ml	200 200				200	
JP #1 ml		10 10			10	
Output Total	200 200	10 210			210	
I&O SUMMARY	04:00	05:08	06:16	06:17	24-HR	07:10
Intake Total	1150 1150	118 1268	0 1268	231 1499	1499	0
Output Total	200 200	10 210			210	
NET	950 950	108 1058	0 1058	231 1289	1289	0
CARE PROVIDERS	MY62	MY62	MY62	MY62		JR15

RANDOLPH, JESSICA(JR15)RN

YU, MARIA J(MY62)RN

CONTINUED



MAURICE, EUGENE G
 Cobb
 ISO Detail Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858
 REQUESTED: 02/22/14 15:30
 OPT OUT:

FLOWSHEET		02/20					
INTAKE		08:00	08:45	10:00	14:19	15:00	18:30
Oral ml			300				
			300				
IVPB ml					50		
					50		
IV	0						
	0						
Intake Total	0		300		50		
	0		300		350		
02/20/14 14:19 IVPB ml(JR15): ancef							
OUTPUT		08:00	08:45	10:00	14:19	15:00	18:30
Urine ml				120		400	300
				120		520	300
Output Total				120		400	300
				120		520	300
I&O SUMMARY		08:00	08:45	10:00	14:19	15:00	18:30
Intake Total	0		300		50		
	0		300		350		
Output Total				120		400	300
				120		520	300
NET	0		300	-120	50	-400	-300
	0		300	180	230	-170	-300
CARE PROVIDERS		JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED



MAURICE, EUGENE G
 Cobb
 I&O Detail Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1404801123 MR: 001032858
 REQUESTED: 02/22/14 15:30
 OPT OUT:

FLWSHEET	02/20				02/21	
INTAKE	17:00	17:44	17:45	18:00	04:14	24-HR
Oral ml	500 500			100 600		900
IVPB ml						50
0.45 Saline		779 779				779
IV		90.9 90.9				90.9
Intake Total	500 500	869.9 1369.9		100 1469.9		1820
OUTPUT	17:00	17:44	17:45	18:00	04:14	24-HR
Urine ml			400 700			1220
Urine occur (O)					2 2	2
Output Total			400 700			1220
I&O SUMMARY	17:00	17:44	17:45	18:00	04:14	24-HR
Intake Total	500 500	869.9 1369.9		100 1469.9		1820
Output Total			400 700			1220
NET	500 200	869.9 1069.9	-400 669.9	100 789.9		600
CARE PROVIDERS	JR15	JR15	JR15	JR15	LS81	

RANDOLPH, JESSICA(JR15)RN

SHAW, LASHANA(LS81)CCP

LAST PAGE

PERM

MAURICE EUGENE G
 Ccbls
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ ADJIN
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

Page: 1

FLWSHEET	02/17					
VITAL SIGNS	16:08	18:55	17:15	18:22	20:31	21:10
Temp #1			97.8F oral			97.9F oral
Pulse #1			57bpm monitor			81bpm monitor
Respirations #1			18/min visual			18/min visual
BP #1			135/64mmHg R arm			176/67 mmHg R arm
BP Equip			portable			portable
Height/Length		67 in				
Admission Weight		103kg				
BMI		35.5				
BSA		2				
SpO2			96% room air			97% room air
PAIN	16:08	18:55	17:15	18:22	20:31	21:10
P1 Denies Pain	patient denies				patient denies	
SEVSEPSISSCREEN	16:08	18:55	17:15	18:22	20:31	21:10
Infection				MD documented		
AntibioticTherapy				yesNonprophylact		
If yes x1 above				yes-continScreen		
SIRS Criteria						
Temperature				no		
Heart Rate				no		
Respiratory Rate				no		
Mental Status				no		
Hyperglycemia				no		
WBC Count				(modified)		
				&		
SIRS Positive						
If yes x2 above				no-stop screen		
02/17/14 18:22 WBC Count(DK80): no result yet						
CARE PROVIDERS	DK80	DK80	EC99	DK80	L5J5	2S2S
CLEVELAND, ELLERIE(EC99)CCP		JONES, LAVERNE(L5J5)RN		KIM, DOO(DK80)RN		
SCOTT, SHAWNIQUE(2S2S)NA						

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

Page: 1

PERM

MAURICE, EUGENE G
 Ccbls
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ADJIN
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

Page: 2

FLWSHEET	02/18					
VITAL SIGNS	00:12	04:27	04:35	08:00	09:24	11:31
Temp #1	98.4F oral		98F oral		98F oral	
Pulse #1	52bpm monitor		56bpm monitor		60bpm monitor	
Respirations #1	18/min visual		18/min visual		16/min visual	
BP #1	132/62mmHg R arm		142/69mmHg R arm		150/77mmHg L arm sitting	
BP Equip	portable		portable		portable	
Height/Length			106.5kg bed scale			57in
Daily Weight						
SpO2	97% room air		95% room air		90% room air	
Pulse Ox Equip					spot check	
PAIN	00:12	04:27	04:35	08:00	09:24	11:31
Pt Denies Pain		patient denies		patient denies		
CARE PROVIDERS	2S2S	DN	2S2S	J33L	JS09	J33L

LEAHY, JENNIFER(J33L)RN
 SHUMWAY, JASON(JS09)CCP

NJINDA, DIVINE(DN)RN

SCOTT, SHAWNIQUE(2S2S)NA

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

Page: 2

PERM

MAURICE, EUGENE G
 Ccbls
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

Page: 3

FLWSHEET	02/18					
VITAL SIGNS	12:00	15:20	15:55	18:41	20:55	21:15
Temp #1			97.6F oral			97.9F oral
Pulse #1			60bpm monitor		63bpm brachial	63bpm monitor
Respirations #1			16/min visual			18/min visual
BP #1			129/67 mmHg L arm lying		157/67 mmHg L arm sitting	157/67 mmHg L arm
BP Equip			portable		portable	portable
SpO2			97% room air			95% room air
Pulse Ox Equip			spot check			spot check
PAIN	12:00	15:20	15:55	18:41	20:55	21:15
P1 Denies Pain	patient denies	patient denies		patient denies	patient denies	
CARE PROVIDERS	J33L	J33L	JS09	J33L	DA90	2S2S
ADEJUYIGBE, OLUFISAYO(DA90)RN		LEAHY, JENNIFER(J33L)RN		SCOTT, SHAWNIQUE(2S2S)NA		
SHUMWAY, JASON(JS09)CCP						

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

Page: 3

PERM

MAURICE EUGENE G
 Ccbl
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ADJIN
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

Page: 4

FLWSHEET	02/19					
VITAL SIGNS	01:15	04:33	04:35	06:01	08:00	09:50
Temp #1		&		97.6F oral		97.6F oral
Pulse #1				65bpm brachial		55bpm brachial
Respirations #1				18/min visual		18/min visual
BP #1				145/65mmHg L arm lying		138/71mmHg L arm
NIBPmean						
BP Equip				portable		
Daily Weight				108kg bed scale		
SpO2				95% room air		
MAP						
ABP						
02/19/14 01:15 Temp #1(2S2S) refuse vitals						
PAIN	01:15	04:33	04:35	06:01	08:00	09:50
Pt Denies Pain			sleeping	patient denies	patient denies	
SEVSEPSISSCREEN	01:15	04:33	04:35	06:01	08:00	09:50
CurrentSepsis Tx		yes-stop screen				
Infection		MD documented				
AntibioticTherapy		yesNonprophylact				
If yes x1 above		yes-contInScreen				
SIRS Criteria						
Temperature		no				
Heart Rate		no				
Respiratory Rate		no				
Mental Status		no				
Hyperglycemia		no				
WBC Count		no				
SIRS Positive						
If yes x2 above		no-stop screen				
CARE PROVIDERS	2S2S	DA90	DA90	DA90	M3D7	M3D7
ADEJUYIGBE, OLUFISAYO(DA90)RN		DOWDY, MATTHEW(M3D7)RN		SCOTT, SHAWNIQUE(2S2S)NA		

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

Page: 4

PERM

MAURICE EUGENE G
 Ccbl
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVU ARJIN
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

Page 5

FLWSHEET	02/20					
VITAL SIGNS	03:45	04:00	04:15	04:30	05:00	05:30
Temp #1		96F oral				
Pulse #1	69bpm	65bpm		64bpm	64bpm	63bpm
Respirations #1	17/min	17/min		17/min	17/min	17/min
BP #1	119/62mmHg	119/62mmHg		93/45mmHg	107/45mmHg	124/52mmHg
NIBPmean	77mmHg	77mmHg		57mmHg	62mmHg	70mmHg
Daily Weight			112.3kg bed scale			
SpO2	93%	92%		93%	94%	92%
MAP	71mmHg	68mmHg		68mmHg	73mmHg	65mmHg
ABP	136/49mmHg	130/47mmHg		135/47mmHg	142/51mmHg	132/43mmHg
CARE PROVIDERS	MY62	MY62	MY62	MY62	MY62	MY62

YU, MARIA J(MY62)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

Page: 5

PERM

MAURICE EUGENE G
 Ccbl
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVU ADJN
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	06:00	07:00	07:15	07:30	07:45	08:00
Temp #1			98.2F oral			
Pulse #1	66bpm	61bpm	67bpm	67bpm	66bpm	73bpm
Respirations #1	17/min	15/min	17/min	19/min	19/min	13/min
BP #1	104/49mmHg	111/52mmHg	112/48mmHg	121/52mmHg	111/47mmHg	102/46mmHg
NIBPmean	61mmHg	65mmHg	65mmHg	70mmHg	62mmHg	59mmHg
SpO2	95%	95%	95%	98%	95%	94%
MAP	75mmHg	73mmHg	86mmHg	74mmHg	59mmHg	77mmHg
ABP	154/50mmHg	149/49mmHg	160/56mmHg	148/50mmHg	106/51mmHg	91/54mmHg
PAIN	06:00	07:00	07:15	07:30	07:45	08:00
Pt Denies Pain			patient denies			
SEVSEPSISSCREEN	06:00	07:00	07:15	07:30	07:45	08:00
CurrentSepsis Tx						yes-stop screen
Infection						MD documented
AntibioticTherapy						yesNonprophylact
If yes x1 above						yes-continScreen
SIRS Criteria						
Temperature						no
Heart Rate						no
Respiratory Rate						no
Mental Status						no
Hyperglycemia						no
WBC Count						yes-above 12000
SIRS Positive						
If yes x2 above						no-stop screen
CARE PROVIDERS	MY62	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

YU, MARIA J(MY62)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

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PERM

MAURICE, EUGENE G
 Ccbls
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ ADJIN
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	08:30	08:45	09:00	09:15	09:30	09:45
Pulse #1	65bpm	77bpm	63bpm	67bpm	64bpm	64bpm
Respirations #1	18/min	14/min	19/min	17/min	17/min	17/min
BP #1	118/50mmHg	107/55mmHg	126/52mmHg	110/52mmHg	104/51mmHg	103/49mmHg
NIBPmean	66mmHg	67mmHg	71mmHg	65mmHg	63mmHg	61mmHg
SpO2	89%	93%	83%	89%	90%	91%
MAP	80mmHg	98mmHg	77mmHg	75mmHg	75mmHg	72mmHg
ABP	82/78mmHg	97/94mmHg	82/68mmHg			
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

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PERM

MAURICE EUGENE G
 Ccbls
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	10:15	10:30	10:45	11:00	11:15	11:30
Pulse #1	65bpm	75bpm	67bpm	69bpm	68bpm	65bpm
Respirations #1	18/min	16/min	18/min	21/min	18/min	18/min
BP #1	111/50mmHg	132/51mmHg	131/54mmHg	129/53mmHg	131/54mmHg	139/55mmHg
NIBPmean	64mmHg	72mmHg	74mmHg	71mmHg	73mmHg	76mmHg
SpO2	92%	92%	84%	95%	96%	92%
MAP	78mmHg	85mmHg	94mmHg	84mmHg	89mmHg	89mmHg
ABP		91/75mmHg	126/76mmHg	96/73mmHg	108/73mmHg	119/72mmHg
PAIN	10:15	10:30	10:45	11:00	11:15	11:30
Pt Denies Pain				patient denies		
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

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PERM

MAURICE, EUGENE G
 Ccbls
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	11:45	12:00	12:15	12:30	12:45	13:00
Pulse #1	69bpm	73bpm	69bpm	67bpm	74bpm	79bpm
Respirations #1	21/min	22/min	19/min	19/min	19/min	16/min
BP #1	122/49mmHg	126/53mmHg	128/69mmHg	136/53mmHg	113/56mmHg	133/60mmHg
NIBPmean	68mmHg	71mmHg	83mmHg	72mmHg	71mmHg	79mmHg
SpO2	93%	91%	94%	89%	93%	93%
MAP	96mmHg	105mmHg	99mmHg	95mmHg	110mmHg	106mmHg
ABP	125/78mmHg	140/85mmHg	127/82mmHg	120/80mmHg	147/92mmHg	119/96mmHg
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbls
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ ADJIN
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	13:15	13:30	13:45	14:00	14:15	14:20
Temp #1						98.3F oral
Pulse #1	86bpm	88bpm	79bpm	79bpm	89bpm	
Respirations #1	16/min	19/min	13/min	20/min	24/min	
BP #1	150/61 mmHg	157/63 mmHg	148/57 mmHg	128/55 mmHg	119/55 mmHg	
NIBPmean	82 mmHg	87 mmHg	85 mmHg	73 mmHg	69 mmHg	
SpO2	96%	96%	96%	92%	94%	
MAP	116 mmHg	120 mmHg	94 mmHg	88 mmHg	102 mmHg	
ABP	148/98 mmHg	155/103 mmHg	125/80 mmHg	109/77 mmHg	131/88 mmHg	
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

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PERM

MAURICE EUGENE G
 Ccbls
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEYRU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	14:30	15:00	15:30	16:00	16:30	17:00
Pulse #1	77bpm	74bpm	67bpm	64bpm	71bpm	74bpm
Respirations #1	16/min	22/min	20/min	19/min	19/min	21/min
BP #1	129/72mmHg	121/49mmHg	122/51mmHg	123/52mmHg	131/87mmHg	122/53mmHg
NIBPmean	86mmHg	67mmHg	67mmHg	69mmHg	88mmHg	71mmHg
SpO2	94%	93%	93%	91%	100%	95%
MAP	82mmHg	83mmHg	89mmHg			
ABP	100/72mmHg	111/72mmHg	116/75mmHg			
PAIN	14:30	15:00	15:30	16:00	16:30	17:00
Pt Denies Pain		patient denies				
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbl
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	17:30	18:00	19:40	19:42	21:58	23:32
Temp #1				98F oral		98.2F oral
Pulse #1	69bpm	69bpm		73bpm monitor		68bpm monitor
Respirations #1	18/min	20/min		19/min visual		18/min visual
BP #1	134/59mmHg	129/112mmHg		149/68mmHg R arm		140/62mmHg R arm
NIBPmean	79mmHg	117mmHg				
BP Equip				portable		portable
Daily Weight			109.6kg bed scale			
SpO2	95%	95%		93% room air		97% room air
Pulse Ox Equip				spot check		spot check
SEVSEPSISSCREEN	17:30	18:00	19:40	19:42	21:58	23:32
CurrentSepsis Tx					no-continScreen	
Infection					MD documented wound infection	
AntibioticTherapy					yesNonprophylact	
If yes x1 above					yes-continScreen	
SIRS Criteria						
Temperature					no	
Heart Rate					no	
Respiratory Rate					no	
Mental Status					no	
Hyperglycemia					no	
WBC Count					yes-above 12000	
SIRS Positive						
If yes x2 above					no-stop screen	
CARE PROVIDERS	JR15	JR15	A6SO	LS81	A6SO	LS81

RANDOLPH, JESSICA(JR15)RN

SHAHER, AMANDA L(A6SO)RN

SHAW, LASHANA(LS81)CCP

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbls
 Vital Signs
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/21			
VITAL SIGNS	04:14	09:06	09:25	12:03
Temp #1	98F oral	97.9F oral		97.5F oral
Pulse #1	64bpm monitor	58bpm monitor		58bpm monitor
Respirations #1	18/min visual	16/min visual		18/min visual
BP #1	118/56mmHg R arm	152/85mmHg R arm lying		155/78mmHg R arm sitting
BP Equip	portable	portable		portable
Daily Weight	108.23kg bed scale			
SpO2	96% room air	97% room air		98% room air
Pulse Ox Equip	spot check	spot check		spot check
PAIN	04:14	09:06	09:25	12:03
Pt Denies Pain			patient denies	
CARE PROVIDERS	LS81	JS09	LS24	JS09

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

SHAW, LASHANA(LS81)CCP

SHUMWAY, JASON(JS09)CCP

LAST PAGE

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs
 ROOM: *339-01*

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Medication Administration Record
From 02/17/2014 15:35 To 02/21/2014 13:46

BOLD Medication Charting & Nurse Schedule Comment
 Not Given Modified Override Reason
 & Admin Note On Hold

Scheduled Medications

	02/17/2014 15:35 thru 02/18/2014 07:00		02/18/2014 07:01 thru 02/19/2014 07:00			02/19/2014 07:01 thru 02/20/2014 07:00		
	15:35 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00
ASPIRIN Start: 02/17/2014 17:00 Stop: 02/21/2014 13:46 81 MG=1 CHEW ORAL ONCE A DAY Order Id: 1 Placer Id: RX59949308 MEDS Pharmacy Comments: FIRST DOSE STAT IF NOT ALREADY GIVEN. oNot Given Reasons: 02/19/2014 08:49 Clinical Decision 02/17/2014 18:12 Refused		18:12 DK80		10:03 81 MG J33L		08:49 M3D7		
CARVEDILOL Start: 02/18/2014 00:00 Stop: 02/21/2014 13:46 12.5 MG=(2 x 6.25 MG TAB) ORAL TWICE A DAY Order Id: 21 Placer Id: RX59955575 MEDS oNot Given Reasons: 02/18/2014 10:03 HR Low 02/18/2014 00:50 Recently Given &Admin Note: 02/19/2014 23:00 MED ADMIN IN PACU		00:50 DN	10:03 J33L	20:55 12.5 MG DA90		08:49 12.5 MG M3D7	23:00& (12.5 MG) R91S	
CHLORTHALIDONE Start: 02/18/2014 09:00 Stop: 02/21/2014 13:46 50 MG=(2 x 25 MG TAB) ORAL ONCE A DAY Order Id: 22 Placer Id: RX59955577 MEDS oNot Given Reasons: 02/18/2014 10:03 Recently Given			10:03 J33L			08:49 50 MG M3D7		
DEXAMETHASONE SODIUM PHOSPHATE Ingredient: SODIUM CHLORIDE 0.9% 50 ML Start: 02/19/2014 06:00 Stop: 02/19/2014 18:00 8 MG=52 ML SOLN IV ONE TIME DOSE Order Id: 26 Placer Id: RX59964964 MEDS Pharmacy Comments: ***CALL PHARMACY FOR DOSE*** TO BE GIVEN IN OR							Discon- tinued 18:00	
DEXAMETHASONE SODIUM PHOSPHATE Start: 02/19/2014 20:00 Stop: 02/20/2014 14:01 4 MG=1 ML SOLN IV EVERY 6 HOURS Order Id: 34 Placer Id: RX59982779 MEDS &Admin Note: 02/19/2014 20:30 DRUG WAS ADMIN ON PRIOR SHIFT IN PACU 02/20/2014 01:42 ADMIN IN PACU						20:30& (4 MG) R91S	01:42& 4 MG R91S	

