

**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

- Years of education: N/A

**Social History Main Topics**

- Smoking status: Former Smoker
  - Packs/day: 1.00
  - Years: 25.00
  - Types: Cigarettes
  - Quit date: 4/7/1992
- Smokeless tobacco: Never Used
- Alcohol use: 2.4 oz/week
  - 2 Glasses of wine, 2 Shots of liquor per week
  - Comment: rarely*
- Drug use: No
- Sexual activity: Yes
  - Partners: Female
  - Birth control/ protection: None

**Other Topics**

Concern

- None

**Social History Narrative**

- None

Allergies: Patient has no allergy information on record.

**Prior to Admission medications**

Medication	Sig
apixaban (ELIQUIS) 5 mg tablet	Take 1 tablet (5 mg total) by mouth 2 (two) times a day
atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet (80 mg total) by mouth nightly
cyanocobalamin, vitamin B-12, (VITAMIN B12 ORAL)	Take 1 tablet by mouth daily
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 2 tablets (60 mg total) by mouth 2 (two) times a day
metFORMIN (GLUCOPHAGE) 500 MG tablet	2 tablets po in am and 2 in pm
blood sugar diagnostic (GLUCOSE BLOOD) strip	cvs true test blood glucose strip; test blood sugar ac breakfast and then once more daily as needed..
blood sugar diagnostic strip	True metrix - test blood sugar ac breakfast and then once more daily as needed.. Dx E11.9
ferrous sulfate 324 mg (65 mg iron) TbEC	Take 1 tablet (324 mg total) by mouth 2 (two) times a day with meals
furosemide (LASIX) 20 MG tablet	Take 1 tablet (20 mg total) by mouth every

**ED Provider Notes - ED Notes (continued)**

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nitroglycerin (NITROSTAT) 0.4 MG SL tablet	other day Place 1 tablet (0.4 mg total) under the tongue every 5 (five) minutes as needed for chest pain Patient not taking: Reported on 6/12/2018
oxymetazoline (AFRIN) 0.05 % nasal spray	2 sprays by Nasal route 2 (two) times a day as needed (nose bleed)
pantoprazole (PROTONIX) 40 MG EC tablet	Take 1 tablet (40 mg total) by mouth 2 (two) times a day before meals
sotalolol (BETAPACE) 80 MG tablet	Take 0.5 tablets (40 mg total) by mouth 2 (two) times a day

**Review of Systems**

Constitutional: Positive for fatigue.  
HENT: Positive for congestion and nosebleeds.  
Respiratory: Positive for shortness of breath.  
Cardiovascular: Positive for leg swelling.  
Gastrointestinal: Positive for nausea. Negative for abdominal pain, blood in stool and vomiting.  
Endocrine: Negative.  
Genitourinary: Negative for difficulty urinating.  
Musculoskeletal: Negative for back pain and neck pain.  
Skin: Positive for pallor.  
Neurological: Positive for light-headedness. Negative for headaches.

**Physical Exam**

**Visit Vitals**

BP	123/59
Pulse	60
Temp	98.5 °F (36.9 °C) (Oral)
Resp	18
Ht	67" (1.702 m)
Wt	104.9 kg (231 lb 4.2 oz)
SpO2	96%
BMI	36.22 kg/m <sup>2</sup>

**Physical Exam**

Nursing note reviewed and I agree with the documentation of the past medical, past surgical, social, and family histories. Vitals reviewed.  
Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.  
HENT:



**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

Head: Normocephalic and atraumatic.  
 Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.  
 Neck: Normal range of motion. Neck supple.  
 Cardiovascular: Normal rate and normal heart sounds.  
 Pulmonary/Chest: Effort normal and breath sounds normal.  
 Abdominal: Soft. Bowel sounds are normal.  
 Musculoskeletal: Normal range of motion.  
     Right lower leg: He exhibits swelling and edema.  
     Left lower leg: He exhibits swelling and edema.  
 Neurological: He is alert and oriented to person, place, and time.  
 Skin: Skin is warm and dry. There is pallor.  
 Psychiatric: He has a normal mood and affect.

**Lab Results:**

Results for orders placed or performed during the hospital encounter of 06/17/18

**Blood culture**

Result	Value	Ref Range
SOURCE	BLOOD	
SPECIAL REQUEST	NONE	
Culture	NO GROWTH OF BACTERIA OR YEAST DAY 5	

**Blood culture**

Result	Value	Ref Range
SOURCE	BLOOD	
SPECIAL REQUEST	NONE	
Culture	NO GROWTH OF BACTERIA OR YEAST DAY 5	

**Urine Culture, clean catch**

Result	Value	Ref Range
SOURCE	URINE, CLEAN CATCH	
SPECIAL REQUEST	NONE	
Culture	NO GROWTH LESS THAN 24 HRS	

**Urine culture**

Result	Value	Ref Range
SOURCE	URINE, CLEAN CATCH	
SPECIAL REQUEST	NONE	
Culture	NO GROWTH	

**CBC W/ Diff**

Result	Value	Ref Range
WBC COUNT	12.3 (H)	3.5 - 10.5 10E9/L
RBC Count	2.31 (L)	4.32 - 5.72 10E12/L
HGB	5.6 (LL)	13.5 - 17.5 g/dL
Hematocrit	19 (LL)	39 - 50 %
MCV	82	81 - 95 fL
MCH	24 (L)	26 - 34 pg
MCHC	30 (L)	32 - 36 g/dL

**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

RDW	19.5 (H)	11.8 - 15.6 %
PLATELET	97 (L)	150 - 450 10E9/L
MPV	10.7	9.4 - 12.4 fL
% NEUTROPHILS	66	%
% Lymphs	12	%
% Monos	20	%
% EOS	1	%
% BASOS	1	%
Absolute Neutrophils	8.1 (H)	1.7 - 7.0 10E9/L
Absolute Lymphs	1.5	1.5 - 4.0 10E9/L
Absolute Monos	2.5 (H)	0.3 - 0.9 10E9/L
Absolute EOS	0.1	0.1 - 0.5 10E9/L
Absolute Baso	0.1	0.0 - 0.3 10E9/L
PLATELET ESTIMATE	DECREASED	
ANISOCYTOSIS	2+	
HYPOCHROMIA	3+	
POIKILOCYTOSIS	2+	

**Partial Thromboplastin Time (PTT)**

Result	Value	Ref Range
PTT	30	25 - 38 SEC

**Prothrombin Time-INR**

Result	Value	Ref Range
PT	46.0 (H)	9.3 - 12.5 SEC
INR	4.07 (HH)	0.85 - 1.15 RATIO

**Urinalysis, Automated**

Result	Value	Ref Range
URINE COLOR	YELLOW	YELLOW
URINE APPEARANCE	CLOUDY (A)	CLEAR
URINE SPEC GRAVITY	1.005	1.001 - 1.040
Urine pH	5.0	5.0 - 8.0
Urine Protein	2+ (A)	NEGATIVE
URINE GLUCOSE,Iris	NEGATIVE	NEGATIVE
URINE KETONES	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
URINE BLOOD	1+ (A)	NEGATIVE
URINE NITRITES	NEGATIVE	NEGATIVE
URINE LEUK ESTERASE	TRACE (A)	NEGATIVE
URINE PRESERVATIVE	NO	
URINE RBC	9 (H)	0 - 1 /HPF
URINE WBC	29 (H)	0 - 5 /HPF
URINE BACTERIA	RARE (A)	NONE SEEN
AMORPHOUS CRYSTALS	RARE (A)	REFERENCE RANGE NOT ESTABLISHED
URINE SQUAMOUS EPI CELLS	3	0 - 3 /HPF
HYALINE CASTS	1	0 - 1 /LPF

**Magnesium, Bid**

Result	Value	Ref Range
Magnesium	2.3	1.6 - 2.6 mg/dL

Lactic Acid, plasma 2 hours apart x 3. If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician

**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

Result	Value	Ref Range
LACTIC ACID	8.3 (HH)	0.5 - 2.2 mmol/L
Lactic Acid, plasma 2 hours apart x 3. If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician		
LACTIC ACID	6.8 (HH)	0.5 - 2.2 mmol/L
Lactic Acid, plasma 2 hours apart x 3. If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician		
LACTIC ACID	5.5 (HH)	0.5 - 2.2 mmol/L
Comprehensive metabolic panel		
Sodium,S	139	136 - 145 mmol/L
Potassium	4.0	3.5 - 5.1 mmol/L
Chloride	99	98 - 107 mmol/L
Co2	21 (L)	22 - 29 mmol/L
Glucose	116 (H)	70 - 99 mg/dL
BUN	58 (H)	8 - 23 mg/dL
CREATININE,S	1.98 (H)	0.7 - 1.2 mg/dL
PROTEIN,TOTAL	5.9 (L)	6.4 - 8.3 g/dL
ALBUMIN,S	3.2 (L)	3.5 - 5.2 g/dL
CALCIUM,TOTAL	8.1 (L)	8.8 - 10.2 mg/dL
BILIRUBIN, TOTAL	1.4 (H)	0.0 - 1.2 mg/dL
ALKALINE PHOS	137 (H)	40 - 129 IU/L
AST (SGOT)	723 (H)	0 - 40 IU/L
ALT (SGPT)	1,072 (H)	0 - 41 IU/L
GLOBULIN	2.7	2.4 - 4.0 g/dL
ANION GAP	23 (H)	12 - 20
GFR Non-Afric Amer	34 (L)	>59 ml/min/1.73 m2
GFR AFRICAN AMER	41 (L)	>59 ml/min/1.73 m2
Lipid panel		
CHOLESTEROL,TOTAL	57	<200 mg/dL
Triglycerides	77	<150 mg/dL
HDL CHOLESTEROL	13 (L)	>39 mg/dL
LDL	29	<100 mg/dl
CHOLE/HDL RATIO	4.4	0.0 - 5.5 Ratio
NON-HDL CHOLESTEROL	44	<130 mg/dL
Vitamin B12		
Vitamin B12	>2,000 (H)	232 - 1,245 pg/mL
Folate		
Folate	17.6	4.8 - 24.2 ng/mL
Hemoglobin A1c		
HEMOGLOBIN A1C	6.0 (H)	4.8 - 5.6 %
Estimated Average Glucose	126 (H)	<115 mg/dL
Magnesium		
Magnesium	2.1	1.6 - 2.6 mg/dL