Name: MAURICE, EUGENE G.
 Opt Out: No
 Physician: Chervu, Arun G., MD

Age: 65 yr
 Gender: M
 Rm-Bed: 339 - 01

Accl: 1404801123
 MRN: 001632858
 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Medication Administration Record
From 02/17/2014 15:35 To 02/21/2014 13:46

BOLD Medication Charting & Nurse Schedule Comment:
 Not Given Modified * Override Reason
 & Admin Note On Hold

	02/17/2014 15:35 thru 02/18/2014 07:00		02/18/2014 07:01 thru 02/19/2014 07:00			02/19/2014 07:01 thru 02/20/2014 07:00		
	15:35 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00
DOCUSATE SODIUM (DOK) Start: 02/17/2014 21:00 100 MG=1 CAP ORAL Stop: 02/21/2014 13:46 TWICE A DAY Order Id: 3 Placer Id: RX59949320 MEDS Pharmacy Comments: HOLD FOR DIARRHEA/LOOSE STOOLS. oNot Given Reasons: 02/20/2014 01:39 P1 Off Unit 02/19/2014 08:49 Refused 02/17/2014 20:24 Refused		20:24 L5J5		10:03 100 MG J33L	20:55 100 MG DA90		08:49 M3D7	01:39 R91S
HEPARIN SODIUM (PORCINE) (HEPARIN (PORCINE)) Start: 02/17/2014 20:00 5,000 UNIT=1 ML SOLN Stop: 02/19/2014 10:00 SUBCUTANEOUS Order Id: 16 EVERY 8 HOURS Placer Id: RX59949965 MEDS Pharmacy Comments: IF PLATELET COUNTS FALL BELOW 100,000/MM3 OR A GREATER THAN 50 PERCENT DROP PLEASE CONTACT PHYSICIAN oNot Given Reasons: 02/18/2014 12:29 Refused 02/19/2014 04:20 Clinical Decision 02/17/2014 20:24 Refused 02/18/2014 04:59 Refused &Admin Note: 02/19/2014 04:20 Pt. going to surgery in am.		20:24 L5J5	04:59 DN	12:29 J33L	20:55 inj=LUQ 5000 UNIT DA90	04:20 DA90	Discon- tinued 10:00	
LISINAPRIL Start: 02/18/2014 00:00 10 MG=1 TAB ORAL Stop: 02/21/2014 13:46 TWICE A DAY Order Id: 23 Placer Id: RX59955581 MEDS oNot Given Reasons: 02/18/2014 00:50 Recently Given &Admin Note: 02/19/2014 23:00 MED ADMIN IN PACU			00:50 DN	10:03 10 MG J33L	20:55 10 MG DA90		08:49 10 MG M3D7	23:00 & (10 MG) R91S
PANTOPRAZOLE SODIUM (PROTONIX) Start: 02/17/2014 17:00 40 MG=1 SOLR IV Stop: 02/21/2014 13:46 ONCE A DAY Order Id: 2 Placer Id: RX59949314 MEDS Pharmacy Comments: MIX WITH NS PF 10ML AND GIVE OVER 2 MINUTES		18:39 40 MG DK80		10:03 40 MG J33L			08:49 40 MG M3D7	

Name: MAURICE, EUGENE G.
 Opt Out: No
 Physician: Chervu, Arun G., MD

Age: 65 yr
 Gender: M
 Rm-Bed: 339 - 01

Accl: 1404801123
 MRN: 001632858
 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Medication Administration Record
From 02/17/2014 15:35 To 02/21/2014 13:46

BOLD Medication Charting & Nurse Schedule Comment
 Not Given Modified Override Reason
 & Admin Note On Hold

Scheduled Medications

	02/17/2014 15:35 thru 02/18/2014 07:00		02/18/2014 07:01 thru 02/19/2014 07:00			02/19/2014 07:01 thru 02/20/2014 07:00		
	15:35 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00
TRIMETHOPRIM- SULFAMETHOXAZOLE (SULFAMETHOXAZOLE- TRIMETHOPRIM) Start: 02/18/2014 00:00 Stop: 02/19/2014 22:55 1 TABLET TAB ORAL TWICE A DAY Order Id: 17 Placer Id: RX59955560 MEDS Pharmacy Comments: THERAPY START DATE:2/11 X 10 DAYS oNot Given Reasons: 02/20/2014 01:40 Pt Off Unit		00:50 1 TABLET DN	10:03 1 TABLET J33L	20:55 1 TABLET DA90		08:49 1 TABLET M3D7	Discon- tinued 22:55	01:40 R91S
VANCOMYCIN HCL Ingredient: SODIUM CHLORIDE 0.9% 250 ML Start: 02/18/2014 12:00 Stop: 02/20/2014 13:35 1,500 MG=250 ML SOLR IV EVERY 18 HOURS Order Id: 25 Placer Id: RX59961887 MEDS Pharmacy Comments: THERAPY START DATE:2/18 &Admin Note: 02/20/2014 00:00 ADMIN IN PACU Linked Order: Simultaneous			12:29 1500 MG J33L		06:03 1500 MG DA90			00:00& (1500 MG) R91S
EZETIMIBE (ZETIA) Start: 02/18/2014 00:00 Stop: 02/21/2014 13:46 10 MG=1 TAB ORAL MON, WED, AND FRI Order Id: 19 Placer Id: RX59955570 MEDS oNot Given Reasons: 02/18/2014 00:50 Recently Given 02/20/2014 01:39 Pt Off Unit		00:50 DN						01:39 R91S
PRAVASTATIN SODIUM (PRAVASTATIN) Start: 02/18/2014 00:00 Stop: 02/21/2014 13:46 80 MG=1 TAB ORAL MON, WED, AND FRI Order Id: 20 Placer Id: RX59955571 MEDS Pharmacy Comments: # THIS THERAPY WAS SUBSTITUTED FOR SIMVASTATIN (ZOCOR) TAB 80MG MWF ORAL oNot Given Reasons: 02/20/2014 01:39 Pt Off Unit 02/18/2014 00:50 Recently Given		00:50 DN						01:39 R91S

Name: MAURICE, EUGENE G.
 Opt Out: No
 Physician: Chervu, Arun G., MD

Age: 65 yr
 Gender: M
 Rm-Bed: 339 - 01

Accl: 1404801123
 MRN: 001632858
 Admit Dt: 02/17/2014 15:35 DOB:01/02/1949

Medication Administration Record
From 02/17/2014 15:35 To 02/21/2014 13:46

BOLD Medication Charting & Nurse Schedule Comment:
 Not Given Modified * Override Reason
& Admin Note On Hold

02/17/2014 15:35 thru 02/18/2014 07:00		02/18/2014 07:01 thru 02/19/2014 07:00			02/19/2014 07:01 thru 02/20/2014 07:00		
15:35	23:01	07:01	15:01	23:01	07:01	15:01	23:01
23:00	07:00	15:00	23:00	07:00	15:00	23:00	07:00

PRN Medications

CLONIDINE HCL (CLONIDINE) Start: 02/19/2014 20:00 0.1 MG=1 TAB ORAL Stop: 02/19/2014 19:47 EVERY 4 HOURS AS NEEDED Order Id: 32 Placer Id: RX59982772 MEDS Pharmacy Comments: CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. FOR SDP > 180								
								Discontinued 19:47

Name: MAURICE, EUGENE G. Age: 65 yr Accl: 1404801123
 Opt Out: No Gender: M MRN: 001632858
 Physician: Chervu, Arun G., MD Rm-Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Medication Administration Record
From 02/17/2014 15:35 To 02/21/2014 13:46

BOLD Medication Charting & Nurse Schedule Comment

Not Given Modified * Override Reason

% Admin Note On Hold

Scheduled Medications

	02/20/2014 07:01 thru 02/21/2014 07:00		02/21/2014 07:01 thru 02/21/2014 13:46				
	07:01- 15:00	15:01- 23:00	23:01- 07:00	07:01- 13:46			
ASPIRIN Start: 02/17/2014 17:00 81 MG=1 CHEW ORAL Stop: 02/21/2014 13:46 ONCE A DAY Order Id: 1 Placer Id: RX59949308 MEDS Pharmacy Comments: FIRST DOSE STAT IF NOT ALREADY GIVEN.	08:48 81 MG JR15			08:27 81 MG LS24 Discon- tinued 13:46			
CARVEDILOL Start: 02/18/2014 00:00 12.5 MG=(2 x 6.25 MG TAB) ORAL Stop: 02/21/2014 13:46 TWICE A DAY Order Id: 21 Placer Id: RX59955575 MEDS	12:16 12.5 MG JR15	21:26 12.5 MG A6SO		08:27 12.5 MG LS24 Discon- tinued 13:46			
CEFAZOLIN 2GM/50ML D5W (CEFAZOLIN IN DEXTROSE (ISO- OS)) Start: 02/20/2014 14:00 2 GM=50 ML IV IV Stop: 02/21/2014 13:46 EVERY 8 HOURS Order Id: 36 Placer Id: RX5994447 MEDS Pharmacy Comments: CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION	14:19 2 GM JR15	21:26 2 GM A6SO	05:28 2 GM A6SO	Discon- tinued 13:46			
CHLORTHALIDONE Start: 02/19/2014 09:00 50 MG=(2 x 25 MG TAB) ORAL Stop: 02/21/2014 13:46 ONCE A DAY Order Id: 22 Placer Id: RX59955577 MEDS	08:48 50 MG JR15			08:27 50 MG LS24 Discon- tinued 13:46			
DEXAMETHASONE SODIUM PHOSPHATE Start: 02/19/2014 20:00 4 MG=1 ML SOLN IV Stop: 02/20/2014 14:01 EVERY 6 HOURS Order Id: 34 Placer Id: RX59982779 MEDS	08:48 4 MG JR15 Discon- tinued 14:01 14:04 4 MG JR15						
DOCUSATE SODIUM (DOK) Start: 02/17/2014 21:00 100 MG=1 CAP ORAL Stop: 02/21/2014 13:46 TWICE A DAY Order Id: 3 Placer Id: RX59949320 MEDS Pharmacy Comments: HOLD FOR DIARRHEA/LOOSE STOOLS.	08:48 100 MG JR15	21:26 100 MG A6SO		08:27 100 MG LS24 Discon- tinued 13:46			

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Medication Administration Record
From 02/17/2014 15:35 To 02/21/2014 13:46

BOLD Medication Charting & Nurse Schedule Comment
 Not Given Modified * Override Reason
 % Admin Note On Hold

Scheduled Medications

	02/20/2014 07:01 thru 02/21/2014 07:00	02/21/2014 07:01 thru 02/21/2014 13:46				
	07:01-15:00	15:01-23:00	23:01-07:00	07:01-13:46		
HEPARIN SODIUM (PORCINE) (HEPARIN (PORCINE)) Start: 02/20/2014 07:00 5,000 UNIT=1 ML SOLN Stop: 02/21/2014 13:46 SUBCUTANEOUS 3 TIMES A DAY HEPARIN Order Id: 35 Placer Id: RX59982791 MEDS Pharmacy Comments: IF PLATELET COUNTS FALL BELOW 100,000/MM3 OR A GREATER THAN 50 PERCENT DROP PLEASE CONTACT PHYSICIAN	08:48 inj=LAR M 5000 UNIT JR15	21:26 inj=RLQ M 5000 UNIT A6SO	05:28 inj=LUQ M 5000 UNIT A6SO	Discon- tinued 13:46		
KINETICS - PHARMACY DOSING Start: 02/17/2014 17:00 1 NOTE DOSE MISCELLANEOUS Stop: 02/21/2014 09:46 AS DIRECTED Order Id: 4 Placer Id: RX59949423 MEDS				Discon- tinued 09:46		
LISINAPRIL Start: 02/18/2014 00:00 10 MG=1 TAB ORAL Stop: 02/21/2014 13:46 TWICE A DAY Order Id: 23 Placer Id: RX59955581 MEDS	12:16 10 MG JR15	21:26 10 MG A6SO		08:27 10 MG LS24 Discon- tinued 13:46		
PANTOPRAZOLE SODIUM (PROTONIX) Start: 02/17/2014 17:00 40 MG=1 SOLR IV Stop: 02/21/2014 13:46 ONCE A DAY Order Id: 2 Placer Id: RX59949314 MEDS Pharmacy Comments: MIX WITH NS PF 10ML AND GIVE OVER 2 MINUTES	08:48 40 MG JR15			08:27 40 MG LS24 Discon- tinued 13:46		
VANCOMYCIN HCL Ingredient: SODIUM CHLORIDE 0.9% 250 ML Start: 02/18/2014 12:00 1,500 MG=250 ML SOLR IV Stop: 02/20/2014 13:35 EVERY 18 HOURS Order Id: 25 Placer Id: RX59961887 MEDS Pharmacy Comments: THERAPY START DATE 2/18 Simultaneous	Discon- tinued 13:35					
EZETIMIBE (ZETIA) Start: 02/18/2014 00:00 10 MG=1 TAB ORAL Stop: 02/21/2014 13:46 MON, WED, AND FRI Order Id: 19 Placer Id: RX59955570 MEDS				Discon- tinued 13:46		

Name: MAURICE, EUGENE G.	Age: 65 yr	Accl: 1404801123
Opt Out: No	Gender: M	MRN: 001632858
Physician: Chervu, Arun G., MD	Rm-Bed: 339 - 01	Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Medication Administration Record
From 02/17/2014 15:35 To 02/21/2014 13:46

BOLD Medication Charting & Nurse Schedule Comment:
 Not Given Modified * Override Reason
 % Admin Note On Hold

02/20/2014 07:01 thru 02/21/2014 07:00		02/21/2014 07:01 thru 02/21/2014 13:46			
07:01- 15:00	15:01- 23:00	23:01- 07:00	07:01- 13:46		

Scheduled Medications

PRAVASTATIN SODIUM (PRAVASTATIN) Start: 02/18/2014 00:00 80 MG=1 TAB ORAL Stop: 02/21/2014 13:46 MON, WED, AND FRI Order Id: 20 Placer Id: RX59955571 MEDS Pharmacy Comments: # THIS THERAPY WAS SUBSTITUTED FOR SIMVASTATIN (ZOCOR) TAB 80MG MWF ORAL				Discon- tinued 13:46		
---	--	--	--	----------------------------	--	--

PRN Medications

ALPRAZOLAM Start: 02/17/2014 17:00 0.25 MG=1 TAB ORAL Stop: 02/21/2014 13:46 EVERY 6 HOURS AS NEEDED Order Id: 15 Placer Id: RX59949666 MEDS Pharmacy Comments: FOR ANXIETY. CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.				Discon- tinued 13:46		
ATROPINE SULFATE (ATROPINE) Start: 02/19/2014 20:00 0.4 MG=1 ML SOLN IV Stop: 02/21/2014 13:46 AS NEEDED Order Id: 33 Placer Id: RX59982778 MEDS Pharmacy Comments: FOR HR < 40 AND SBP < 90				Discon- tinued 13:46		
BISACODYL Start: 02/17/2014 17:00 5 MG=1 TBEC ORAL Stop: 02/21/2014 13:46 EVERY DAY AS NEEDED Order Id: 6 Placer Id: RX59949479 MEDS Pharmacy Comments: FOR CONSTIPATION				Discon- tinued 13:46		
CLONIDINE HCL (CLONIDINE) Start: 02/17/2014 17:00 0.1 MG=1 TAB ORAL Stop: 02/21/2014 13:46 EVERY 4 HOURS AS NEEDED Order Id: 14 Placer Id: RX59949864 MEDS Pharmacy Comments: FOR SYSTOLIC BP GREATER THAN . CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.				Discon- tinued 13:46		

Name: MAURICE, EUGENE G.	Age: 65 yr	Accl: 1404801123
Opt Out: No	Gender: M	MRN: 001632858
Physician: Chervu, Arun G., MD	Rm-Bed: 339 - 01	Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Medication Administration Record
From 02/17/2014 15:35 To 02/21/2014 13:46

BOLD Medication Charting & Nurse Schedule Comment
 Not Given Modified * Override Reason
 & Admin Note On Hold

PRN Medications

	02/20/2014 07:01 thru 02/21/2014 07:00		02/21/2014 07:01 thru 02/21/2014 13:46		
	07:01-15:00	15:01-23:00	23:01-07:00	07:01-13:46	
HYDRALAZINE HCL (HYDRALAZINE) Start: 02/17/2014 16:57 10 MG=0.5 ML SOLN IV Stop: 02/21/2014 13:46 EVERY 3 HOURS AS NEEDED Order Id: 13 Placer Id: RX59949863 MEDS Pharmacy Comments: FOR SYSTOLIC BP GREATER THAN 180 CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION				Discontinued 13:46	
HYDROCODONE- ACETAMINOPHEN 5- 325MG (HYDROCODONE- ACETAMINOPHEN) Start: 02/17/2014 17:00 1- 2 TABLET TAB ORAL Stop: 02/21/2014 13:46 EVERY 6 HOURS AS NEEDED Order Id: 11 Placer Id: RX59949858 MEDS Pharmacy Comments: FOR MODERATE PAIN. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.				Discontinued 13:46	
MAGNESIUM HYDROXIDE (MILK OF MAGNESIA) Start: 02/19/2014 20:00 2,400 MG=30 ML SUSP ORAL Stop: 02/21/2014 13:46 EVERY 6 HOURS AS NEEDED Order Id: 31 Placer Id: RX59982768 MEDS Pharmacy Comments: FOR COSNTIPATION				Discontinued 13:46	
MORPHINE SULFATE (MORPHINE) Start: 02/17/2014 17:00 1- 2 MG=0.5- 1 ML SYRG IV Stop: 02/21/2014 13:46 EVERY 3 HOURS AS NEEDED Order Id: 12 Placer Id: RX59949862 MEDS Pharmacy Comments: FOR SEVERE PAIN. CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.				Discontinued 13:46	
MORPHINE SULFATE (MORPHINE) Start: 02/19/2014 20:00 2- 3 MG=1- 1.5 ML SYRG IV Stop: 02/20/2014 17:24 EVERY 2 HOURS AS NEEDED Order Id: 29 Placer Id: RX59982765 MEDS Pharmacy Comments: CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.		Discontinued 17:24			

Name: MAURICE, EUGENE G.
 Opt Out: No
 Physician: Chervu, Arun G., MD

Age: 65 yr
 Gender: M
 Rm-Bed: 339 - 01

Accl: 1404801123
 MRN: 001632858
 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Admit Wt/Ht	
Weight #1 103kg	Weight #2 105.5kg bed scale
Height/Length 67in	