**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

Result	Value	Ref Range
CK	192	39 - 308 IU/L
CK		
Result	Value	Ref Range
CK	186	39 - 308 IU/L
CKMB		
Result	Value	Ref Range
CK-MB (QUANT)	2.7	0 - 10.4 ng/mL
CKMB		
Result	Value	Ref Range
CK-MB (QUANT)	2.6	0 - 10.4 ng/mL
Troponin T		
Result	Value	Ref Range
Troponin T	0.05 (HH)	<0.03 ng/mL
Troponin T		
Result	Value	Ref Range
Troponin T	0.05 (HH)	<0.03 ng/mL
CBC and differential		
Result	Value	Ref Range
WBC COUNT	10.0	3.5 - 10.5 10E9/L
RBC Count	2.55 (L)	4.32 - 5.72 10E12/L
HGB	6.3 (L)	13.5 - 17.5 g/dL
Hematocrit	21 (L)	39 - 50 %
MCV	81	81 - 95 fL
MCH	25 (L)	26 - 34 pg
MCHC	31 (L)	32 - 36 g/dL
RDW	18.0 (H)	11.8 - 15.6 %
PLATELET	64 (L)	150 - 450 10E9/L
MPV	10.2	9.4 - 12.4 fL
% NEUTROPHILS	73	%
% Lymphs	5	%
% Monos	14	%
% EOS	3	%
% BASOS	1	%
% BANDS	4	0 - 10 %
Absolute Neutrophils	7.7 (H)	1.7 - 7.0 10E9/L
Absolute Lymphs	0.5 (L)	1.5 - 4.0 10E9/L
Absolute Monos	1.4 (H)	0.3 - 0.9 10E9/L
Absolute EOS	0.3	0.1 - 0.5 10E9/L
Absolute Baso	0.1	0.0 - 0.3 10E9/L
NRBCS	2 (A)	REFERENCE RANGE NOT ESTABLISHED /100 WBC
PLATELET ESTIMATE	DECREASED	
ANISOCYTOSIS	2+	
HYPOCHROMIA	1+	
MICROCYTOSIS	2+	
POIKILOCYTOSIS	1+	
POLYCHROMASIA	1+	
GIANT PLATELETS	PRESENT	

Protime-INR

**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

Result	Value	Ref Range
PT	34.6 (H)	9.3 - 12.5 SEC
INR	3.06 (HH)	0.85 - 1.15 RATIO
<b>Hemoglobin A1C</b>		
Result	Value	Ref Range
HEMOGLOBIN A1C	5.5	4.8 - 5.6 %
Estimated Average Glucose	111	<115 mg/dL
<b>Lactic Acid</b>		
Result	Value	Ref Range
LACTIC ACID	2.8 (H)	0.5 - 2.2 mmol/L
<b>TSH</b>		
Result	Value	Ref Range
Tsh	2.67	0.27 - 4.20 uIU/mL
<b>CK</b>		
Result	Value	Ref Range
CK	196	39 - 308 IU/L
<b>CKMB</b>		
Result	Value	Ref Range
CK-MB (QUANT)	2.7	0 - 10.4 ng/mL
<b>Troponin T</b>		
Result	Value	Ref Range
Troponin T	0.05 (HH)	<0.03 ng/mL
<b>Hemoglobin and hematocrit, blood</b>		
Result	Value	Ref Range
HGB	7.6 (L)	13.5 - 17.5 g/dL
Hematocrit	25 (L)	39 - 50 %
<b>MAGNSIUM, BLD</b>		
Result	Value	Ref Range
Magnesium	2.3	1.6 - 2.6 mg/dL
<b>ProBNP N Terminal</b>		
Result	Value	Ref Range
ProBNP N Terminal	3,440 (H)	0 - 300 pg/mL
<b>CBC Without Differential</b>		
Result	Value	Ref Range
WBC COUNT	11.5 (H)	3.5 - 10.5 10E9/L
RBC Count	3.03 (L)	4.32 - 5.72 10E12/L
HGB	7.6 (L)	13.5 - 17.5 g/dL
Hematocrit	24 (L)	39 - 50 %
MCV	81	81 - 95 fL
MCH	25 (L)	26 - 34 pg
MCHC	31 (L)	32 - 36 g/dL
RDW	18.3 (H)	11.8 - 15.6 %
PLATELET	67 (L)	150 - 450 10E9/L
MPV	10.7	9.4 - 12.4 fL
<b>Comprehensive Metabolic Panel</b>		
Result	Value	Ref Range
Sodium,S	139	136 - 145 mmol/L
Potassium	3.7	3.5 - 5.1 mmol/L
Chloride	102	98 - 107 mmol/L
Co2	20 (L)	22 - 29 mmol/L
Glucose	116 (H)	70 - 99 mg/dL
BUN	47 (H)	8 - 23 mg/dL
CREATININE,S	1.84 (H)	0.7 - 1.2 mg/dL