MAURICE, EUGENE G
Cobb
Adm Database
FROM: 02/17/14 15:35 TO: 02/22/14 12:46
ROOM: *339-01* ADM: 02/17/14 15:35
AGE: 65Y SEX: M MD: CHERVU ARUN
DOB: 01/02/1949 ID: 1404801123 MR: 001632858
REQUESTED: 02/22/14 15:30
OPT OUT:

Page: 1

Allergy History

Confirm Dt/By	Type	Allergy	Primary Reaction	Severity	Onset Dt	Comment
	MA	No Known Allergies	NR			

Medication History

ConfirmDt/By	Medication	Status	StartDt	StopDt	Dose	Route	Freq	LastTaken	NextDoseDue	Comment
02/22/14 H259	Vytorin 10-80 oral	Active				Oral	Every Day	02/17/2014 4:09:00		Three times a (M, W, F)
	GEN: ezetimibe-simvastatin									
02/21/14 H259	hydrocodone-acetaminophen oral	Active	02/21/2014 00:00		1-2 tablet Tablet	Oral	Every 6 hours as needed			
02/21/14 H259	chlorthalidone oral	Active				Oral	Every Day	02/17/2014 4:09:00		
	GEN: chlorthalidone									
02/21/14 H259	ramipril Oral	Active				Oral	2 times per day	02/17/2014 09:00		
	GEN: ramipril									
02/21/14 H259	carvedilol Oral	Active				Oral	2 times per day	02/17/2014 09:00		
	GEN: carvedilol									
02/21/14 H259	aspirin oral	Active				Oral	Every Day	02/17/2014 09:00		
	GEN: aspirin									
02/21/14 H259	Bactrim DS oral	Finished	02/21/2014 14:00			Oral	2 times per day	02/19/2014 09:00		take for 10 days, stop on 2/21
02/21/14 H259	Bactroban top	Finished	02/21/2014 12:00			Topical	Every Day as needed			for 30 days, 2/7/14

Emergency Contact

Name	No Data	Relationship	No Data
Home Phone #	No Data	Cell Phone #	No Data
Other Phone #	No Data	Work Phone #	No Data
Next of Kin same as above	No Data	Next of Kin	No Data
Home Phone #	No Data	Cell Phone #	No Data
Other Phone #	No Data	Work Phone #	No Data
EMERGENCY CONTACT		Healthcare Agent	
Healthcare Agent	same as above	Healthcare Agent	
Home Phone #	No Data	Cell Phone #	No Data
Work Phone #	No Data	Primary Caregiver	Same as above
Other Phone #	No Data	Name	No Data
Relationship		Name	No Data

(H259) ZOU, HUIJUN STUDENT RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Adm_Database
ROOM: *339-01*

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PERM

Admit Wt/Ht	
Weight #1 103kg	Weight #2 105.5kg bed scale
Height/Length 67in	

MAURICE, EUGENE G
Cobb
Adm Database
FROM: 02/17/14 15:35 TO: 02/22/14 12:46
ROOM: *339-01* ADM: 02/17/14 15:35
AGE: 65Y SEX: M MD: CHERVU ARUN
DOB: 01/02/1949 ID: 1404801123 MR: 001632858
REQUESTED: 02/22/14 15:30
OPT OUT: Page: 2

No Data
Phone number **Legal Custody**
 No Data No Data
Contact Info **Power of Attorney** **Contact Info**
 No Data No Data No Data
Advanced Directive **CPR Designation** **Wants Limit Tx**
 No Data No Data No Data
Comment
 No Data
Patient Wishes **Patient Questions**
 No Data No Data
Nurse Comments
 No Data

LANGUAGE

Language Spoken	Language Other	Interpreter Needed
English (01/03/14 11:49)(JL45)	No Data	No Data
Comments		
No Data		

MEDICALHISTORY

Cardiovascular high blood pressure, Other-see comments (01/03/14 11:49)(JL45)	Comment CABG X6 11/1/1992 (01/03/14 11:49)(JL45)
Endocrine None (01/03/14 11:49)(JL45)	Comment No Data
Eyes Glasses (01/03/14 11:49)(JL45)	Comment No Data
Ears Hearing Intact (01/03/14 11:49)(JL45)	Comment No Data
Gastrointestinal None (01/03/14 11:49)(JL45)	Comment No Data
Kidney/Bladder None (01/03/14 11:49)(JL45)	Comment No Data
Lung none (01/03/14 11:49)(JL45)	Comment No Data
Neurologic None (01/03/14 11:49)(JL45)	Comment No Data
Orthopedic Arthritis (01/03/14 11:49)(JL45)	Comment No Data
Psychological	Comment

(JL45) LAUDRY, JENNIFER, RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Adm_Database
 ROOM: *339-01*

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PERM

Admit Weight	
Weight #1 103kg	Weight #2 105.5kg bed scale
Height/Length 67in	

MAURICE, EUGENE G
Cobb
Adm Database
FROM: 02/17/14 15:35 TO: 02/22/14 12:46
ROOM: *339-01* ADM: 02/17/14 15:35
AGE: 65Y SEX: M MD: CHERVU, ARUN
DOB: 01/02/1949 ID: 1404801123 MR: 001632858
REQUESTED: 02/22/14 15:30
OPT OUT:
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MEDICALHISTORY (cont)

None (01/03/14 11:49)(JL45)	No Data		
Skin	Comment	Teeth	Comment
Intact (01/03/14 11:49)(JL45)	No Data	Intact (01/03/14 11:49) (JL45)	No Data

PREVHOSPSURG

Previous Hospital yes (02/17/14 16:07)(DK80) <u>History:</u> [O]no (01/03/14 11:49)(JL45) Why? carotid endarectomy (02/17/14 16:28)(DK80) <u>History:</u> [M]caratic indectomy (02/17/14 16:07)(DK80) PREVHOSP/SURGERY Have you ever had	When? jan 7/2014 (02/17/14 16:07)(DK80)	Visit last 2 Wks yes (02/17/14 16:07)(DK80) <u>History:</u> [O]no (01/03/14 11:49)(JL45) Where? cobb (02/17/14 16:07)(DK80)	Anesthesia No Data
Cancer No Data	PREVHOSP/SURGERY surgery? yes (01/03/14 11:49)(JL45)	Comments No Data	Comments 11/1/1992 (01/03/14 11:49)(JL45)
Cardiovascular CABG (01/03/14 11:49)(JL45)		Comments FATTY MASS TUMOR REMOVED FROM RIGHT EYE (01/03/14 11:49)(JL45)	Comments No Data
EENT Other-see comments (01/03/14 11:49)(JL45)		Comments No Data	Comments No Data
Gastrointestinal Appendectomy (01/03/14 11:49)(JL45)		Comments No Data	Comments No Data
Genitourinary No Data		Comments No Data	Comments No Data
Neurological No Data		Comments No Data	Comments No Data
Orthopedic No Data		Comments No Data	Comments No Data
Respiratory No Data		Comments No Data	Comments No Data
Reconstructive No Data		Comments No Data	Vascular No Data Comments No Data

(DK80) KM, DOO, RN

(JL45) LANDRY, JENNIFER, RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Adm_Database
ROOM: *339-01*

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PERM

Admit Wt/Ht	
Weight #1 103kg	Weight #2 105.5kg bed scale
Height/Length 67in	

MAURICE, EUGENE G
Cobb
Adm Database
FROM: 02/17/14 15:35 TO: 02/22/14 12:46
ROOM: *339-01* ADM: 02/17/14 15:35
AGE: 65Y SEX: M MD: CHERVU ARUN
DOB: 01/02/1949 ID: 1404801123 MR: 001632858
REQUESTED: 02/22/14 15:30
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BLOODTRANSFUSN

Prior Transfusion	Prior Reaction
no	none
(01/03/14 11:49)(JL45)	(01/03/14 11:49)(JL45)

DISEASESADLT

Recent exposure-contagious illness?	Previous Diseases	What/When?
		No Data
Comments	Travel Outside of US	Where/When?
No Data	yes	No Data
	(01/03/14 11:49)(JL45)	

MDROINF DISEASE

Hx of MDRO	Comments
none	No Data
(01/03/14 11:49)(JL45)	
Immunizations	Comments
No Data	No Data
Date Gvn Influenza	
No Data	
Date Gvn Pneumonia	Date Given Last TB Skin Test
	Tetanus
No Data	No Data No Data

SUBSTANCEUSEADLT

Tobacco Use	Tobacco Type	Tobacco Amount	Tobacco Years	Date Stopped
No Data	No Data	No Data	No Data	No Data
Are you exposed to second hand smoke?				
Recreational Drugs	Amount/Frequency			
No Data	No Data			
Last Used	Recent Rehab	Comment		
No Data	No Data	No Data		
Alcohol Use	Amount/Frequency	Alcohol Years		
No Data	No Data	No Data		
Last Drink	Quit Date	Comments		
No Data	No Data	No Data		
Phys Dependence	Comment			
No Data	No Data			

RELIGIOUSBELIEFA

Do religious beliefs affect treatment?	Special Consideratns	Comments
	No Data	No Data
See Chaplain/Priest	Clergy Contacted	

(JL45) LANDRY, JENNIFER, RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Adm_Database
ROOM: *339-01*

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PERM

Admit Wt/Ht	
Weight #1 103kg	Weight #2 105.5kg bed scale
Height/Length 67in	

MAURICE, EUGENE G
Cobb
Adm Database
FROM: 02/17/14 15:35 TO: 02/22/14 12:46
ROOM: *339-01* ADM: 02/17/14 15:35
AGE: 65Y SEX: M MD: CHERVU, ARUN
DOB: 01/02/1949 ID: 1404801123 MR: 001632858
REQUESTED: 02/22/14 15:30
OPT OUT:
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RELIGIOUSBELIEFA (cont)

No Data
Do Cultural Prefs affect treatment? **Cultural Consideratns** **Comments**
 No Data No Data No Data

Admission Databas	02/17
ADMISSION DATA	16:07
Informant	self spouse
AdmittedFrom/Via	direct admit
Arrived on Unit	02/17/2014 16:00 (modified)
Armbands	ID Band on allergy band on
COMMUNICATION	16:07
CommunicatinAids	not applicable
CARE PROVIDERS	DK80

PodPCP

EmergencyCent

Language Spoken

ParentQuestions

Diseases

Expostodisease

Blood Trans

NM, DOO(DK80)FN



Admit Wt/Ht	
Weight #1 103kg	Weight #2 105.5kg bed scale
Height/Length 67in	

MAURICE, EUGENE G
Cobb
Adm Database
FROM: 02/17/14 15:35 TO: 02/22/14 12:46
ROOM: *339-01* ADM: 02/17/14 15:35
AGE: 65Y SEX: M MD: CHERVU, ARUN
DOB: 01/02/1949 ID: 1404801123 MR: 001632858
REQUESTED: 02/22/14 15:30
OPT OUT: Page: 5

PrevHosp/Surgery

Why?	Where?	When?
No Data	No Data	No Data

Where?
No Data

Prev Surgery

Prev Illness

med Hist ROS

Peds Medical Hx

Medicines

Family History

Family Info

VRE



Admit Wt/Ht	
Weight #1 103kg	Weight #2 103.5kg bed scale
Height/Length 67in	

MAURICE, EUGENE G
Cobb
Adm Database
FROM: 02/17/14 15:35 TO: 02/22/14 12:46
ROOM: *339-01* ADM: 02/17/14 15:35
AGE: 65Y SEX: M MD: CHERVU, ARUN
DOB: 01/02/1949 ID: 1404801123 MR: 001632858
REQUESTED: 02/22/14 15:30
OPT OUT:

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Living Hist/Stat

Spiritual Prefs

Cultural Prefs

Substance Abuse

Admission Databas	02/17	
ADMISSION DATA	16:07	16:55
Admission Weight		103kg
Armbands	ID Band on allergy band on	
COMMUNICATION	16:07	16:55
CommunicatinAids	not applicable	
CARE PROVIDERS	DK80	DK80

KIM, DOO(DK80)RN

LAST PAGE

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Adm_Database
ROOM: *339-01*

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PERM

HHSADXHX

From 02/17/2014 15:35 To 02/21/2014 13:46

Admission History Assessment

Observables				
Template: Admission Assessment				
Category: Admission Data				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Informant	self,spouse	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
AdmittedFrom/Via	direct admit	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Arrival Date/Time	02/17/2014 16:00	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Arrived on Unit	02/17/2014 16:00	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Armbands	ID Band on,allergy band on	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Organ donor?	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Privacy				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Disclose information to:	self,spouse	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Advance Directives				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Advance Directive	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Belongings				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Belongings	cell phone	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Items Given To	family	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Communication				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
CommunicationAids	not applicable	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Language				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Language Spoken	English	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB:01/02/1949

HHSADXHX

From 02/17/2014 15:35 To 02/21/2014 13:46

Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Tobacco Use				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Smoking status	former smoker	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Smoked in last 12 months?	no	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Alcohol Use				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Do you drink alcohol?	no	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Religious Belief				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Do religious beliefs affect treatment?	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
See Chaplain/Priest	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Do cultural prefs affect treatment?	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Medical History Adult				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Cardiovascular	high blood pressure, Other-see comments	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comment	CABC X6 11/1/1992	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Endocrine	None	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Eyes	Glasses	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Ears	Hearing intact	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Gastrointestinal	None	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Kidney/Bladder	None	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

HHSADXHX

From 02/17/2014 15:35 To 02/21/2014 13:46

Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Medical History Adult				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Lung	none	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Neurologic	None	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Orthopedic	Arthritis	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Psychological	None	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Skin	Intact	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Teeth	Intact	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Previous Hospital/Surgery				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Previous Hospital	yes	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Visit last 3 Months?	yes	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Why?	carotid endarterectomy	02/17/2014 16:28 KIM, DOO, RN	02/17/2014 16:28 KIM, DOO, RN	02/17/2014 16:28 KIM, DOO, RN
When?	jan 7/2014	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Where?	cobb	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Have you ever had surgery?	yes	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Cardiovascular	CABC	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	11/1/1992	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
EENT	Other-see comments	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	FATTY MASS TUMOR REMOVED FROM RIGHT EYE	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

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Admit Dt: 02/17/2014 15:35

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HHSADXHX

From 02/17/2014 15:35 To 02/21/2014 13:46

Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Previous Hospital/Surgery				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Gastrointestinal	Appendectomy	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Blood Transfusion				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Prior Transfusion	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Prior Reaction	none	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Diseases				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Recent exposure-contagious illness?	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Previous Diseases?	chicken pox, measles	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Travel Outside of US	yes	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Where/When?	VIETNAM, CARRIBEAN, BARBADOS, CUBA, CANADA, MEXICO	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: MDRO/INP Disease				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Hx of MDRO	none	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Pain				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Pain Goal?	0	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Discharge Plan				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Living situation prior to admission	home	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	

Name: MAURICE, EUGENE G.

Age: 65 yr

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Gender: M

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Physician: Chervu, Arun G., MD

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Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

HHSADXXH

From 02/17/2014 15:35 To 02/21/2014 13:46

Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Discharge Plan				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Others in household	significant othr	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Expected discharge situation	home	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	

Chart Components			
Template: Admission Assessment			
Category: Admission Data			
Component Name	Chart Time	Perform Time	Confirm Time
Emergency Contacts	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 EDT LANDRY, JENNIFER RN	01/03/2014 11:49 EDT LANDRY, JENNIFER RN
PrimaryId=46843620, Name=SHIRLEY MAURICE, Relationship=Spouse, Cell=(678) 910-2476			

Name: MAURICE, EUGENE G.

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Gender: M

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Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

MAURICE, EUGENE G
 Cabb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ AJJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

FLWSHEET	02/17			02/18		
FALL RISK Hendr	16:08	17:00	20:31	21:10	00:12	03:00
AssessFallRisk	yes, continue		yes, continue			
confusDisorImpul	0-no		0-no			
depressionSignS	0-no		0-no			
alterElimination	0-no		0-no			
dizzinessVertigo	0-no		0-no			
male gender	1-yes		1-yes			
anyAntiepileptic	0-no		0-no			
anyBenzodiazepin	0-no		0-no			
Get Up & Go Test	0-risesNoBalLoss		0-risesNoBalLoss			
FALL RISK SCORE	1 with get up & go		1 with get up & go			
Score=5 or more	no, not at risk		no, not at risk			
Pt at Fall Risk	N/A		N/A			
Goal	no fall		no fall			
GoalStatus			progressing			
Fall Interventio			adequateLighting bed low position call light close hourly rounding items in reach monitorLabs/VS review meds			
MOBILITY	16:08	17:00	20:31	21:10	00:12	03:00
MobilityGuideline	perGetUp&Go		perGetUp&Go			
Get Up&Go Goals	not applicable		0-amb 3+/day			
MobilityIntrvntn			ambulateBathroom			
Transfer			self			
Activity Aid			none			
24 HR CHART CHK	16:08	17:00	20:31	21:10	00:12	03:00
24hr Chart Check						done
NEUROLOGICAL	16:08	17:00	20:31	21:10	00:12	03:00
Basic Assessment						
LOC	alert		alert			
Orientation	oriented appropriate		oriented appropriate			
Speech	clear		clear			
Muscle Strength						
L Upper Extrem	moderate		strong			
R Upper Extrem	strong		strong			
L Lower Extrem	strong		strong			
R Lower Extrem	strong		strong			
Muscle Tone	2+ average		2+ average			
Gait	steady		steady			
Gag Reflex	present		present			
Cough Reflex	present		present			
CARE PROVIDERS	DK80		L5J5			DN

JONES, LAVERNE(L5J5)RN

KIM, DOO(DK80)RN

NJINDA, DIVINE(DN)RN

CONTINUED



MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
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 OPT OUT:

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FLWSHEET	02/17			02/18		
NEUROLOGICAL-Cont.	16:08	17:00	20:31	21:10	00:12	03:00
Size			3mm			
Both Pupils						
Shape			equal round			
Both Pupils	equal round		equal round			
Reaction			brisk			
Both Pupils	brisk		brisk			
Eye Movement			follows			
Both Pupils	follows		follows			
Corneal Reflex			blink			
Right			blink			
Left			blink			
Sensation						
RUE	touch sense		pain sense touch sense			
LUE	touch sense		pain sense touch sense			
RLE	touch sense		pain sense touch sense			
LLE	touch sense		pain sense touch sense			
Eye Opening	4-spontaneously		4-spontaneously			
Verbal Response	5-oriented x 3		5-oriented x 3			
Motor Response	6-ObeyVerbalComm		6-ObeyVerbalComm			
Glasgow Score	15Total		15Total			
Seizure Activity						
02/17/14 20:31 Seizure Activity(L5J5): No seizure activity noted						
RESPIRATORY	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
BREATH SOUNDS						
All Lobes	clear		clear			
Resp Pattern	regular unlabored		regular unlabored			
Chest Excursion	symmetric		symmetric			
Trachea Deviation	midline		midline			
Cough	none		none			
Oxygen %			96% room air			
CARDIOVASCULAR	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Heart Sounds			S1 S2			
JVD	non-distended		non-distended			
Capillary Refill	1-2 seconds		1-2 seconds			
Pulses						
R Radial	2+ normal		2+ normal			
L Radial	2+ normal		2+ normal			
CARE PROVIDERS	DK80		L5J5			