**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

PROTEIN, TOTAL	5.9 (L)	6.4 - 8.3 g/dL
ALBUMIN, S	2.9 (L)	3.5 - 5.2 g/dL
CALCIUM, TOTAL	8.0 (L)	8.8 - 10.2 mg/dL
BILIRUBIN, TOTAL	1.4 (H)	0.0 - 1.2 mg/dL
ALKALINE PHOS	127	40 - 129 IU/L
AST (SGOT)	406 (H)	0 - 40 IU/L
ALT (SGPT)	830 (H)	0 - 41 IU/L
GLOBULIN	3.0	2.4 - 4.0 g/dL
ANION GAP	21 (H)	12 - 20
GFR Non-Afric Amer	37 (L)	>59 ml/min/1.73 m2
GFR AFRICAN AMER	44 (L)	>59 ml/min/1.73 m2

**Acute Hepatitis Profile**

Result	Value	Ref Range
HEPATITIS A (IGM) AB	NON-REACTIVE	NON-REACTIVE
HEP B SURFACE AG WITH CONF	NON-REACTIVE	NON-REACTIVE
Hepatitis B Core (IgM) Ab	NON-REACTIVE	NON-REACTIVE
HEPATITIS C AB	NON-REACTIVE	NON-REACTIVE

**CBC without Differential**

Result	Value	Ref Range
WBC COUNT	11.8 (H)	3.5 - 10.5 10E9/L
RBC Count	2.94 (L)	4.32 - 5.72 10E12/L
HGB	7.4 (L)	13.5 - 17.5 g/dL
Hematocrit	24 (L)	39 - 50 %
MCV	82	81 - 95 fL
MCH	25 (L)	26 - 34 pg
MCHC	31 (L)	32 - 36 g/dL
RDW	18.4 (H)	11.8 - 15.6 %
PLATELET	66 (L)	150 - 450 10E9/L
MPV	10.2	9.4 - 12.4 fL

**Comprehensive Metabolic Panel**

Result	Value	Ref Range
Sodium, S	139	136 - 145 mmol/L
Potassium	3.4 (L)	3.5 - 5.1 mmol/L
Chloride	103	98 - 107 mmol/L
Co2	22	22 - 29 mmol/L
Glucose	113 (H)	70 - 99 mg/dL
BUN	35 (H)	8 - 23 mg/dL
CREATININE, S	1.43 (H)	0.7 - 1.2 mg/dL
PROTEIN, TOTAL	5.5 (L)	6.4 - 8.3 g/dL
ALBUMIN, S	2.8 (L)	3.5 - 5.2 g/dL
CALCIUM, TOTAL	7.3 (L)	8.8 - 10.2 mg/dL
BILIRUBIN, TOTAL	1.5 (H)	0.0 - 1.2 mg/dL
ALKALINE PHOS	109	40 - 129 IU/L
AST (SGOT)	189 (H)	0 - 40 IU/L
ALT (SGPT)	592 (H)	0 - 41 IU/L
GLOBULIN	2.7	2.4 - 4.0 g/dL
ANION GAP	17	12 - 20
GFR Non-Afric Amer	49 (L)	>59 ml/min/1.73 m2
GFR AFRICAN AMER	59 (L)	>59 ml/min/1.73 m2

**Lactic Acid**





WS Kennestone Hospital  
 677 Church Street  
 Marietta GA 30060-1101  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

Result	Value	Ref Range
LACTIC ACID	1.3	0.5 - 2.2 mmol/L

**CBC without Differential**

Result	Value	Ref Range
WBC COUNT	11.5 (H)	3.5 - 10.5 10E9/L
RBC Count	2.98 (L)	4.32 - 5.72 10E12/L
HGB	7.4 (L)	13.5 - 17.5 g/dL
Hematocrit	24 (L)	39 - 50 %
MCV	82	81 - 95 fL
MCH	25 (L)	26 - 34 pg
MCHC	30 (L)	32 - 36 g/dL
RDW	18.5 (H)	11.8 - 15.6 %
PLATELET	81 (L)	150 - 450 10E9/L
MPV	10.5	9.4 - 12.4 fL