JONES, LAVERNE(L5J5)RN

KIM, DOO(DK80)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ AJJIN
 DOB: 01/02/1949 ID: 1404801123 MFI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/17		02/18			
CARDIOVASCULAR-Cont.	16:08	17:00	20:31	21:10	00:12	03:00
R Dorsalis pedis			2+ normal			
L Dorsalis pedis			2+ normal			
Edema						
Generalized	none		none			
Device Location						
GASTROINTESTINAL	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Abdomen	soft non-tender non-distended		soft non-tender non-distended			
Bowel Sounds						
All Quadrants	active		active			
Bowel Control	continent		continent			
Last BM		&		&		
Stool			reported			
Hemorrhoids			none reported			
Emesis			none			
02/17/14 16:08 Last BM(DK80): 2/17/14						
02/17/14 20:31 Last BM(L5J5): 02/17/2014						
GENITOURINARY	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Urinary Source	voiding		voiding			
AttdUrInPattern			none			
Genito Assess						
Male	no problems per patient		no problems per patient			
MUSCULOSKELETAL	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Movement						
All Extremities	full ROM symmetric		full ROM symmetric			
Joint Descriptn						
All Joints	no pain no redness no swelling		no pain no redness no swelling			
Description	none		none			
Weight Bearing						
All Extremities	full-noRestrict		full-noRestrict			
Support Device			none			
SKIN	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Skin Condition	dry warm		dry warm			
Turgor	elastic		elastic			
Skin Integrity	intact		wound			
Sensory Perceptn	4-no impairment		4-no impairment			
CARE PROVIDERS	DK80		L5J5			

JONES, LAVERNE(L5J5)RN

KIM, DOO(DK80)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIJ ADJIN
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858
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 OPT OUT:

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FLWSHEET	02/17			02/18		
SKIN-Cont	16:08	17:00	20:31	21:10	00:12	03:00
Moisture	4-rarely moist		4-rarely moist			
Activity	4-walks frequent		4-walks frequent			
Mobility	4-no limitations		4-no limitations			
Nutrition	4-excellent		4-excellent			
Shear&Friction	3-no prob aprprt		3-no prob aprprt			
Skin Scale Total	23Total 18 or mo re-low		23Total 18 or mo re-low			
Peach Sign Door	no		no			
INCISION/WOUND	16:08	17:00	20:31	21:10	00:12	03:00
Incision/Wnd #1						
Surg/procedural	puncture		puncture			
Side	left		left			
Location	chest &		neck			
Closure	unable to assess		unable to assess			
Dressing Status	dry Intact		dry Intact			
02/17/14 16:08 Location(DK80): upper chest						
PSYCHOSOCIAL	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Mood/Affect	appropriate		appropriate			
Behavior	cooperative		cooperative			
Family Interact						
W/Healthcar Team	supportive		supportive present			
W/Patient	supportive		supportive present			
Signs/sx abuse	no		no			
PAIN	16:08	17:00	20:31	21:10	00:12	03:00
PT Denies Pain	patient denies		patient denies			
PERIPHERAL IVS	16:08	17:00	20:31	21:10	00:12	03:00
Location #1						
Assessment uncha						
IVStartDate/Time		02/17/2014 17:00				
Anatomy		hand	hand			
IVStart Attempts		1				
Access type	straight cath	straight cath	straight cath			
IV Cath size		22ga	22ga			
Initial insert		yes				
Side		left	left			
IV Dressing		transparent	transparent			
IV Site Assessmt			clean dry non-tender			
IV Site drainage			none			
IV Line Status		patent blood return	patent			
CARE PROVIDERS	DK80	PB36	LSJ5			

BARRON, PAULETTE H(PB36)RN

JONES, LAVERNE(LSJ5)RN

KIM, DOO(DK80)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
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 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ADJIN
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 OPT OUT:

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FLWSHEET	02/17			02/18		
PERIPHERAL IVS-Cont	16:08	17:00	20:31	21:10	00:12	03:00
Periph Intervent		flushed	flushed			
ADL's	16:08	17:00	20:31	21:10	00:12	03:00
Assistance	self care		self care	self care	self care	
Activity			up to BSC/Chair	resting	resting	
Patient Turned			OOB to chair	OOB to chair	reposition self	
Safety						
Rounding	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check family present	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach	
Safety						
Bed Status	bed low rails up x3		bed low rails up x3	bed low rails up x3	bed low rails up x3	
Meal			self			
CARE PROVIDERS	DK80	PB36	L5J5	2S2S	2S2S	

BARRON, PAULETTE H(PB36)RN
 SCOTT, SHAWNIQUE(2S2S)NA

JONES, LAVERNE(L5J5)RN

KIM, DOO(DK80)RN

CONTINUED



MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

FLWSHEET	02/18					
CATHETER INSERT	04:27	04:35	08:00	10:40	11:34	12:00
Urine Color			yellow			
FALL RISK Hendri	04:27	04:35	08:00	10:40	11:34	12:00
AssessFallRisk		&	yes, continue			
confusDisorImpul			0-no			
depressionSignS			0-no			
alterElimination			0-no			
dizzinessVertigo			0-no			
male gender			1-yes			
anyAntiepileptic			0-no			
anyBenzodiazepin			0-no			
Get Up & Go Test			0-risesNoBallLoss			
FALL RISK SCORE			1 with get up & go			
Score=5 or more			no, not at risk			
Pt at Fall Risk			N/A			
Goal			no fall			
GoalStatus			progressing			
02/18/14 04:27 AssessFallRisk(DN): assessment unchanged						
MOBILITY	04:27	04:35	08:00	10:40	11:34	12:00
MobilityGuideline		&	perGetUp&Go			
Get Up&Go Goals			0-amb 3+/day			
MobilityIntrvntn			ambulatHallIndep			
Transfer			self			
02/18/14 04:27 MobilityGuideline(DN): assessment unchanged						
SPECIAL EVENTS	04:27	04:35	08:00	10:40	11:34	12:00
General Comments						
#1						&
02/18/14 11:34 #1(J33L): Pt questioning why he is not on IV abx, after locking thru yesterdays orders in the chart I see that Vanco IV was ordered but not started, Pharmacy called and notified and will make dose now, MD paged to notify that pt had not recieved vanco as ordered yet						
IDR'S COMPLETED	04:27	04:35	08:00	10:40	11:34	12:00
Members Present				Care Coordinator Staff Nurse other (specify)		
Summary IDR				&		&
02/18/14 10:40 Members Present(NSA0): student CNL						
02/18/14 10:40 Summary IDR(NSA0): CEA on 1/7/14 with drain present, might clean out 2/19						
NEUROLOGICAL	04:27	04:35	08:00	10:40	11:34	12:00
Basic Assessment	assess unchanged					
LOC			alert			
Orientation			oriented appropriate			
Speech			clear			
CARE PROVIDERS	DN		J33L	NSA0	J33L	
AIKHUELE, NKECHI(NSA0)RN LEAHY, JENNIFER(J33L)RN NJINDA, DIVINE(DN)RN						

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIJ AJJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/18					
NEUROLOGICAL-Cont.	04:27	04:35	08:00	10:40	11:34	12:00
Muscle Strength						
L Upper Extrem			strong			
R Upper Extrem			strong			
L Lower Extrem			strong			
R Lower Extrem			strong			
Gait			steady			
Shape						
Both Pupils			equal round			
Reaction						
Both Pupils			brisk			
Eye Movement						
Both Pupils			follows			
Sensation						
RUE			touch sense			
LUE			touch sense			
RLE			touch sense			
LLE			touch sense			
Eye Opening			4-spontaneously			
Verbal Response			5-oriented x 3			
Motor Response			6-Obey/VerbalComm			
Glasgow Score			15Total			
RESPIRATORY	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
BREATH SOUNDS						
All Lobes			clear			
Resp Pattern			regular unlabored			
Chest Excursion			symmetric			
CARDIOVASCULAR	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Heart Sounds			S1 S2			
JVD			non-distended			
Capillary Refill			1-2 seconds			
Pulses						
R Radial			2+ normal			
L Radial			2+ normal			
R Dorsalis pedis			2+ normal			
L Dorsalis pedis			2+ normal			
Device Location						
GASTROINTESTINAL	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Abdomen			soft non-tender obese			
CARE PROVIDERS	DN		J33L			

LEAHY, JENNIFER(J33L)RN

NJINDA, DIVINE(DN)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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PERM

MAURICE, EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/18					
GASTROINTESTINAL-Cont.	04:27	04:35	08:00	10:40	11:34	12:00
Bowel Sounds						
All Quadrants			active			
Last BM				&		
Stool			formed			
02/18/14 08:00 Last BM(J33L): 2/18/14						
GENITOURINARY	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Urinary Source			voiding			
Urine Consistency			clear			
Urine Color			yellow			
MUSCULOSKELETAL	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Movement						
All Extremities			full ROM symmetric			
Joint Descriptn						
All Joints			no pain no redness no swelling			
Weight Bearing						
All Extremities			full-noRestrict			
SKIN	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Skin Condition			dry warm			
Turgor			elastic			
Skin Integrity			wound			
Sensory Perceptn			4-no impairment			
Moisture			3-occasion moist			
Activity			4-walks frequent			
Mobility			4-no limitations			
Nutrition			4-excellent			
Shear&Friction			3-no prob apprnt			
Skin Scale Total			22Total 18 or mo re-low			
Feach Sign Door			no			
INCISION/WOUND	04:27	04:35	08:00	10:40	11:34	12:00
Incision/Wnd #1						
Surg/procedural		&	puncture			
Side			left			
Location			neck			
Dressing Status			dry intact			
02/18/14 04:27 Surg/procedural(DN): assessment unchanged						
CARE PROVIDERS	DN		J33L			
LEAHY, JENNIFER(J33L)RN NJINDA, DIVINE(DN)RN						

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
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FLWSHEET	02/18					
PSYCHOSOCIAL	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Mood/Affect			appropriate			
Behavior			cooperative			
Family Interact						
W/Healthcar Team			not present			
PAIN	04:27	04:35	08:00	10:40	11:34	12:00
Pt Denies Pain	patient denies		patient denies			patient denies
PERIPHERAL IVS	04:27	04:35	08:00	10:40	11:34	12:00
Location #1						
Assessment uncha	yes					
Anatomy			hand			
Access type			straight cath			
IV Cath size			22ga			
Side			left			
IV Dressing			transparent			
IV Site Assessmt			clean dry non-tender			
IV Site drainage			none			
IV Line Status			patent			
Periph Intervent			flushed			
ADL's	04:27	04:35	08:00	10:40	11:34	12:00
Assistance	self care	self care				
Activity	resting	resting				
Patient Turned	reposition self	reposition self				
Safety						
Rounding	ID band on allergy band on BR need check call lt w/in rch phone w/in rch items in reach pain check position check	ID band on allergy band on BR need check call lt w/in rch phone w/in rch items in reach pain check				
Safety						
Bed Status	bed low rails up x3	bed low rails up x3				
Meal	self					
CARE PROVIDERS	DN	2S2S	J33L			J33L

LEAHY, JENNIFER(J33L)RN

NJINDA, DIVINE(DN)RN

SCOTT, SHAWNIQUE(2S2S)NA

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEYRU AJJIN
 DOB: 01/02/1949 ID: 1404801123 MFI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/18			02/19		
FALL RISK Hendr	15:20	18:41	20:55	21:15	03:18	04:35
AssessFallRisk			yes, continue			
confusDisorImpul			0-no			
depressionSignS			0-no			
alterElimination			0-no			
dizzinessVertigo			0-no			
male gender			0-no			
anyAntiepileptic			0-no			
anyBenzodiazepin			0-no			
Get Up & Go Test			1-pushUp1attempt			
FALL RISK SCORE			1 with get up & go			
Score=5 or more			no, not at risk			
Pt at Fall Risk			N/A			
Goal	no fall		no fall			no fall
MOBILITY	15:20	18:41	20:55	21:15	03:18	04:35
MobilityGuideline			perGetUp&Go			
Get Up&Go Goals			not applicable			
MobilityIntrvntn			ambulatHallindep ambulatRoomindep ambulateBathroom			
Transfer			self			
24 HR CHART CHK	15:20	18:41	20:55	21:15	03:18	04:35
24hr Chart Check					done	
NEUROLOGICAL	15:20	18:41	20:55	21:15	03:18	04:35
Basic Assessment	assess unchanged					
LOC			alert			arouse easily
Orientation			oriented appropriate			
Speech			clear			
Muscle Strength						
L Upper Extrem			strong			
R Upper Extrem			strong			
L Lower Extrem			strong			
R Lower Extrem			strong			
Muscle Tone			2+ average			
Gait			steady			
Gag Reflex			present			
Cough Reflex			present			
Size						
Both Pupils			2mm			
Shape						
Both Pupils			equal round			
Reaction						
Both Pupils			brisk			
CARE PROVIDERS	J33L		DA90		DA90	DA90

ADEJUYIGBE, OLUFISAYO(DA90)RN

LEAHY, JENNIFER(J33L)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ AJJIN
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

FLWSHEET	02/18			02/19		
NEUROLOGICAL-Cont.	15:20	18:41	20:55	21:15	03:18	04:35
Eye Movement						
Both Pupils			follows			
Corneal Reflex						
Right			blink			
Left			blink			
Sensation						
RUE			touch sense			
LUE			touch sense			
RLE			touch sense			
LLE			touch sense			
Eye Opening			4-spontaneously			
Verbal Response			5-oriented x 3			
Motor Response			6-Obey Verbal Comm			
Glasgow Score			15 Total			
Seizure Activity			&			
02/18/14 20:55 Seizure Activity(DA90): none						
RESPIRATORY	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
BREATH SOUNDS						
All Lobes			clear			
Resp Pattern			regular unlabored			
Chest Excursion			symmetric			
Trachea Deviation			midline			
Cough			none			
Oxygen %			95% room air			
CARDIOVASCULAR	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Heart Sounds			S1 S2			
JVD			non-distended			
Capillary Refill			1-2 seconds			
Pulses						
R Radial			2+ normal			
L Radial			2+ normal			
R Dorsalis pedis			2+ normal			
L Dorsalis pedis			2+ normal			
Edema						
Generalized			none			
Device Location						
GASTROINTESTINAL	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Abdomen			soft non-tender obese			
CARE PROVIDERS	J33L		DA90			DA90

ADEJUYIGBE, OLUFISAYO(DA90)RN

LEAHY, JENNIFER(J33L)RN

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/18			02/19		
GASTROINTESTINAL-Cont.	15:20	18:41	20:55	21:15	03:18	04:35
Bowel Sounds						
All Quadrants			active			
Bowel Control			continent			
Last BM						
Stool			soft reported			
Emesis			none			
02/18/14 20:55 Last BM(DA90): 2/18/14						
GENITOURINARY	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Urinary Source			voiding			
AltrdUrinPattern			none			
UrineConsistency						
02/18/14 20:55 UrineConsistency(DA90): not observed						
MUSCULOSKELETAL	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Movement						
All Extremities			full ROM symmetric			
Joint Descriptn						
All Joints			no pain no redness no swelling			
Description			none			
Weight Bearing						
All Extremities			full-noRestrict			
SKIN	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Skin Condition			dry warm			
Turgor			elastic			
Skin Integrity			other (specify)			
Sensory Perceptn			4-no impairment			
Moisture			4-rarely moist			
Activity			3-walk occasion			
Mobility			4-no limitations			
Nutrition			3-adequate			
Shear&Friction			3-no prob aprnt			
Skin Scale Total			21 Total 18 or mo re-low			
Peach Sign Door			no			
INCISION/WOUND	15:20	18:41	20:55	21:15	03:18	04:35
Incision/Wnd #1						
Surg/procedural			closed			
Side			left			
Location			neck			
CARE PROVIDERS	J33L		DA90			DA90

ADEJUUYIGBE, OLUFISAYO(DA90)RN

LEAHY, JENNIFER(J33L)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
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FLWSHEET	02/18			02/19		
INCISION/WOUND-Cont.	15:20	18:41	20:55	21:15	03:18	04:35
Closure			wound glue	&		
02/18/14 20:55 Closure(DA90): OTA						
02/19/14 04:35 Surg/procedural(DA90): no change						
PSYCHOSOCIAL	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Mood/Affect			appropriate			
Behavior			cooperative			
Family Interact						
W/Healthcar Team			not present			
W/Patient			not present			
Signs/sx abuse			no			
PAIN	15:20	18:41	20:55	21:15	03:18	04:35
Pt Denies Pain	patient denies	patient denies	patient denies			sleeping
PERIPHERAL IVS	15:20	18:41	20:55	21:15	03:18	04:35
Location #1						
Assessment uncha	yes					yes
Anatomy			hand			
Access type			straight cath			
IV Cath size			20ga			
Side			left			
IV Dressing			transparent			
IV Site Assessmt			siteAsymptomatic			
IV Site drainage			none			
IV Line Status			patent			
Periph Intervent			flushed			
ADL's	15:20	18:41	20:55	21:15	03:18	04:35
Assistance				self care		
Activity			up to BSC/Chair	resting		pt performs FROM resting
Patient Turned			reposition self	reposition self		
Safety						
Rounding			ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check		
Safety						
Bed Status			bed low rails up x3	bed low rails up x3		
CARE PROVIDERS	J33L	J33L	DA90	2S2S		DA90
ADEJUYIGBE, OLUFISAYO(DA90)RN LEAHY, JENNIFER(J33L)RN SCOTT, SHAWNIQUE(2S2S)NA						