**Basic Metabolic Panel**

Result	Value	Ref Range
Sodium,S	138	136 - 145 mmol/L
Potassium	3.5	3.5 - 5.1 mmol/L
Chloride	102	98 - 107 mmol/L
Co2	23	22 - 29 mmol/L
Glucose	123 (H)	70 - 99 mg/dL
BUN	26 (H)	8 - 23 mg/dL
CREATININE,S	1.17	0.7 - 1.2 mg/dL
ANION GAP	17	12 - 20
CALCIUM,TOTAL	7.7 (L)	8.8 - 10.2 mg/dL
GFR Non-Afric Amer	>60	>59 ml/min/1.73 m2
GFR AFRICAN AMER	>60	>59 ml/min/1.73 m2

**POCT Occult Blood Stool-Screen**

Result	Value	Ref Range
Fecal Occult Blood	Positive (A)	Negative
FOB Positive Control Blue Check	Yes	Yes
FOB Negative Control Background Clear	Yes	Yes
FOB Lot Number	119	
FOB Expiration Date	10/31/2018	mm/dd/yyyy
Employee ID	22806	

**Type and screen**

Result	Value	Ref Range
Ordered Product Component	RED CELLS	
UNITS ORDERED	3	
ABO/RH(D)	O POSITIVE	
ANTIBODY SCREEN	NEGATIVE	
ARM BAND NUMBER	R90803	
BLOOD BANK COMMENT	BLOOD PRODUCTS AVAILABLE AND CALLED TO	
BLOOD BANK COMMENT	BRIAN AT 1700 ON 6/17/18	
Unit Number	W200318246426	
BLOOD COMPONENT TYPE	AS-1 RED BLOOD CELLS, LEUKOCYTES REDUCED (FILTRATION)	



WS Kennestone Hospital  
 677 Church Street  
 Marietta GA 30060-1101  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

UNIT DIVISION	00	
STATUS OF UNIT	ISSUED,FINAL	
TRANSFUSION STATUS	OK TO TRANSFUSE	
CROSSMATCH RESULT	Compatible	
Unit Number	W208418565987	
BLOOD COMPONENT TYPE		
AS-1 RED BLOOD CELLS, LEUKOCYTES REDUCED (FILTRATION)		
UNIT DIVISION	00	
STATUS OF UNIT	ISSUED,FINAL	
TRANSFUSION STATUS	OK TO TRANSFUSE	
CROSSMATCH RESULT	Compatible	
Unit Number	W200618014964	
BLOOD COMPONENT TYPE		
AS-1 RED BLOOD CELLS, LEUKOCYTES REDUCED (FILTRATION)		
UNIT DIVISION	00	
STATUS OF UNIT	ISSUED,FINAL	
TRANSFUSION STATUS	OK TO TRANSFUSE	
CROSSMATCH RESULT	Compatible	
<b>PREPARE RBC, 1 Units</b>		
Result	Value	Ref Range
ARM BAND NUMBER	R90803	
Special Unit Requirements	NONE	
<b>Blood Group and RH Type</b>		
Result	Value	Ref Range
ABO/RH(D)	O POSITIVE	
<b>PREPARE RBC, 2 Units</b>		
Result	Value	Ref Range
ARM BAND NUMBER	R90803	
Special Unit Requirements	NONE	
<b>Surgical Pathology-KH</b>		
Result	Value	Ref Range
SURGICAL PATHOLOGY-KH		
<b>POC Chem8</b>		
Result	Value	Ref Range
POC-SODIUM	135 (L)	136 - 145 mmol/L
POC-POTASSIUM	4.9	3.5 - 5.1 mmol/L
POC-CHLORIDE	99	95 - 110 mmol/L
POC-GLUCOSE	111 (H)	70 - 99 mg/dL
POC-BUN	56 (H)	7 - 21 mg/dL
POC-IONIZED CALCIUM	1.01 (L)	1.09 - 1.29 mmol/L
POC-CO2	18 (L)	20 - 28 mmol/L
POC-AGAP	24 (H)	15 - 23
POC-CREATININE	2.2 (H)	0.64 - 1.27 mg/dL
GFR Non-Afric Amer	30 (L)	>59 ml/min/1.73 m2
GFR AFRICAN AMER	36 (L)	>59 ml/min/1.73 m2
POC-OPERATOR'S ID	54558	
<b>POC BNP I-Stat</b>		
Result	Value	Ref Range
POC-BNP	2,307 (H)	0 - 99 ng/mL
POC-OPERATOR'S ID	54558	
<b>POC Troponin</b>		

**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

Result	Value	Ref Range
POC TROPONIN	0.09 (HH)	<0.09 ng/mL
POC-COMMENT	Notification value. Physician notified.	
POC-OPERATOR'S ID	54558	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	112 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	58077	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	162 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	58077	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	171 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	58077	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	214 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	57638	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	125 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	63908	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	107 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	70635	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	241 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	65132	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	135 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	72988	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	119 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	71054	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	196 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	77314	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	160 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	57003	
POCT Finger stick Glucose		
Result	Value	Ref Range
GLUCOSE, BEDSIDE	171 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	81323	