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MAURICE, EUGENE G
 Cath
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEYU AJJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/19			02/20		
CATHETER INSERT	06:01	08:00	10:35	01:40	04:03	04:19
Urine Color					yellow	
FALL RISK Hendri	06:01	08:00	10:35	01:40	04:03	04:19
AssessFallRisk		yes, continue			yes, continue	
confusDisorImpul		0-no			0-no	
depressionSignS		0-no			0-no	
alterElimination		0-no			0-no	
dizzinessVertigo		0-no			0-no	
male gender		0-no			1-yes	
anyAntiepileptic		0-no			0-no	
anyBenzodiazepin		0-no			0-no	
Get Up & Go Test		1-pushUp1attempt			cantAsses.specify &	
FALL RISK SCORE		1 with get up & go			1	
Score=5 or more		no, not at risk			no, not at risk	
Pt at Fall Risk		N/A			N/A	
Goal		no fall			no fall	
GoalStatus					progressing	
Fall Interventio					bed low position call light close monitorLabs/VS raise3/4siderail remove clutter review meds	
02/20/14 04:03 Get Up & Go Test(MY62): complete bedrest						
MOBILITY	06:01	08:00	10:35	01:40	04:03	04:19
MobiltyGuideline		perGetUp&Go				
Get Up&Go Goals		not applicable				
MobiltyIntrvntn		ambulatHallIndep				
Transfer		self				
24 HR CHART CHK	06:01	08:00	10:35	01:40	04:03	04:19
24hr Chart Check				done		done
IDR'S COMPLETED	06:01	08:00	10:35	01:40	04:03	04:19
Members Present			Care Coordinator Staff Nurse other (specify)			
Summary IDR						
02/19/14 10:35 Members Present(NSA0): student CNL						
02/19/14 10:35 Summary IDR(NSA0): CEA 1/7/14, left neck exploratory surgery today. IV abx						
NEUROLOGICAL	06:01	08:00	10:35	01:40	04:03	04:19
LOC		alert arouse easily			alert	
Orientation		oriented appropriate			oriented appropriate	
Speech		clear			clear	
CARE PROVIDERS		M3D7	NSA0	R91S	MY62	MY62

AIKHUELE, NKECHI(NSA0)RN
 YU, MARIA J(MY62)RN

DOWDY, MATTHEW(M3D7)RN

RUSSELL, STEPHANIE(R91S)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEYUJ AJJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
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FLWSHEET	02/19			02/20		
NEUROLOGICAL-Cont.	06:01	08:00	10:35	01:40	04:03	04:19
Muscle Strength						
L Upper Extrem		strong			strong	
R Upper Extrem		strong			strong	
L Lower Extrem		strong			strong	
R Lower Extrem		strong			strong	
Muscle Tone		2+ average			1+ diminished	
Gait		steady			unable to assess	
Gag Reflex		present			present	
Cough Reflex		present			present	
Size						
Both Pupils		3mm			3mm	
Shape						
Both Pupils		equal round			equal round	
Reaction						
Both Pupils		brisk			brisk	
Eye Movement						
Both Pupils		follows			follows	
Corneal Reflex						
Right		blink			blink	
Left		blink			blink	
Sensation						
RUE		touch sense			touch sense	
LUE		touch sense			touch sense	
RLE		touch sense			touch sense	
LLE		touch sense			touch sense	
Eye Opening		4-spontaneously			4-spontaneously	
Verbal Response		5-oriented x 3			5-oriented x 3	
Motor Response		6-ObeyVerbalComm			6-ObeyVerbalComm	
Glasgow Score		15Total			15Total	
02/20/14 04:03 Gait(MY62): bedrest post op						
RESPIRATORY	06:01	08:00	10:35	01:40	04:03	04:19
BREATH SOUNDS						
All Lobes		clear			clear	
Resp Pattern		regular unlabored			regular unlabored	
Chest Excursion		symmetric			symmetric	
Trachea Deviation		midline			midline	
Cough		none			none	
CARDIOVASCULAR	06:01	08:00	10:35	01:40	04:03	04:19
Heart Sounds		S1 S2			S1 S2	
JVD		non-distended			non-distended	
Capillary Refill		1-2 seconds			1-2 seconds	
CARE PROVIDERS		M3D7			MY62	

DOWDY, MATTHEW(M3D7)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ AJJIN
 DOB: 01/02/1949 ID: 1404801123 MFI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/19	02/20	02/21	02/22
CARDIOVASCULAR-Cont.	06:01	08:00	10:35	01:40 04:03 04:19
Pulses				
R Radial		2+ normal		2+ normal
L Radial		2+ normal		2+ normal
L Post-Tibial				
R Dorsalis pedis		2+ normal		2+ normal
L Dorsalis pedis		2+ normal		2+ normal
Edema				
Generalized		none		none
Device Location				
GASTROINTESTINAL	06:01	08:00	10:35	01:40 04:03 04:19
Abdomen		soft non-tender obese		soft non-tender non-distended
Bowel Sounds				
All Quadrants		active		active
Bowel Control		continent		continent
Emesis		none		
GENITOURINARY	06:01	08:00	10:35	01:40 04:03 04:19
Urinary Source		voiding		
Catheter D/C				02/20/2014 03:50
AttdUrInPattern		none		
UrineConsistency				clear
Urine Color				yellow
MUSCULOSKELETAL	06:01	08:00	10:35	01:40 04:03 04:19
Movement				
All Extremities		full ROM symmetric		full ROM symmetric
Joint Descriptn				
All Joints		no pain no redness no swelling		no pain no redness no swelling
Description		none		none
Weight Bearing				
All Extremities		full-noRestrict		full-noRestrict
SKIN	06:01	08:00	10:35	01:40 04:03 04:19
Skin Condition		dry warm		dry warm
Turgor		elastic		elastic
Sensory Perceptn		4-no impairment		4-no impairment
Moisture		4-rarely moist		4-rarely moist
Activity		3-walk occasion		1-bedfast
Mobility		4-no limitations		4-no limitations
Nutrition		3-adequate		3-adequate
Shear&Friction		3-no prob apprnt		3-no prob apprnt
Skin Scale Total		21 Total 18 or mo re-low		19 Total 18 or mo re-low
Peach Sign Door		no		no
CARE PROVIDERS		M3D7		MY62

DOWDY, MATTHEW(M3D7)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

FLWSHEET	02/19			02/20		
INCISION/WOUND	06:01	08:00	10:35	01:40	04:03	04:19
Incision/Wnd #1						
Surg/procedural		closed			closed	
Side		left			left	
Location		neck			neck	
Closure		wound glue			wound glue	
Dressing Status					intact marked	
Wound Drain					JP	
Drain Location					&	
Drain Status					to bulb suction	
Drain Drainage					serosanguinous	
Incision/Wnd #2						
Surg/procedural					closed	
Side					left	
Location					leg	
Closure					unable to assess	
Dressing Status					dry intact	
02/20/14 04:03 Drain Location(MY62): neck						
PSYCHOSOCIAL	06:01	08:00	10:35	01:40	04:03	04:19
Mood/Affect		appropriate			appropriate	
Behavior		cooperative			cooperative	
Family Interact						
W/Healthcar Team		not present			not present	
W/Patient		not present			not present	
Signs/sx abuse		no			no	
PAIN	06:01	08:00	10:35	01:40	04:03	04:19
Pt Denies Pain	patient denies	patient denies				
PERIPHERAL IVS	06:01	08:00	10:35	01:40	04:03	04:19
Location #1						
Anatomy		wrist			wrist	
Access type		straight cath			straight cath	
IV Cath size		20ga			20ga	
Side		left			left	
IV Dressing		transparent			transparent	
IV Site Assessmt		siteAsymptomatic			siteAsymptomatic	
IV Site drainage		none			none	
IV Line Status		patent			patent	
Periph Intervent		flushed			flushed	
Location #2						
Anatomy					hand	
Access type					straight cath	
IV Cath size					18ga	
Side					left	
CARE PROVIDERS	DA90	M3D7			MY62	

ADEJUYIGBE, OLUFISAYO(DA90)RN

DOWDY, MATTHEW(M3D7)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ADJIN
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858
 REQUESTED: 02/22/14 15:36
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FLWSHEET	02/19			02/20		
PERIPHERAL IVS-Cont	06:01	08:00	10:35	01:40	04:03	04:19
IV Dressing					transparent	
IV Site Assessmt					siteAsymptomatic	
IV Site drainage					none	
IV Line Status					patent infusing	
ARTERIAL LINES	06:01	08:00	10:35	01:40	04:03	04:19
Site Anatomy					left radial	
A Line Dressing					antimicrobi disc transparent	
Site assessment					securementDevice clean	
Site drainage					dry	
Blood return					non-tender	
Flushes easily					none	
Art Intervention					yes	
					armboard square wave test	
					TransducrlLevel 0	
ADL's	06:01	08:00	10:35	01:40	04:03	04:19
Assistance		self care			self care	
Activity					resting	
Patient Turned					reposition self	
Catheter D/C					02/20/2014 03:50	
Safety						
Rounding		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check			ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check	
Safety						
Bed Status		bed alarm on bed low rails up x3			bed low	
Seq Device					on R knee high	
CARE PROVIDERS		M3D7			MY62	

DCWDY, MATTHEW(M3D7)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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PERM

MAURICE EUGENE G
 Cohn
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEYUJ AJJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

FLWSHEET	02/20					
FALL RISK Hendri	06:08	07:00	07:15	07:55	08:00	09:00
AssessFallRisk			yes, continue			
confusDisorImpul			0-no			
depressionSignS			0-no			
alterElimination			0-no			
dizzinessVertigo			0-no			
male gender			1-yes			
anyAntiepileptic			0-no			
anyBenzodiazepin			0-no			
Get Up & Go Test			cantAssess.specfy			
FALL RISK SCORE			1 w/o get up & g o			
Score=5 or more			no, not at risk			
Pt at Fall Risk			N/A			
Goal			no fall			
GoalStatus			progressing			
Fall Interventio			adequateLighting bedAlarm on 24/7 call light close monitorLabs/VS raise3/4Siderail remove clutter			
MOBILITY	06:08	07:00	07:15	07:55	08:00	09:00
MobilityGuideline			perGetUp&Go			
Get Up&Go Goals			not applicable			
Transfer			self			
24 HR CHART CHK	06:08	07:00	07:15	07:55	08:00	09:00
24hr Chart Check		done				
NEUROLOGICAL	06:08	07:00	07:15	07:55	08:00	09:00
Basic Assessment						
LOC			alert			
Orientation			oriented appropriate			
Speech			clear			
Muscle Strength						
L Upper Extrem			strong			
R Upper Extrem			strong			
L Lower Extrem			strong			
R Lower Extrem			strong			
Muscle Tone			1+ diminished			
Gait			unable to assess			
Gag Reflex			present			
Cough Reflex			present			
Size						
Both Pupils			3mm			
Shape						
CARE PROVIDERS		JR15	JR15			

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G
 Cohn
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1404801123 MFI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
NEUROLOGICAL-Cont.	06:08	07:00	07:15	07:55	08:00	09:00
Both Pupils			equal round			
Reaction			brisk			
Eye Movement			follows			
Corneal Reflex			blink			
Right			blink			
Left			blink			
Sensation			touch sense			
RUE			touch sense			
LUE			touch sense			
RLE			touch sense			
LLE			touch sense			
Eye Opening			4-spontaneously			
Verbal Response			5-oriented x 3			
Motor Response			6-Obeys/VerbalComm			
Glasgow Score			15Total			
Seizure Activity				&		
02/20/14 07:15 Seizure Activity(JR15): none						
RESPIRATORY	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
BREATH SOUNDS						
All Lobes			clear			
Resp Pattern			regular unlabored			
Chest Excursion			symmetric			
Trachea Deviation			midline			
Cough			none			
Oxygen %					21% room air	
Oxygen L			2L/min nasal canula			
CARDIOVASCULAR	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
Heart Sounds			S1 S2			S1 S2
JVD			non-distended			non-distended
Capillary Refill			1-2 seconds			1-2 seconds
Pulses						
R Radial			2+ normal			2+ normal
L Radial			2+ normal			2+ normal
L Post-Tibial	2+ normal doppler					
R Dorsalis pedis			2+ normal doppler			2+ normal doppler
CARE PROVIDERS	MY62		JR15		JR15	JR15

RANDOLPH, JESSICA(JR15)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE EUGENE G
 Ccbls
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ AJJIN
 DOB: 01/02/1949 ID: 1404801123 MFI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
CARDIOVASCULAR-Cont.	06:08	07:00	07:15	07:55	08:00	09:00
L Dorsalis pedis	2+ normal doppler		2+ normal doppler			2+ normal doppler
Edema			none			none
Generalized						
Device Location						
GASTROINTESTINAL	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
Abdomen			soft non-tender non-distended			
Bowel Sounds						
All Quadrants			active			
Bowel Control			continent			
Emesis			none			
GENITOURINARY	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
Urinary Source			voiding			
Urine Consistency						&
02/20/14 07:15 Urine Consistency(JR15): not yet visualized						
MUSCULOSKELETAL	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
Movement						
All Extremities			full ROM symmetric			
Joint Description						
All Joints			no pain no redness no swelling			
Description			none			
Weight Bearing						
All Extremities			full-noRestrict			
SKIN	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
Turgor			elastic			
Skin Integrity			intact			
Sensory Perceptn			4-no impairment			
Moisture			4-rarely moist			
Activity			1-bedfast			
Mobility			4-no limitations			
Nutrition			2-prob inadequat			
Shear&Friction			3-no prob apprnt			
Skin Scale Total			18Total 18 or mo re-low			
Peach Sign Door			no			
CARE PROVIDERS	MY62		JR15			JR15

RANDOLPH, JESSICA(JR15)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ARJIN
 DOB: 01/02/1949 ID: 1404801123 MFI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
INCISION/WOUND	06:08	07:00	07:15	07:55	08:00	09:00
Incision/Wnd #1						
Surg/procedural			closed			
Side			left			
Location			neck			
Closure			wound glue			
Dressing Status			intact			
Wound Drain			JP			&
Drain Location						&
Drain Status			to bulb suction			
Drain Drainage			aerosanguinous			
Incision/Wnd #2						
Surg/procedural			closed			
Side			left			
Location			leg			
Closure			unable to assess			
Dressing Status			dry			
			intact			
02/20/14 07:15 Drain Location(JR15): neck						
02/20/14 08:00 Wound Drain(JR15): removed by dr sayeed						
PSYCHOSOCIAL	06:08	07:00	07:15	07:55	08:00	09:00
Mood/Affect			appropriate			
Behavior			cooperative			
Family Interact						
W/Healthcar Team			not present			
W/Patient			not present			
Signs/ex abuse			no			
PAIN	06:08	07:00	07:15	07:55	08:00	09:00
Pt Denies Pain			patient denies			
PERIPHERAL IVS	06:08	07:00	07:15	07:55	08:00	09:00
Location #1						
Assessment uncha						
Anatomy			wrist			
Access type			straight cath			
IV Cath size			20ga			
Initial insert						
Side			left			
IV Dressing			transparent			
IV Site Assessmt			siteAsymptomatic			
IV Site drainage			none			
IV Line Status			patent			
Periph Intervent			flushed			
Location #2						
Anatomy			hand			
Access type			straight cath			
CARE PROVIDERS			JR15		JR15	

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ AJJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

FLWSHEET	02/20					
PERIPHERAL IVS-Cont	06:08	07:00	07:15	07:55	08:00	09:00
IV Cath size			18ga			
Side			left			
IV Dressing			transparent			
IV Site Assessmt			siteAsymptomatic			
IV Site drainage			none			
IV Line Status			patent infusing			
CENTRAL LINES	06:08	07:00	07:15	07:55	08:00	09:00
Assessment uncha						
ARTERIAL LINES	06:08	07:00	07:15	07:55	08:00	09:00
Assessment uncha						
Side			left			
Anatomy			radial			
A Line Dressing			antimicrobi disc transparent securementDevice			
Site assessment			clean dry non-tender			
Site drainage			none			
Blood return			yes			
Flushes easily			yes			
Art Intervention			armboard site elevated TransductLevel 0			
ADL's	06:08	07:00	07:15	07:55	08:00	09:00
Assistance			self care		self care	
Hygiene					oral care &	
Performed By					self	
Activity			resting	other (specify)	ptBedChairPostn &	
Patient Turned			reposition self		reposition self	
Safety						
Rounding			ID band on BR need check call lt w/in rch phone w/in rch items in reach pain check position check pump check			
Safety						
Bed Status			bed low rails up x3			
Seq Device			on R knee high			
02/20/14 07:55 Activity(JR15): IS x 10						
02/20/14 08:00 Hygiene(JR15): teeth brushed						
CARE PROVIDERS			JR15	JR15	JR15	

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ ARJN
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
FALL RISK Hendr	11:00	12:00	13:00	15:00	17:00	19:42
AssessFallRisk						
confusDisorImpul						
depressionSignS						
alterElimination						
dizzinessVertigo						
male gender						
anyAntiepileptic						
anyBenzodiazepin						
Get Up & Go Test						
FALL RISK SCORE						
Score=5 or more						
Pt at Fall Risk						
Goal						
02/20/14 11:00 AssessFallRisk(JR15): assessment unchanged						
02/20/14 15:00 AssessFallRisk(JR15): assessment unchanged						
MOBILITY	11:00	12:00	13:00	15:00	17:00	19:42
MobilityGuideline	perGetUp&Go			perGetUp&Go		
Get Up&Go Goals	not applicable			not applicable		
Transfer	self			self		
NEUROLOGICAL	11:00	12:00	13:00	15:00	17:00	19:42
Basic Assessment	assess unchanged			assess unchanged		
LOC						
Orientation						
Speech						
Muscle Strength						
L Upper Extrem						
R Upper Extrem						
L Lower Extrem						
R Lower Extrem						
Muscle Tone						
Gait						
Gag Reflex						
Cough Reflex						
Shape						
Both Pupils						
Reaction						
Both Pupils						
Eye Movement						
Both Pupils						
Sensation						
RUE						
LUE						
RLE						
LLE						
CARE PROVIDERS	JR15			JR15		

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbls
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ARJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
NEUROLOGICAL-Cont.	11:00	12:00	13:00	15:00	17:00	19:42
Eye Opening						
Verbal Response						
Motor Response						
Glasgow Score						
Seizure Activity						
RESPIRATORY	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged			assess unchanged		
BREATH SOUNDS						
All Lobes						
Resp Pattern						
Chest Excursion						
Trachea Deviation						
Cough						
CARDIOVASCULAR	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged		assess unchanged	assess unchanged	assess unchanged	
Heart Sounds	S1 S2		S1 S2	S1 S2	S1 S2	
JVD	non-distended		non-distended	non-distended	non-distended	
Capillary Refill	1-2 seconds		1-2 seconds	1-2 seconds	1-2 seconds	
Pulses						
R Radial	2+ normal		2+ normal	2+ normal	2+ normal	
L Radial	2+ normal		2+ normal	2+ normal	2+ normal	
R Dorsalis pedis	2+ normal doppler		2+ normal doppler	2+ normal doppler	2+ normal doppler	
L Dorsalis pedis	2+ normal doppler		2+ normal doppler	2+ normal doppler	2+ normal doppler	
Edema						
Generalized	none		none	none	none	
Device Location						
GASTROINTESTINAL	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged			assess unchanged		
Abdomen						
Bowel Sounds						
All Quadrants						
Bowel Control						
Emesis						
GENITOURINARY	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged			assess unchanged		
Urinary Source						
AltUrInPattern						
MUSCULOSKELETAL	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged			assess unchanged		
Movement						
All Extremities						
Joint Descriptn						
CARE PROVIDERS	JR15		JR15	JR15	JR15	

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

FLWSHEET	02/20					
MUSCULOSKELETAL-Cont:	11:00	12:00	13:00	15:00	17:00	19:42
All Joints						
Description						
Weight Bearing						
All Extremities						
SKIN:	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged			assess unchanged		
Skin Condition						
Turgor						
Skin Integrity						
Sensory Perceptn						
Moisture						
Activity						
Mobility						
Nutrition						
Shear&Friction						
Skin Scale Total						
Peach Sign Door						
INCISION/WOUND	11:00	12:00	13:00	15:00	17:00	19:42
Incision/Wnd #1						
Surg/procedural		&			&	
Side						
Location						
Closure						
Dressing Status						
Incision/Wnd #2						
Surg/procedural		&			&	
Side						
Location						
Closure						
Dressing Status						
02/20/14 11:00 Surg/procedural(JR15): assessment unchanged						
02/20/14 11:00 Surg/procedural(JR15): assessment unchanged						
02/20/14 15:00 Surg/procedural(JR15): assessment unchanged						
02/20/14 15:00 Surg/procedural(JR15): assessment unchanged						
PSYCHOSOCIAL	11:00	12:00	13:00	15:00	17:00	19:42
Assessment				assess unchanged		
Mood/Affect		&				
Behavior						
Family Interact						
W/Healthcar Team						
W/Patient						
Signs/sx abuse						
02/20/14 11:00 Mood/Affect(JR15): assessment unchanged						
CARE PROVIDERS	JR15			JR15		

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G
 Ccbls
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20					
PAIN	11:00	12:00	13:00	15:00	17:00	19:42
Pt Denies Pain	patient denies			patient denies		
PERIPHERAL IVS	11:00	12:00	13:00	15:00	17:00	19:42
Location #1						
Assessment uncha	yes			yes		
Anatomy						
Access type						
IV Cath size						
Initial insert	yes			yes		
Side						
IV Dressing						
IV Site Assessmt						
IV Site drainage						
IV Line Status						
Periph Intervent						
Location #2						
Anatomy						
Access type						
IV Cath size						
Side						
IV Dressing						
IV Site Assessmt						
IV Site drainage						
IV Line Status						
CENTRAL LINES	11:00	12:00	13:00	15:00	17:00	19:42
Assessment uncha	yes			yes		
ARTERIAL LINES	11:00	12:00	13:00	15:00	17:00	19:42
Assessment uncha	yes			yes		
Removl date/time				02/20/2014 15:00		
ReasonForRemoval				dislodged		
Art Intervention				pressure held		
ADL's	11:00	12:00	13:00	15:00	17:00	19:42
Assistance	self care			self care		self care
Performed By	self			self		
Activity	ptPerformsROM	up to BSC/Chair		staffPerformROM		up to BSC/Chair
Patient Turned	reposition self			reposition self		reposition self
Safety						
Rounding	ID band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check			ID band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check family present		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach position check
CARE PROVIDERS	JR15	JR15		JR15		LS81

RANDOLPH, JESSICA(JR15)RN

SHAW, LASHANA(LS81)CCP

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbls
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLOWSHEET		02/20					
ADL's Cont.	11:00	12:00	13:00	15:00	17:00	19:42	
Safety							
Bed Status	bed low rails up x3			bed alarm on rails up x3		bed low rails up x3	
Seq Device	on R knee high			bilat knee high on			
CARE PROVIDERS	JR15			JR15		LS81	

RANDOLPH, JESSICA(JR15)RN

SHAW, LASHANA(LS81)CCP

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20		02/21			
FALL RISK Hendri	21:30	23:32	00:38	04:14	09:25	10:55
AssessFallRisk	yes, continue				yes, continue	
confusDisorImpul	0-no				0-no	
depressionSignS	0-no				0-no	
alterElimination	0-no				0-no	
dizzinessVertigo	0-no				0-no	
male gender	1-yes				1-yes	
anyAntiepileptic	0-no				0-no	
anyBenzodiazepin	0-no				0-no	
Get Up & Go Test	0-risesNoBalLoss				0-risesNoBalLoss	
FALL RISK SCORE	1 with get up & go				1 with get up & go	
Score=5 or more	no, not at risk				no, not at risk	
Pt at Fall Risk	N/A				N/A	
Goal	no fall				no fall	
MOBILITY	21:30	23:32	00:38	04:14	09:25	10:55
MobilityGuideline	perGetUp&Go				perGetUp&Go	
Get Up&Go Goals	not applicable				not applicable	
Transfer	self				self	
24 HR CHART CHK	21:30	23:32	00:38	04:14	09:25	10:55
24hr Chart Check			done			
IDR'S COMPLETED	21:30	23:32	00:38	04:14	09:25	10:55
Members Present						Care Coordinator Staff Nurse other (specify) &
Summary IDR						&
02/21/14 10:55 Members Present(N5A0): student CNL						
02/21/14 10:55 Summary IDR(N5A0): needs PICC for outpatient abx infusion.						
SAFETY TIME OUT	21:30	23:32	00:38	04:14	09:25	10:55
Pt ID Verified						
Procedure Order						
Procedure Consnt						
Time Out Taken						
Procedure Name						
Site Marking						
Site Location						
Staff Present						
Patient Position						
Spec EquipNeeded						
NEUROLOGICAL	21:30	23:32	00:38	04:14	09:25	10:55
LOC	alert				alert	
Orientation	oriented appropriate				oriented appropriate	
Speech	clear				clear	
CARE PROVIDERS	A6SO		A6SO		LS24	N5A0

AIKHUELE, NKECHI(N5A0)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor SHAFER, AMANDA L(A6SO)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIJ AJJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
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FLWSHEET	02/20	02/21				
NEUROLOGICAL-Cont.	21:30	23:32	00:38	04:14	09:25	10:55
Muscle Strength						
L Upper Extrem	strong				strong	
R Upper Extrem	strong				strong	
L Lower Extrem	strong				strong	
R Lower Extrem	strong				strong	
Muscle Tone	2+ average				2+ average	
Gait	steady				steady	
Gag Reflex	present				present	
Cough Reflex	present				present	
Shape						
Both Pupils	equal round				equal round	
Reaction						
Both Pupils	brisk				brisk	
Eye Movement						
Both Pupils	follows				follows	
Sensation						
RUE	touch sense				touch sense	
LUE	touch sense				touch sense	
RLE	touch sense				touch sense	
LLE	touch sense				touch sense	
Eye Opening	4-spontaneously				4-spontaneously	
Verbal Response	5-oriented x 3				5-oriented x 3	
Motor Response	6-Obey/VerbalComm				6-Obey/VerbalComm	
Glasgow Score	15Total				15Total	
Seizure Activity	&					
02/20/14 21:30 Seizure Activity(A6SO): none						
RESPIRATORY	21:30	23:32	00:38	04:14	09:25	10:55
BREATH SOUNDS						
All Lobes	clear				clear	
Resp Pattern	regular unlabored				regular unlabored	
Chest Excursion	symmetric				symmetric	
Trachea Deviation	midline				midline	
Cough	none				none	
CARDIOVASCULAR	21:30	23:32	00:38	04:14	09:25	10:55
Heart Sounds	S1 S2				S1 S2	
JVD	non-distended				non-distended	
Capillary Refill	1-2 seconds				1-2 seconds	
Pulses						
R Radial	2+ normal				2+ normal	
L Radial	2+ normal				2+ normal	
R Dorsalis pedis	2+ normal				2+ normal	
L Dorsalis pedis	2+ normal				2+ normal	
CARE PROVIDERS	A6SO				LS24	

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor SHAFER, AMANDA L(A6SO)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
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FLWSHEET	02/20	02/21				
CARDIOVASCULAR-Cont.	21:30	23:32	00:38	04:14	09:25	10:55
Edema						
Generalized	none				none	
Device Location						
GASTROINTESTINAL	21:30	23:32	00:38	04:14	09:25	10:55
Abdomen	soft non-tender non-distended				soft non-tender non-distended	
Bowel Sounds						
All Quadrants	active				active	
Bowel Control	continent				continent	
Emesis	none					
GENITOURINARY	21:30	23:32	00:38	04:14	09:25	10:55
Urinary Source	voiding				voiding	
AltrdUrinPattern	none				none	
MUSCULOSKELETAL	21:30	23:32	00:38	04:14	09:25	10:55
Movement						
All Extremities	full ROM symmetric				full ROM symmetric	
Joint Descriptn						
All Joints	no pain no redness no swelling				no pain no redness no swelling	
Description	none				none	
Weight Bearing						
All Extremities	full-noRestrict				full-noRestrict	
SKIN	21:30	23:32	00:38	04:14	09:25	10:55
Skin Condition	dry warm				dry warm	
Turgor	elastic				elastic	
Skin Integrity	intact				intact	
Sensory Perceptn	4-no impairment				4-no impairment	
Moisture	4-rarely moist				4-rarely moist	
Activity	3-walk occasion				3-walk occasion	
Mobility	4-no limitations				4-no limitations	
Nutrition	3-adequate				3-adequate	
Shear&Friction	3-no prob apprnt				3-no prob apprnt	
Skin Scale Total	21Total 18 or mo re-low				21Total 18 or mo re-low	
Peach Sign Door	no				no	
INCISION/WOUND	21:30	23:32	00:38	04:14	09:25	10:55
Incision/Wnd #1						
Surg/procedural	closed				closed	
Side	left				left	
Location	neck				neck	
Closure	wound glue				staples	
CARE PROVIDERS	A6SO				LS24	

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor SHAFER, AMANDA L(A6SO)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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PERM

MAURICE, EUGENE G
 Cobb
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHETRUJ ARJUN
 DOB: 01/02/1949 ID: 1404801123 MFI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20		02/21			
INCISION/WOUND-Cont	21:30	23:32	00:38	04:14	09:25	10:55
Dressing Status		&			dry intact	&
Incision/Wnd #2						
Surg/procedural	closed				closed	
Side	left				left	
Location	leg				leg	
Closure	unable to assess				staples	
Dressing Status	dry intact				dry intact	&
02/20/14 21:30 Dressing Status(A6SO): OTA						
02/21/14 09:25 Dressing Status(LS24): Dressing change						
02/21/14 09:25 Dressing Status(LS24): dressing change						
PSYCHOSOCIAL	21:30	23:32	00:38	04:14	09:25	10:55
Mood/Affect	appropriate				appropriate	
Behavior	cooperative				cooperative	
Family Interact						
W/Healthcar Team	not present				not present	
W/Patient	not present				not present	
Signs/sx abuse	no				no	
PAIN	21:30	23:32	00:38	04:14	09:25	10:55
PI Denies Pain					patient denies	
PERIPHERAL IVS	21:30	23:32	00:38	04:14	09:25	10:55
Location #1						
Anatomy	wrist				hand	
Access type	straight cath				straight cath	
IV Cath size	20ga				20ga	
Side	left				left	
IV Dressing	transparent				transparent	
IV Site Assessmt	siteAsymptomatic				siteAsymptomatic	
IV Site drainage	none					
IV Line Status	patent					
Periph Intervent	flushed				flushed	&
Location #2						
Anatomy	hand					&
Access type	straight cath					
IV Cath size	18ga					
Side	left					
IV Dressing	transparent					
IV Site Assessmt	siteAsymptomatic					
IV Site drainage	none					
IV Line Status	patent infusing					
CARE PROVIDERS	A6SO				LS24	

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor SHAFER, AMANDA L(A6SO)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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MAURICE, EUGENE G
 Ccbls
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVUJ, ADJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

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FLWSHEET	02/20		02/21			
PERIPHERAL IVS-Cont	21:30	23:32	00:38	04:14	09:25	10:55
02/21/14 09:25 Periph Intervent(LS24): flushed before and after giving IV medication in the morning						
02/21/14 09:25 Anatomy(LS24): was taken off when nurse administered medication in the morning						
ADL's	21:50	23:32	00:38	04:14	09:25	10:55
Assistance	self care	self care		self care	self care	
Hygiene					oral care	
Performed By					self	
Activity	resting	resting		resting	resting	
Patient Turned	reposition self	reposition self		reposition self	reposition self	
Safety						
Rounding	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach position check		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach position check	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check	
Safety						
Bed Status	bed low rails up x3	bed low rails up x3		bed low rails up x3	bed alarm on rails up x3	
CARE PROVIDERS	A6SO	LS81		LS81	LS24	

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor SHAFER, AMANDA L.(A6SO)RN

SHAW, LASHANA(LS81)CCP

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report
 ROOM: *339-01*

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PERM

MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MPI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:
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FLOWSHEET		02/21	
CENTR LIN CHKLST		12:47	13:17
Before Insertion			
Pt/fam education		yes	
Perf hand hygien		yes	
Perform timeout		yes	
Chlorhexidn prep		yes	
During Procedure			
Full body drape		yes	
Wear ster gloves		Yes@sterileField	
Wear sterli gown		Yes@sterileField	
Wear hair cover		yes	
All wear mask		yes	
Post Insertion			
Pt/fam education		yes	
Type of line		PICC	
Insertion site		Basilic	
Proced Location		other (specify)	
Name of Inserter			&
Assistant Name			&
02/21/14 13:17 Proced Location(VH00): 3N			
02/21/14 13:17 Name of Inserter(VH00): Valerie Haynes CRNI			
02/21/14 13:17 Assistant Name(VH00): Theresa Generao CRNI			
SAFETY TIME OUT		12:47	13:17
Pt ID Verified	Pt Name DOB		
Procedure Order	written by phys on pt chart		
Procedure Consnt	signed dated timed witnessed on pt chart		
Time Out Taken	immed befor proc correct patient correct site correct procedur		
Procedure Name			&
Site Marking	right		
Site Location			&
Staff Present			&
Patient Position	supine		
Spec EquipNeeded			&
02/21/14 12:47 Procedure Name(VH00): PICC insertion			
02/21/14 12:47 Site Location(VH00): RUA			
02/21/14 12:47 Staff Present(VH00): Valerie Haynes CRNI, Theresa Generao CRNI			
02/21/14 12:47 Spec EquipNeeded(VH00): PICC Kit, Ultrasound with VPS Technology			
CARE PROVIDERS	VH00	VH00	
HAYNESCHURCH, VALERIE(VH00)RN			

CONTINUED



MAURICE, EUGENE G
 Ccbl
 Discharge Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHEVRIU ADJIN
 DOB: 01/02/1949 ID: 1404801123 MFI: 001632858
 REQUESTED: 02/22/14 15:36
 OPT OUT:

FLOWSHEET		02/21	
CARDIOVASCULAR	12:47	13:17	13:57
Device Location			
PERIPHERAL IVS	12:47	13:17	13:57
Location #1			
Anatomy			hand
Access type			straight cath
IV Cath size			22ga
Side			left
IV Dressing			transparent
IV Site Assessmt			siteAsymptomatic
IV D/C date/time			02/17/2017 13:20
CENTRAL LINES	12:47	13:17	13:57
CL Location #1			
CLStartDate/Time			02/21/2014 13:17
# of Attempts			1
Side			right
Anatomy			basilic vein
Type of Access			dual lumen PICC catheter
Power Injectable			yes
Size of Catheter			5 fr
CathLengthInsert			39cm &
Tip Location			SVC/RA Junc &
CL Dressing			transparent securementDevice antimicrobi disc
TypeOfSecurement			securementDevice &
CL Necessity			other (specify) &
BldRetrnAllLumen			yes
LumensFlushEasy			yes
CL Interventions			lumens flushed &
02/21/14 13:57 CathLengthInsert(VH00): 1 cm exposed			
02/21/14 13:57 Tip Location(VH00): Per vasonova VPS Techonolgy.			
02/21/14 13:57 TypeOfSecurement(VH00): Stat lock			
02/21/14 13:57 CL Necessity(VH00): Long term IV antibiotic			
02/21/14 13:57 CL interventions(VH00): Pt. tolerated procedure well.Pt's RN informed of tip location and that PICC is ready to be used.			
CARE PROVIDERS			VH00
HAYNESCHURCH, VALERIE(VH00)RN			

LAST PAGE



Admission Assessment
From 02/17/2014 15:35 To 02/21/2014 13:46

Admission History Change Report

Observables					
Template: Admission Assessment					
Category: Admission Data					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Informant	self,spouse	Original	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
AdmittedFrom/Via	direct admit	Original	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Arrival Date/Time	02/17/2014 16:00	Original	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Arrived on Unit	02/17/2014 00:00	Original	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
	02/17/2014 16:00	Modify	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Armbands	ID Band on allergy band on	Original	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Organ donor?	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Privacy					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Disclose information to:	self,spouse	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Advance Directives					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Advance Directive	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Belongings					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Belongings	cell phone	Original	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Items Given To	family	Original	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Communication					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
CommunicationAids	not applicable	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Admission Assessment
From 02/17/2014 15:35 To 02/21/2014 13:46

Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Language					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Language Spoken	English	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Tobacco Use					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Smoking status	former smoker	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Smoked in last 12 months?	no	Original	02/17/2014 16:13 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Alcohol Use					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Do you drink alcohol?	no	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Religious Belief					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Do religious beliefs affect treatment?	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
See Chaplain/Priest	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Do cultural prets affect treatment?	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Medical History Adult					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Cardiovascular	high blood pressure,Other-see comments	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comment	GABG X6 11/1/1992	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Endocrine	None	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Eyes	Glasses	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Admission Assessment
From 02/17/2014 15:35 To 02/21/2014 13:46

Admission History Change Report

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Observables					
Template: Admission Assessment					
Category: Medical History Adult					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Ears	Hearing Intact	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Gastrointestinal	None	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Kidney/Bladder	None	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Lung	none	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Neurologic	None	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Orthopedic	Arthritis	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Psychological	None	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Skin	Intact	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Teeth	Intact	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Previous Hospital/Surgery					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Previous Hospital	yes	Original	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
	yes	Modify	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 LANDRY, JENNIFER, RN	02/17/2014 16:07 KIM, DOO, RN
	yes	Modify	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Visit last 3 Months?	yes	Original	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
	yes	Modify	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 LANDRY, JENNIFER, RN	02/17/2014 16:07 KIM, DOO, RN
	yes	Modify	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Why?	carac	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Admission Assessment
From 02/17/2014 15:35 To 02/21/2014 13:46

Admission History Change Report

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Observables					
Template: Admission Assessment					
Category: Previous Hospital/Surgery					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Why?	caratic indectomy	Modify	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
	carotid endarectomy	Modify	02/17/2014 16:23 KIM, DOO, RN	02/17/2014 16:28 KIM, DOO, RN	02/17/2014 16:28 KIM, DOO, RN
When?	jan 7/2014	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Where?	cobb	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Have you ever had surgery?	yes	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Cardiovascular	CABC	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	11/1/1992	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
EENT	Other-see comments	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	FATTY MASS TUMOR REMOVED FROM RIGHT EYE	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Gastrointestinal	Appendectomy	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Blood Transfusion					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Prior Transfusion	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Prior Reaction	none	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Diseases					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Recent exposure-contagious illness?	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Previous Diseases?	chicken pox measles	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Travel Outside of US	yes	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Admission Assessment
From 02/17/2014 15:35 To 02/21/2014 13:46

Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Diseases					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Where/When?	VIETNAM, CARRIBEAN, BARBADOS, CUBA, CANADA, MEXICO	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: MDRO/INF Disease					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Hx of MDRO	none	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Pain					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Pain Goal?	0	Original	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Discharge Plan					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Living situation prior to admission	home	Original	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Others in household	significant othr	Original	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Expected discharge situation	home	Original	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	

Chart Components				
Template: Admission Assessment				
Category: Admission Data				
Component Name	Action Taken	Chart Time	Perform Time	Confirm Time
Emergency Contacts	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 EDT LANDRY, JENNIFER RN	01/03/2014 11:49 EDT LANDRY, JENNIFER RN
PrimaryId=46843620, Name=SHIRLEY MAURICE, Relationship=Spouse, Cell=(678) 910-2476				

Name: MAURICE, EUGENE G.