WS Kennestone Hospital  
 677 Church Street  
 Marietta GA 30060-1101  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

POCT Finger stick Glucose

Result	Value	Ref Range
GLUCOSE, BEDSIDE	120 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	77322	

POCT Finger stick Glucose

Result	Value	Ref Range
GLUCOSE, BEDSIDE	186 (H)	70 - 99 mg/dL
POC-OPERATOR'S ID	77322	

**Imaging results:**

Results for orders placed or performed during the hospital encounter of 06/17/18

X-ray Chest Portable - (1 View)

*Narrative*

EXAM: KH XR CHEST PORTABLE - (1 VIEW)

CLINICAL INDICATION:

SOB

COMPARISON: 6/15/2018

FINDINGS: The heart remains upper limits normal size with changes of median sternotomy and CABG. The lungs are fully expanded demonstrating increased edema, unchanged tiny pleural effusions. No pneumothorax is seen.

*Impression*

Increased pulmonary edema.

Released By: MARK PARSON, MD 6/17/2018 4:05 PM

X-ray Chest Portable - (1 View)

*Narrative*

EXAM: KH XR CHEST PORTABLE - (1 VIEW)

CLINICAL INDICATION:

Pulmonary edema

COMPARISON: 06/17/2018 1536 hours

FINDINGS: Sternotomy wires and surgical clips overlies the mediastinum. Mild pulmonary vascular congestion is likely present. Mild hazy airspace opacity at the left lung base may represent asymmetric edema or pneumonia, unchanged. Trace bilateral pleural effusions are suspected. Cardiac silhouette is magnified by AP technique but felt to be mildly enlarged. No acute osseous abnormality.

Released By: CHRISTOPHER OH, MD 6/18/2018 10:55 PM

**ED Course**

**ED Provider Notes - ED Notes (continued)****ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)****ED Course** as of Jun 22 0902

Fri Jun 22, 2018

0853 Patient presented with progressive dyspnea, fatigue and weakness over the past 2 weeks. Patient did experience nonproductive cough and congestion. Diagnostic evaluation emergency department revealed marked anemia in setting of positive stool Hemocult and over anticoagulation. Patient was found to have elevated troponin and BNP and chest x-ray revealed features of acute pulmonary edema. Possible urinary tract infection was identified. Patient was ultimately found to have significantly elevated serum lactic acid level but remained normotensive. Blood and urine cultures were submitted and patient was administered broad-spectrum parenteral antibiotics. In setting of acute pulmonary edema and mild respiratory distress, patient was not felt to be a candidate for aggressive IV fluid resuscitation on initial presentation to emergency department. In setting of marked anemia and presumptive acute upper gastrointestinal hemorrhage, patient was transfused 2 units of packed red blood cells. As well, patient was placed on both bolus and continuous infusion of intravenous PPI agent

Consultations worse with cardiology, gastroenterology and hospital medicine.

In setting of critical nature of patient's presentation, numerous serial examinations and close surveillance while in emergency department were warranted and, as such, significant critical care time was devoted to evaluation and management of patient while in emergency department.

**ECG 12 Lead**Date/Time: **6/17/2018 3:07 PM**Performed by: **KRUG, DOUGLAS E**Authorized by: **KRUG, DOUGLAS E**

Interpreted by ED physician

Comparison: compared with previous ECG from 3/28/2018

**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

Rhythm: sinus bradycardia  
Rate: bradycardic  
QRS axis: left  
ST Depression: I, II, aVL, V2, V3, V4 and V6  
T depression: I, aVL, II, V2, V3, V4, V5 and V6  
Clinical impression: abnormal ECG

**Critical Care**

Performed by: **KRUG, DOUGLAS E**

Authorized by: **KRUG, DOUGLAS E**

Total critical care time: 47 minutes

Critical care time was exclusive of separately billable procedures and treating other patients.

Critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: cardiac failure, circulatory failure, renal failure and sepsis.

Critical care was time spent personally by me on the following activities: discussions with consultants, evaluation of patient's response to treatment, obtaining history from patient or surrogate, ordering and review of laboratory studies, pulse oximetry, review of old charts, development of treatment plan with patient or surrogate, interpretation of cardiac output measurements, examination of patient, ordering and performing treatments and interventions, ordering and review of radiographic studies and re-evaluation of patient's condition.

**Consult Orders:**

**Procedures**

- **ED Consult to Medication History Specialist (ED Patients Only)**
  - Order Specific Question: Reason for Consult?
  - Answer: Med Hx Intake w/Patient
- **Consult to Cardiology**
  - Order Specific Question: Reason for Consult?
  - Answer: elevated Troponin
  - Order Specific Question: Did you contact the consulting MD?
  - Answer: Yes
- **Consult to GI**
  - Order Specific Question: Reason for Consult?
  - Answer: GI bleed
  - Order Specific Question: Did you contact the consulting MD?
  - Answer: No
  - Order Specific Question: Group Preference?
  - Answer: GI Specialist - Dr Sheikh
- **Inpatient consult to Electrophysiology**
  - Order Specific Question: Reason for Consult?
  - Answer: sotalol rx in setting of Cr 1.98 and bradycardia -  
? other AAD rx
  - Order Specific Question: Did you contact the consulting MD?



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**ED Provider Notes - ED Notes (continued)**

**ED Provider Notes by Douglas E Krug, MD at 6/17/2018 3:06 PM (continued)**

Answer:	No
• Inpatient consult to ENT	
Order Specific Question:	Reason for Consult?
Answer:	Episaxis - severe anemia; requires long term AC
Order Specific Question:	Did you contact the consulting MD?
Answer:	No
Order Specific Question:	Group Preference?
Answer:	Dr. Parks, etc

Electronically signed by

Douglas E Krug, MD  
 06/22/18 0902

Electronically Signed by Douglas E Krug, MD on 6/22/2018 9:02 AM

**ED Notes - ED Notes**

**ED Notes by Raquel Gil-Trani, RN at 6/17/2018 2:57 PM**

Author: Raquel Gil-Trani, RN	Service: —	Author Type: Registered Nurse
Filed: 6/17/2018 2:59 PM	Date of Service: 6/17/2018 2:57 PM	Status: Signed
Editor: Raquel Gil-Trani, RN (Registered Nurse)		

**ASSISTING PRIMARY NURSE**

PT COMPLAINTS OF SOB AND WEAKNESS THAT HAVE BEEN GOING ON FOR THE LAST COUPLE OF MONTHS BUT LAST TWO WEEKS HAS BEEN GETTING REALLY BAD. PT STATES HE HAS SEEN HIS MD AND WAS TOLD IT WAS HIS CHF  
 PT AMBULATES FROM THE BATHROOM TO ROOM AND VERY SOB, UNABLE TO SPEAK AND NEEDS A COUPLE OF MINUTES TO CATCH HIS BREATH. PT APPEARS PALE AND PER SPOUSE BY BS CONFIRMS PT IS PALE. PT AOX4, RESPIRATIONS LABORED, WAITING ON MD EVAL

Raquel Gil-Trani, RN  
 06/17/18 1459

Electronically Signed by Raquel Gil-Trani, RN on 6/17/2018 2:59 PM

**ED Notes by Raquel Gil-Trani, RN at 6/17/2018 3:00 PM**



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Adm: 6/17/2018, D/C: 6/21/2018

**ED Notes - ED Notes (continued)**

**ED Notes by Raquel Gil-Trani, RN at 6/17/2018 3:00 PM (continued)**

Author: Raquel Gil-Trani, RN  
Filed: 6/17/2018 3:01 PM  
Editor: Raquel Gil-Trani, RN (Registered Nurse)

Service: —  
Date of Service: 6/17/2018 3:00 PM

Author Type: Registered Nurse  
Status: Signed

ASSISTING PRIMARY NURSE  
DR.KRUG BY BS FOR EVAL

Raquel Gil-Trani, RN  
06/17/18 1501

Electronically Signed by Raquel Gil-Trani, RN on 6/17/2018 3:01 PM

**ED Notes by Raquel Gil-Trani, RN at 6/17/2018 3:32 PM**

Author: Raquel Gil-Trani, RN  
Filed: 6/17/2018 3:32 PM  
Editor: Raquel Gil-Trani, RN (Registered Nurse)

Service: —  
Date of Service: 6/17/2018 3:32 PM

Author Type: Registered Nurse  
Status: Signed

ASSISTING PRIMARY NURSE  
DR.KRUG AWARE OF POC TROPONIN 0.09 AND BNP 2307  
VERBAL ORDER TO HOLD IV FLUIDS

Raquel Gil-Trani, RN  
06/17/18 1532

Electronically Signed by Raquel Gil-Trani, RN on 6/17/2018 3:32 PM

**ED Notes by Raquel Gil-Trani, RN at 6/17/2018 3:41 PM**

Author: Raquel Gil-Trani, RN  
Filed: 6/17/2018 3:42 PM  
Editor: Raquel Gil-Trani, RN (Registered Nurse)

Service: —  
Date of Service: 6/17/2018 3:41 PM

Author Type: Registered Nurse  
Status: Signed

ASSISTING PRIMARY NURSE  
PT RESTING IN BED, AOX4, RESPIRATIONS STILL LABORED BUT SATS BETWEEN 96-99% ON RA  
PT ON MONITOR, VS UPDATED. PT DENIES ANY PAIN BUT STATES HE FEELS WEEK. XRAY BY BS.  
WAITING ON RESULTS, WARM BLANKET PROVIDED TO PT. PT DENIES ANY OTHER NEEDS AT  
THIS TIME. CALL LIGHT AT REACH, WILL CONTINUE MONITORING