Age: 65 yr

Accl: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Problems, Allergies, Home Medications, Immunizations
 From 02/17/2014 15:35 To 02/21/2014 13:46

NO DATA FOUND FOR MODULE: 1. hhs_probdet

Allergy Detail

Allergen	Reaction	Severity	Sensitivity Type
Active			
[NS] No Known Allergies			
Onset Date:			
Reported By:			
Rel. to Patient:			
Comments:			
Entered: 01/03/2014 11:59 Landry, Jennifer , RN			
Confirmed:			
Verified: 01/03/2014 11:59 Landry, Jennifer , RN			

Medication Detail

Description	Dose	Route	Freq/Rate	Form	Strength
Active - Prescription					
hydrocodone- acetaminophen oral (hydrocodone- acetaminophen oral)	1-2	Oral	Every 6 hours	Tablet	5-325mg
PRN: Yes					
AKA:					
Indication:					
Type: Prescription					
Info Source:					
Spec Instr:					
Comments:					
Entered: 02/21/2014 10:36 Zou, Huijun , STUDENT RN					
Confirmed: 02/21/2014 10:36 Zou, Huijun , STUDENT RN					
Modified: 02/21/2014 10:36 Zou, Huijun , STUDENT RN					
Active - Unknown					
Vytorin 10- 80 Oral (ezetimibe- simvastatin oral)		Oral	Every day		10-80 mg
PRN: No					
AKA:					
Indication:					
Type:					
Info Source:					
Spec Instr: Three times a week (M,W,F)					
Comments:					
Entered: 01/03/2014 12:34 Landry, Jennifer , RN					
Confirmed: 02/21/2014 10:37 Zou, Huijun , STUDENT RN					
Modified: 02/21/2014 10:37 Zou, Huijun , STUDENT RN					

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Problems, Allergies, Home Medications, Immunizations
 From 02/17/2014 15:35 To 02/21/2014 13:46

Medication Detail (continued)

Description	Dose	Route	Freq/Rate	Form	Strength
Active - Unknown					
aspirin Oral (aspirin oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:33 Landry, Jennifer , RN Confirmed: 02/21/2014 10:37 Zou, Huijun , STUDENT RN Modified: 02/21/2014 10:37 Zou, Huijun , STUDENT RN		Oral	Every day		81 mg
carvedilol Oral (carvedilol oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:34 Landry, Jennifer , RN Confirmed: 02/21/2014 10:37 Zou, Huijun , STUDENT RN Modified: 02/21/2014 10:37 Zou, Huijun , STUDENT RN		Oral	2 times per day		12.5 mg
chlorthalidone Oral (chlorthalidone oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:34 Landry, Jennifer , RN Confirmed: 02/21/2014 10:37 Zou, Huijun , STUDENT RN Modified: 02/21/2014 10:37 Zou, Huijun , STUDENT RN		Oral	Every day		50 mg
ramipril Oral (ramipril oral) PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:33 Landry, Jennifer , RN Confirmed: 02/21/2014 10:38 Zou, Huijun , STUDENT RN Modified: 02/21/2014 10:38 Zou, Huijun , STUDENT RN		Oral	2 times per day		10 mg

NO DATA FOUND FOR MODULE: 4. hhs_imm_det

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

NO DATA FOUND FOR MODULE: 1. hhs_probitis

Allergy History

Allergy Code	Action	Schedule Date/Time	Drug	Manufacturer	Bandwidth	Severity	Onset Date	Allergen Type	Specificity	Reaction to Patient	Disposition	Printable Report
[HS] No Known Allergies(00282)	Modify	02/17/2014 11:23 AM	Bidwell, Tara RN	Primary: Alternator	Primary: Alternator	**	**	Miscellaneous	**	**	**	
	Confirm	01/07/2014 08:50 AM	Bidwell, Tara RN	Primary: Alternate	Primary: Alternate	--	--	Miscellaneous	--	--	--	
	Modify	01/03/2014 08:27 PM	Landy, Jennifer RN	Primary: Alternate	Primary: Alternate	--	--	Miscellaneous	--	--	--	
	Add	01/02/2014 11:50 AM	Landy, Jennifer RN	Primary: Alternate	Primary: Alternate	--	--	Miscellaneous	--	--	--	

Medication History

Medication Name	Action	Start Date/Time	Stop Date/Time	Order Type	Order	Refills	Reason	Dispense
Aspirin Oral (aspirin oral)	Confirm	02/21/2014 13:27 AM	02/21/2014 09:00	Every day Oral	STUDENT RN	0	Reason: NO ORDER	Dispense
	Modify	02/17/2014 07:33 AM	02/17/2014 09:00	Every day Oral	STUDENT RN	0	Reason: NO ORDER	Dispense

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1404801123
 Opt Out: No Gender: M MRN: 001632858
 Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Medication	Order	Start Date/Time	Stop Date/Time	Notes	Details	Reconciliation	Next Given DTG	Reason for Discharge
Dispenser Status	Aspirin Oral Aspirin Oral Active	Medfly	02/17/2014 11:34 AM		<p>Dose: Every day Oral RN: [Redacted]</p> <p>Strength: 81 mg Form: Tablet</p> <p>Indication: [Redacted]</p> <p>Pharmacy: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>	
Dispenser Status	Aspirin Oral Aspirin Oral Active	Medfly	02/17/2014 11:34 AM		<p>Dose: Every day Oral RN: [Redacted]</p> <p>Strength: 81 mg Form: Tablet</p> <p>Indication: [Redacted]</p> <p>Pharmacy: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>
Dispenser Status	Aspirin Oral Aspirin Oral Active	Medfly	02/17/2014 11:34 AM		<p>Dose: Every day Oral RN: [Redacted]</p> <p>Strength: 81 mg Form: Tablet</p> <p>Indication: [Redacted]</p> <p>Pharmacy: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>	<p>Next Given DTG: 02/17/2014 11:34 AM Next Date Due: 02/17/2014 11:34 AM Ordered on Discharge: Yes Reason for Discharge: [Redacted]</p>

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1404801123
 Opt Out: No Gender: M MRN: 001632858
 Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Order	Order Date/Time	Order Type	Order Details	Prescription	Notes	Refill	Reason
Dispenser Status	Medfly	02/22/2014 08:54 AM	Medfly	<p>Order: Every day Oral PPN No Indication: Type: Strength/Concentration: Strength Form: 81 mg S/C: AKA: Comments: Rx Date: Rx Source: Rx Date: D/C Date:</p>	<p>Left Taken DT: Taken as Directed: Reason for Discharge (No): Reason Not Ordered:</p>			
Medfly		02/22/2014 08:27 AM	Medfly	<p>Order: Every day Oral PPN No Indication: Type: Strength/Concentration: Strength Form: 81 mg S/C: AKA: Comments: Rx Source: Rx Date: D/C Date:</p>	<p>Left Taken DT: Taken as Directed: Reason for Discharge (No): Reason Not Ordered:</p>			
Medfly		02/22/2014 08:27 AM	Medfly	<p>Order: Every day Oral PPN No Indication: Type: Strength/Concentration: Strength Form: 81 mg S/C: AKA: Comments: Rx Source: Rx Date: D/C Date:</p>	<p>Left Taken DT: Taken as Directed: Reason for Discharge (No): Reason Not Ordered:</p>			
Medfly		02/22/2014 10:20 AM	Medfly	<p>Order: Every day Oral PPN No Indication: Type: Strength/Concentration: Strength Form: 81 mg S/C: AKA: Comments: Rx Source: Rx Date: D/C Date:</p>	<p>Left Taken DT: Taken as Directed: Reason for Discharge (No): Reason Not Ordered:</p>			

Bacrim DS oral
(sulfamethoxazole-trimethoprim oral)
Discontinued

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1404801123
 Opt Out: No Gender: M MRN: 001632858
 Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Discontinued Status	Acction	Created Date/Time	Link	Details	Reconciliation	Disposition
Discontinued	Discontinue	02/21/2014 12:02 PM	Zou, Huijun STUDENT RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: take for 10 days, start on 2/11/14 Strength/Form: 800 - 160 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: (02/21/2014) Refills: -- Reason: (Course Completed)	Last Taken DT: 02/17/2014 09:00 Taken as Directed: Yes Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
Add	Add	02/17/2014 07:54 PM	Kim, Doo RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: take for 10 days, start on 2/11/14 Strength/Form: 600 - 100 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken DT: 02/17/2014 09:00 Taken as Directed: Yes Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
Discontinued	Discontinue	02/21/2014 12:01 PM	Zou, Huijun STUDENT RN	Dose: Every day Topical PRN: Yes Indication: -- Type: -- Special Instructions: for 30 days, start 2/7/14 Strength/Form: 2 % SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: (02/21/2014) Refills: -- Reason: (Course Completed)	Last Taken DT: -- Taken as Directed: Unknown Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
Add	Add	02/17/2014 07:59 PM	Kim, Doo RN	Dose: Every day Topical PRN: Yes Indication: -- Type: -- Special Instructions: for 30 days, start 2/7/14 Strength/Form: 2 % SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken DT: -- Taken as Directed: Unknown Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
Discontinued	Discontinue					
carvedilol Oral (carvedilol oral) Active						

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1404801123
Opt Out: No Gender: M MRN: 001632858
Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Medication Status	Order	Order Date/Time	Order Location	Dose	Refills	Reason for Discharge	Next Dose Due	Reason for Discharge
carvedilol Oral (carvedilol oral) Active	Confirm	02/21/2014 10:27 AM	Zou, Huijun STUDENT RN	Dose: 2 times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reason:	Reason as Directed: Yes Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: Yes Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: No Reason Not Ordered:
	Modify	02/17/2014 07:33 PM	Kim, Doan RN	Dose: 2 times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reason:	Reason as Directed: (Yes) Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: (Unknown) Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: (Yes) Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: (Unknown) Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Ordered:
	Modify	02/17/2014 11:24 AM	Mohleson, Hhs RN	Dose: 2 times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reason:	Reason as Directed: () Average Doses Missed per Week: Average PRN Doses: () Ordered on Admission: () Reason Not Ordered: () Patient Pharmacy: () Pharmacy Phone: ()	Last Taken D/T: () Taken as Directed: () Average Doses Missed per Week: () Average PRN Doses: () Ordered on Admission: () Reason Not Ordered: () Patient Pharmacy: () Pharmacy Phone: ()	Last Given D/T: Next Dose Due: Ordered on Discharge: () Reason Not Ordered:
	Modify	02/17/2014 11:24 AM	Mohleson, Hhs RN	Dose: 2 times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reason:	Reason as Directed: () Average Doses Missed per Week: () Average PRN Doses: () Ordered on Admission: () Reason Not Ordered: () Patient Pharmacy: () Pharmacy Phone: ()	Last Taken D/T: () Taken as Directed: () Average Doses Missed per Week: () Average PRN Doses: () Ordered on Admission: () Reason Not Ordered: () Patient Pharmacy: () Pharmacy Phone: ()	Last Given D/T: Next Dose Due: 01/29/2014 12:00 Ordered on Discharge: Yes Reason Not Ordered:

Name: MAURICE, EUGENE G. Acct: 1404801123
Opt Out: No Age: 65 yr Gender: M MRN: 001632858
Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Medication Name	Order Date	Order Time	Order Status	Order Details	Refills	Reason	Pharmacy	Notes
carvedilol Oral (carvedilol brn) Active	02/17/2014	11:24 AM	Medication His. RN	Dose: 2 Times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: -- Reason:	Pharmacy: --	Next Given DT: -- Next Dose Due: 01/08/2014 21:00 Ordered on Discharge: Yes Reason Not Ordered: --	
	01/02/2014	06:14 AM	Medication His. RN	Dose: 2 Times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: -- Reason:	Pharmacy: --	Next Given DT: -- Next Dose Due: 01/08/2014 21:00 Ordered on Discharge: (Yes) Reason Not Ordered: --	
	01/07/2014	06:51 AM	Medication His. RN	Dose: 2 Times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: -- Reason:	Pharmacy: --	Next Given DT: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --	
	01/02/2014	02:27 PM	Medication His. RN	Dose: 2 Times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: -- Reason:	Pharmacy: --	Next Given DT: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --	

Name: MAURICE, EUGENE G. Acct: 1404801123
Opt Out: No Age: 65 yr Gender: M MRN: 001632858
Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Order	Order Date/Time	Order Type	Order Details	Pharmacy	Medication	Order Status
carvedilol Oral (carvedilol oral) Active	Modify	01/30/2014 08:27 PM	Medication, Hb, RN	Dose: 2 times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:	Pharmacia	Carvedilol Oral Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
carvedilol Oral (carvedilol oral) Active	Add	01/02/2014 12:34 PM	Lantry, Jennifer, RN	Dose: 2 times per day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 12.5 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:	Pharmacia	Carvedilol Oral Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
clopidogrel Oral (clopidogrel oral) Active	Confirm	02/21/2014 14:37 AM	Zhou, Huijun, STUBENT, RN	Dose: Every Day, Oral PRN No Indication: Type: Special Instructions: Strength/Form: 50 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:	Pharmacia	Clopidogrel Oral Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: No Reason Not Ordered: --
clopidogrel Oral (clopidogrel oral) Active	Modify	02/17/2014 07:43 PM	Kim, Dong, RN	Dose: Every Day, Oral PRN No Indication: Type: Special Instructions: Strength/Form: 50 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:	Pharmacia	Clopidogrel Oral Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: No Reason Not Ordered: --

Name: MAURICE, EUGENE G. Acct: 1404801123
Opt Out: No Age: 65 yr MRN: 001632858
Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Order	Order Date/Time	Order Type	Order Details	Pharmaceutical	Next Given DTG	Reason for Discharge
Medications Oral (other than oral)	Medly	02/17/2014 11:34 AM	Medication - Rx	<p>Drug: Every day Oral</p> <p>PN: 1000</p> <p>Strength: 50 mg</p> <p>Form: Tablet</p> <p>Indication: Hypertension</p> <p>Comments: Administer with food</p> <p>Pharmacy: Pharmacy</p>	<p>Next Given DTG: 02/17/2014 11:34 AM</p> <p>Reason for Discharge: None</p>		
Medications Oral (other than oral)	Medly	02/17/2014 11:34 AM	Medication - Rx	<p>Drug: Every day Oral</p> <p>PN: 1000</p> <p>Strength: 50 mg</p> <p>Form: Tablet</p> <p>Indication: Hypertension</p> <p>Comments: Administer with food</p> <p>Pharmacy: Pharmacy</p>	<p>Next Given DTG: 02/17/2014 11:34 AM</p> <p>Reason for Discharge: None</p>		
Medications Oral (other than oral)	Medly	02/17/2014 11:34 AM	Medication - Rx	<p>Drug: Every day Oral</p> <p>PN: 1000</p> <p>Strength: 50 mg</p> <p>Form: Tablet</p> <p>Indication: Hypertension</p> <p>Comments: Administer with food</p> <p>Pharmacy: Pharmacy</p>	<p>Next Given DTG: 02/17/2014 11:34 AM</p> <p>Reason for Discharge: None</p>		

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1404801123
 Opt Out: No Gender: M MRN: 001632858
 Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Order	Order Date/Time	Order Type	Order Details	Reconciliation	Notes
Medications Oral (other/Inhalation oral)	Confin	01/07/2014 06:52 AM	Every day Oral	<p>Medication: Confin</p> <p>Strength/Form: 50 mg</p> <p>Frequency: Every day</p> <p>Route: Oral</p> <p>Indication: [Blank]</p> <p>Comments: [Blank]</p> <p>PK Source: [Blank]</p> <p>Rx Date: [Blank]</p> <p>PKA: [Blank]</p>	<p>Last Taken DT: 01/06/2014 10:00</p> <p>Taken as Directed: No</p> <p>Average Doses Missed per Week: [Blank]</p> <p>Reason for Missed Dose: [Blank]</p> <p>Ordered on Admission: No</p> <p>Reason Not Ordered: [Blank]</p> <p>Pharmacy Phone: [Blank]</p>	<p>Left Given DT: [Blank]</p> <p>Next Date Due: [Blank]</p> <p>Ordered on Discharge: No</p> <p>Reason Not Ordered: [Blank]</p>
Medications Oral (other/Inhalation oral)	Medly	01/07/2014 06:52 AM	Every day Oral	<p>Medication: Medly</p> <p>Strength/Form: 50 mg</p> <p>Frequency: Every day</p> <p>Route: Oral</p> <p>Indication: [Blank]</p> <p>Comments: [Blank]</p> <p>PK Source: [Blank]</p> <p>Rx Date: [Blank]</p> <p>PKA: [Blank]</p>	<p>Last Taken DT: 01/06/2014 08:00</p> <p>Taken as Directed: No</p> <p>Average Doses Missed per Week: [Blank]</p> <p>Reason for Missed Dose: [Blank]</p> <p>Ordered on Admission: No</p> <p>Reason Not Ordered: [Blank]</p> <p>Pharmacy Phone: [Blank]</p>	<p>Left Given DT: [Blank]</p> <p>Next Date Due: [Blank]</p> <p>Ordered on Discharge: No</p> <p>Reason Not Ordered: [Blank]</p>
Medications Oral (other/Inhalation oral)	Medly	01/07/2014 06:52 AM	Every day Oral	<p>Medication: Medly</p> <p>Strength/Form: 50 mg</p> <p>Frequency: Every day</p> <p>Route: Oral</p> <p>Indication: [Blank]</p> <p>Comments: [Blank]</p> <p>PK Source: [Blank]</p> <p>Rx Date: [Blank]</p> <p>PKA: [Blank]</p>	<p>Last Taken DT: 01/06/2014 08:00</p> <p>Taken as Directed: No</p> <p>Average Doses Missed per Week: [Blank]</p> <p>Reason for Missed Dose: [Blank]</p> <p>Ordered on Admission: No</p> <p>Reason Not Ordered: [Blank]</p> <p>Pharmacy Phone: [Blank]</p>	<p>Left Given DT: [Blank]</p> <p>Next Date Due: [Blank]</p> <p>Ordered on Discharge: No</p> <p>Reason Not Ordered: [Blank]</p>

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1404801123
 Opt Out: No Gender: M MRN: 001632858
 Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Medication Name	Order	Order Date/Time	Order Status	Order Type	Order Details	Pharmaceutical	Last Given DT / Next Dose Due / Reason Not Ordered
Hydrocodone-acetaminophen oral (hydrocodone-acetaminophen oral) Active	Add	02/21/2014 15:34 PM	Open	Prescription	Dose: Every day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 5-325mg Tablet SIG: AKA: Comments: Rx Date: D/C Date: Refills: Reason:	Last Taken DT: Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Week Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: Pharmacy Phone: --	Last Given DT: Next Dose Due: Ordered on Discharge: Unknown Reason Not Ordered:
Hydrocodone-acetaminophen oral (hydrocodone-acetaminophen oral) Active	Add	02/21/2014 10:36 AM	Open	Prescription	Dose: 1-2 Every 6 hours Oral PRN: Yes Indication: -- Type: Prescription Special Instructions: -- Strength/Form: 5-325mg Tablet SIG: AKA: Comments: Rx Date: D/C Date: Refills: Reason:	Last Taken DT: Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 1 per Week Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: Pharmacy Phone: --	Last Given DT: Next Dose Due: Ordered on Discharge: Yes Reason Not Ordered: --
tramadol Oral (tramadol oral) Active	Confirm	02/21/2014 10:30 AM	Open	Prescription	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10 mg SIG: AKA: Comments: Rx Date: D/C Date: Refills: Reason:	Last Taken DT: 02/17/2014 09:00 Taken as Directed: Yes Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Week Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: Pharmacy Phone: --	Last Given DT: Next Dose Due: Ordered on Discharge: No Reason Not Ordered: --
tramadol Oral (tramadol oral) Active	Modify	02/17/2014 07:39 PM	Open	Prescription	Dose: 2 Times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10 mg SIG: AKA: Comments: Rx Date: D/C Date: Refills: Reason:	Last Taken DT: 02/17/2014 09:00 Taken as Directed: Yes Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Week Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: Pharmacy Phone: --	Last Given DT: Next Dose Due: Ordered on Discharge: No Reason Not Ordered: --

Name: MAURICE, EUGENE G. Acct: 1404801123 Age: 65 yr
Opt Out: No MRN: 001632858 Gender: M
Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Acct#	Created Date/Time	Live Medication His RN	Dose / Freq / Day / Oral	PN	Indication	Fields	Re-Order Reason	Reorder Date	Reorder Status	Reason for Discharge
Medication History	Medically	02/17/2014 11:34 AM	Medication His RN	Dose: 1 Time per day Oral PN: 10 mg Indication: Spastic Incontinence Strength Form: 10 mg S/N: 10 mg Comments: AMCA PK Source: Rx Order Rx Date: 02/17/2014 D/C: 02/17/2014	Fields: Reason	Re-Order Reason	Reorder Date: 02/17/2014 11:34 AM Reorder Status: Yes Reason for Discharge: Reason Not Ordered				
Medication History	Medically	02/17/2014 11:34 AM	Medication His RN	Dose: 2 Times per day Oral PN: 10 mg Indication: Spastic Incontinence Strength Form: 10 mg S/N: 10 mg Comments: AMCA PK Source: Rx Order Rx Date: 02/17/2014 D/C: 02/17/2014	Fields: Reason	Re-Order Reason	Reorder Date: 02/17/2014 11:34 AM Reorder Status: Yes Reason for Discharge: Reason Not Ordered				
Medication History	Medically	02/17/2014 11:34 AM	Medication His RN	Dose: 2 Times per day Oral PN: 10 mg Indication: Spastic Incontinence Strength Form: 10 mg S/N: 10 mg Comments: AMCA PK Source: Rx Order Rx Date: 02/17/2014 D/C: 02/17/2014	Fields: Reason	Re-Order Reason	Reorder Date: 02/17/2014 11:34 AM Reorder Status: Yes Reason for Discharge: Reason Not Ordered				
Medication History	Medically	02/17/2014 11:34 AM	Medication His RN	Dose: 2 Times per day Oral PN: 10 mg Indication: Spastic Incontinence Strength Form: 10 mg S/N: 10 mg Comments: AMCA PK Source: Rx Order Rx Date: 02/17/2014 D/C: 02/17/2014	Fields: Reason	Re-Order Reason	Reorder Date: 02/17/2014 11:34 AM Reorder Status: Yes Reason for Discharge: Reason Not Ordered				

Name: MAURICE, EUGENE G. Acct#: 1404801123 Age: 65 yr
Opt Out: No MRN: 001632858 Gender: M
Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Acitor	Created Date/Time	Live	Notes	Details	Reconciliation	Next Given DT	Reason for Discharge
Medication History (continued)	Medication History (continued)	02/22/2014 08:54 AM	Medication History (continued)	<p>Notes: 1 time per day Oral</p> <p>PK No. Indication: 1000</p> <p>Strength Form: 10 mg</p> <p>PK Source: PK Source</p> <p>PK Date: PK Date</p> <p>Comments: Comments</p> <p>PK Source: PK Source</p> <p>PK Date: PK Date</p> <p>DC: DC</p>	<p>Fields: Fields</p> <p>Reason: Reason</p>	<p>Next Given DT: 01/07/2014 09:30</p> <p>Taken as Directed: Yes</p> <p>Reason for Discharge: No</p> <p>Average Doses Missed per Week: 0</p> <p>Ordered on Admission: No</p> <p>Reason Not Discharge: Reason Not Discharge</p> <p>Pharmacy Phone: Pharmacy Phone</p>	<p>Next Given DT: 01/07/2014 09:30</p> <p>Taken as Directed: Yes</p> <p>Reason for Discharge: No</p> <p>Average Doses Missed per Week: 0</p> <p>Ordered on Admission: No</p> <p>Reason Not Discharge: Reason Not Discharge</p> <p>Pharmacy Phone: Pharmacy Phone</p>	
		02/22/2014 08:27 AM	Medication History (continued)	<p>Notes: 2 times per day Oral</p> <p>PK No. Indication: 1000</p> <p>Strength Form: 10 mg</p> <p>PK Source: PK Source</p> <p>PK Date: PK Date</p> <p>Comments: Comments</p> <p>PK Source: PK Source</p> <p>PK Date: PK Date</p> <p>DC: DC</p>	<p>Fields: Fields</p> <p>Reason: Reason</p>	<p>Next Given DT: 01/07/2014 09:30</p> <p>Taken as Directed: Yes</p> <p>Reason for Discharge: No</p> <p>Average Doses Missed per Week: 0</p> <p>Ordered on Admission: No</p> <p>Reason Not Discharge: Reason Not Discharge</p> <p>Pharmacy Phone: Pharmacy Phone</p>	<p>Next Given DT: 01/07/2014 09:30</p> <p>Taken as Directed: Yes</p> <p>Reason for Discharge: No</p> <p>Average Doses Missed per Week: 0</p> <p>Ordered on Admission: No</p> <p>Reason Not Discharge: Reason Not Discharge</p> <p>Pharmacy Phone: Pharmacy Phone</p>	
		02/22/2014 08:27 AM	Medication History (continued)	<p>Notes: 2 times per day Oral</p> <p>PK No. Indication: 1000</p> <p>Strength Form: 10 mg</p> <p>PK Source: PK Source</p> <p>PK Date: PK Date</p> <p>Comments: Comments</p> <p>PK Source: PK Source</p> <p>PK Date: PK Date</p> <p>DC: DC</p>	<p>Fields: Fields</p> <p>Reason: Reason</p>	<p>Next Given DT: 01/07/2014 09:30</p> <p>Taken as Directed: Yes</p> <p>Reason for Discharge: No</p> <p>Average Doses Missed per Week: 0</p> <p>Ordered on Admission: No</p> <p>Reason Not Discharge: Reason Not Discharge</p> <p>Pharmacy Phone: Pharmacy Phone</p>	<p>Next Given DT: 01/07/2014 09:30</p> <p>Taken as Directed: Yes</p> <p>Reason for Discharge: No</p> <p>Average Doses Missed per Week: 0</p> <p>Ordered on Admission: No</p> <p>Reason Not Discharge: Reason Not Discharge</p> <p>Pharmacy Phone: Pharmacy Phone</p>	
		02/22/2014 10:20 AM	Medication History (continued)	<p>Notes: 2 times per day Oral</p> <p>PK No. Indication: 1000</p> <p>Strength Form: 10 mg</p> <p>PK Source: PK Source</p> <p>PK Date: PK Date</p> <p>Comments: Comments</p> <p>PK Source: PK Source</p> <p>PK Date: PK Date</p> <p>DC: DC</p>	<p>Fields: Fields</p> <p>Reason: Reason</p>	<p>Next Given DT: 01/07/2014 09:30</p> <p>Taken as Directed: Yes</p> <p>Reason for Discharge: No</p> <p>Average Doses Missed per Week: 0</p> <p>Ordered on Admission: No</p> <p>Reason Not Discharge: Reason Not Discharge</p> <p>Pharmacy Phone: Pharmacy Phone</p>	<p>Next Given DT: 01/07/2014 09:30</p> <p>Taken as Directed: Yes</p> <p>Reason for Discharge: No</p> <p>Average Doses Missed per Week: 0</p> <p>Ordered on Admission: No</p> <p>Reason Not Discharge: Reason Not Discharge</p> <p>Pharmacy Phone: Pharmacy Phone</p>	

Vitamin 10-80 Oral
(ezetimibe-simvastatin oral)
Active

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1404801123
Opt Out: No Gender: M MRN: 001632858
Physician: Chervu, Arun G., MD Rm. Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Medication Name	Order	Order Date/Time	Order Status	Order Details	Refills	Reasons	Pharmacy
Vytorin 10-60 Oral (ezetimibe-simvastatin oral)	Confirm	02/21/2014 10:27 AM	Open	Dose: Every day Oral PRN No Indication: Type: Special Instructions: Three times a week (M,W,F) Strength/Form: 10-60 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reasons:	Pharmacy: Pharmacy Phone:	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: Yes Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:
	Activate	02/17/2014 07:50 PM		Dose: Every day Oral PRN No Indication: Type: Special Instructions: Three times a week (M,W,F) Strength/Form: 10-60 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reasons:	Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Ordered:
	Discontinue	02/17/2014 07:56 PM		Dose: Every day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 10-60 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reasons:	Pharmacy: Pharmacy Phone:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average PRN Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:
Vytorin 10-60 Oral (ezetimibe-simvastatin oral)	Modify	02/17/2014 11:24 AM	Open	Dose: Every day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 10-60 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reasons:	Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Ordered:
	Activate	02/17/2014 07:50 PM		Dose: Every day Oral PRN No Indication: Type: Special Instructions: Strength/Form: 10-60 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reasons:	Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Ordered:

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1404801123
Opt Out: No Gender: M MRN: 001632858
Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Medication Name	Order Date	Order Time	Order Location	Order Details	Refills	Reason	Pharmacy	Next Given DTG	Next Dose Due	Ordered on Discharge	Reason Not Ordered
Vytorin 10-60 Oral (ezetimibe-simvastatin oral tablet) Active	02/17/2014	11:24 AM	Medication, Hsu, RN	Dose: Every day Oral PRN: No Indication: Type: Special Instructions: Strength/Form: 10-60 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reason:		Pharmaceutical	Last Given DTG: Next Dose Due: 01/02/2014 2:00 Ordered on Discharge: Yes Reason Not Ordered:			
	02/17/2014	11:24 AM	Medication, Hsu, RN	Dose: Every day Oral PRN: No Indication: Type: Special Instructions: Strength/Form: 10-60 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reason:		Pharmaceutical	Last Taken DTG: 01/02/2014 00:00 Taken as Directed: No Reason: Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: No Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:			
	01/02/2014	06:14 AM	Tolliver, Brennan, RN	Dose: Every day Oral PRN: No Indication: Type: Special Instructions: Strength/Form: 10-60 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reason:		Pharmaceutical	Last Given DTG: Next Dose Due: 01/02/2014 2:00 Ordered on Discharge: (Yes) Reason Not Ordered:			
	01/02/2014	06:52 AM	Belwell, Tara, RN	Dose: Every day Oral PRN: No Indication: Type: Special Instructions: Strength/Form: 10-60 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date:	Refills: Reason:		Pharmaceutical	Last Given DTG: Next Dose Due: 01/02/2014 2:00 Ordered on Discharge: (No) Reason Not Ordered:			

Name: MAURICE, EUGENE G. Acct: 1404801123 Age: 65 yr
Opt Out: No MRN: 001632858 Gender: M
Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Medication Name	Order Date/Time	Order Type	Order Details	Pharmacy	Next Given DTG
Vytorin 10-60 Oral (ezetimibe-simvastatin oral tablet) Active	01/03/2014 08:27 PM	Modify	Dose: Every day Oral PRN No Indication: 1 Yrs: Special Instructions: Strength/Form: 10-60 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:	Pharmacy: Last Taken DTG: Taken as Directed: Reason: Doses Missed per Week: Average PRN Doses: Ordered on Admittal: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DTG: Next Dose Due: Ordered on Discharge: Reason Not Ordered:
			Dose: Every day Oral PRN No Indication: 1 Yrs: Special Instructions: Strength/Form: 10-60 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:	Pharmacy: Last Taken DTG: Taken as Directed: Reason: Doses Missed per Week: Average PRN Doses: Ordered on Admittal: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DTG: Next Dose Due: Ordered on Discharge: Reason Not Ordered:
			Dose: Every day Oral PRN No Indication: 1 Yrs: Special Instructions: Strength/Form: 10-60 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:	Pharmacy: Last Taken DTG: Taken as Directed: Reason: Doses Missed per Week: Average PRN Doses: Ordered on Admittal: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DTG: Next Dose Due: Ordered on Discharge: Reason Not Ordered:
Aldi	01/03/2014 12:34 PM	Add	Dose: Every day Oral PRN No Indication: 1 Yrs: Special Instructions: Strength/Form: 10-60 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:	Pharmacy: Last Taken DTG: Taken as Directed: Reason: Doses Missed per Week: Average PRN Doses: Ordered on Admittal: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DTG: Next Dose Due: Ordered on Discharge: Reason Not Ordered:
			Dose: Every day Oral PRN No Indication: 1 Yrs: Special Instructions: Strength/Form: 10-60 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:	Pharmacy: Last Taken DTG: Taken as Directed: Reason: Doses Missed per Week: Average PRN Doses: Ordered on Admittal: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DTG: Next Dose Due: Ordered on Discharge: Reason Not Ordered:
			Dose: Every day Oral PRN No Indication: 1 Yrs: Special Instructions: Strength/Form: 10-60 mg S/C: AKA: Comments: Info Source: Rx Date: D/C Date: Refills: Reason:	Pharmacy: Last Taken DTG: Taken as Directed: Reason: Doses Missed per Week: Average PRN Doses: Ordered on Admittal: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given DTG: Next Dose Due: Ordered on Discharge: Reason Not Ordered:

NO DATA FOUND FOR MODULE: 4_hhs_imm_his

Name: MAURICE, EUGENE G. Age: 65 yr Acct: 1404801123
 Opt Out: No Gender: M MRN: 001632858
 Physician: Chervu, Arun G., MD Rm: Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

MAURICE, EUGENE G
 Cobb
 Pediatric Database Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHERVU ARUN
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858
 REQUESTED: 02/22/14 15:40
 OPT OUT:

Page: 1

Allergy History

Confirm Dt/By	Type	Allergy	Primary Reaction	Severity	Onset Dt	Comment
	MA	No Known Allergies	NR			

Medication History

ConfirmDt/By	Medication	Status	StartDt	StopDt	Dose	Route	Freq	LastTaken	NextDoseDue	Comment
02/22/14 H259	Vytorin 10-80 oral	Active				Oral	Every Day	02/17/2014 4:09:00		Three times a (M,W,F)
	GEN: ezetimibe-simvastatin									
02/21/14 H259	hydrocodone-acetaminophen oral	Active	02/21/2014 00:00		1-2 tablet Tablet	Oral	Every 6 hours as needed			
02/21/14 H259	chlorthalidone oral	Active				Oral	Every Day	02/17/2014 4:09:00		
	GEN: chlorthalidone									
02/21/14 H259	ramipril oral	Active				Oral	2 times per day	02/17/2014 4:09:00		
	GEN: ramipril									
02/21/14 H259	carvedilol oral	Active				Oral	2 times per day	02/17/2014 4:09:00		
	GEN: carvedilol									
02/21/14 H259	aspirin oral	Active				Oral	Every Day	02/17/2014 4:09:00		
	GEN: aspirin									
02/21/14 H259	Bacrin DS oral	Finished	02/21/2014 14:00			Oral	2 times per day	02/17/2014 4:09:00		take for 10 days on 2/11
02/21/14 H259	Bactroban top	Finished	02/21/2014 12:00			Topical	Every Day as needed			for 30 days, 2/7/14

Peds Social Hist

Social History

Lives With	Legal Guardian	
No Data	No Data	
Emergency Contact	Relationship	
No Data	No Data	
Home Phone #	Work Phone #	Cell Phone #
No Data	No Data	No Data
Other Phone #	Comments	
No Data	No Data	
Pediatric PCP	Phone #	Comment
No Data	No Data	No Data
Lives w/Smoker	Where do they smoke?	Comment
No Data	No Data	No Data
Smoking Cessation		
No Data		
Next of Kin	Comments	Name of Kin
No Data	No Data	No Data
Legal Custody		
No Data		

(H259) ZOU, HUIJUN, STUDENT RN

CONTINUED



MAURICE, EUGENE G
 Cobb
 Pediatric Database Report
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46
 ROOM: *339-01* ADM: 02/17/14 15:35
 AGE: 65Y SEX: M MD: CHERVU, ARUN
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858
 REQUESTED: 02/22/14 15:40
 OPT OUT:

Page: 2

PedReligBelief

Beliefs Affect Care	Comments	
No Data	No Data	
Special Considerat		
No Data		
See Chaplain/Priest	Comments	Clergy Contacted?
No Data	No Data	No Data
Cultural Treatment?	Comments	
Prefs		
Affect		
No Data	No Data	

PedsSubstanceUse

Tobacco Use	Tobacco Type	Tobacco Amount
No Data	No Data	No Data
Tobacco Years	Date Stopped	
No Data	No Data	
Recreational Drugs	Comments	Amount/Frequency
No Data	No Data	No Data
Last Used	Recent Rehab	Comments
No Data	No Data	No Data
Alcohol use	Amount/Freq	Alcohol Years
No Data	No Data	No Data
Last Drink	Quit Date	Comments
No Data	No Data	No Data
Phys Depend	Comments	
No Data	No Data	

Peds Language

Parent Lang Spoke		Child Lang Spoken
No Data		No Data
Parent read/write Eng		Child read/write Eng
No Data		No Data
Language - Other	Comments	
No Data	No Data	
Speech	Comments	
No Data	No Data	

Peds Vision

Vision	Comments
No Data	No Data

Peds Hearing

Hearing	Comments
No Data	No Data

Peds Plan ofCare

Do you have any regarding your child's plan of care? No Data

CONTINUED