Raquel Gil-Trani, RN  
06/17/18 1542

Electronically Signed by Raquel Gil-Trani, RN on 6/17/2018 3:42 PM

**ED Notes by Candace N Dean, RN at 6/17/2018 4:41 PM**

Author: Candace N Dean, RN  
Filed: 6/17/2018 4:42 PM  
Editor: Candace N Dean, RN (Registered Nurse)

Service: —  
Date of Service: 6/17/2018 4:41 PM

Author Type: Registered Nurse  
Status: Signed

2ND INT PLACED WITH BLOOD CULTURE OBTAINED

Candace N Dean, RN  
06/17/18 1642

Electronically Signed by Candace N Dean, RN on 6/17/2018 4:42 PM



**ED Notes - ED Notes (continued)**

**ED Provider Re-evaluation - ED Notes**

**ED Provider Re-evaluation by Douglas E Krug, MD at 6/17/2018 4:50 PM**

Author: Douglas E Krug, MD  
Filed: 6/22/2018 8:58 AM  
Editor: Douglas E Krug, MD (Physician)

Service: —  
Date of Service: 6/17/2018 4:50 PM

Author Type: Physician  
Status: Signed

**Physical Exam Re-assessment**

Physical Exam

There were several serial exams performed on patient during ED encounter to reassess status of patient. VS were reviewed and patient was re-examined.

4:51 PM

On serial evaluation, patient's condition unchanged. No new complaints. Exam without change.

Consulted Dr. Rosenberg of Gastroenterology. Case reviewed and recommendations made for Bolus and continuous infusion of IV Protonix and will see in consultation

Consulted Dr. Irlandez with WellStar Cardiology who will evaluate patient in ED for further evaluation and management

Consulted Dr. Prakashof Hospital Medicine who will admit patient for further evaluation, management and definitive care.

6:12 PM

**Patient is suffering from decompensated congestive heart failure with patient currently in pulmonary edema. As such, despite significant lactic acidemia, patient is not a candidate at this time for aggressive IV fluid resuscitation. Patient has been ordered broad-spectrum antibiotics to treat possible sepsis.**

Patient presented with a constellation of symptoms and signs suggesting a critical illness potentially life threatening and posing immediate risk to normal physiologic function. Patients overall condition while in the ED was potentially unstable in setting of respiratory distress, acute pulmonary edema, acute severe anemia in setting of likely upper gastrointestinal hemorrhage and coagulopathy. Patient also possibly septic.. An emergent comprehensive evaluation (and life/limb saving interventions, if indicated) was necessary to prevent potential loss of life and serious compromise of physiologic function. As such, significant critical care time was devoted to evaluating, stabilizing and (if necessary) resuscitating this critically ill/injured patient.

**MDM**

Number of Diagnoses or Management Options

Acute on chronic congestive heart failure, unspecified congestive heart failure type (HCC): established, worsening

Acute pulmonary edema (HCC): established, worsening

**ED Provider Re-evaluation - ED Notes (continued)**

**ED Provider Re-evaluation by Douglas E Krug, MD at 6/17/2018 4:50 PM (continued)**

AKI (acute kidney injury) (HCC): established, worsening  
Elevated INR: new, needed workup  
Leukocytosis, unspecified type: new, needed workup  
Long term current use of anticoagulant: established, worsening  
Occult blood positive stool: new, needed workup  
Severe anemia: new, needed workup  
Thrombocytopenia (HCC): new, needed workup  
Upper GI bleed: new, needed workup  
Diagnosis management comments: Differential Diagnoses: Decompensated congestive heart failure. Acute coronary syndrome. Acute upper gastrointestinal hemorrhage. Sepsis. Dehydration. Urinary tract infection. Community-acquired pneumonia. Electrolyte abnormality. Acute renal failure.

Amount and/or Complexity of Data Reviewed

Clinical lab tests: ordered and reviewed  
Tests in the radiology section of CPT®: ordered and reviewed  
Tests in the medicine section of CPT®: ordered and reviewed  
Discussion of test results with the performing providers: yes  
Decide to obtain previous medical records or to obtain history from someone other than the patient: yes  
Obtain history from someone other than the patient: yes  
Review and summarize past medical records: yes  
Discuss the patient with other providers: yes  
Independent visualization of images, tracings, or specimens: yes

Risk of Complications, Morbidity, and/or Mortality

Presenting problems: high  
Diagnostic procedures: high  
Management options: high  
General comments: Pertinent Diagnostic Findings: Significantly elevated serum lactic acid level. Coagulopathy noted. Marked anemia. Mild leukocytosis noted. Thrombocytopenia. Evidence of urinary tract infection. Positive stool Hemocult. Significantly elevated troponin and BMP. Evidence of acute kidney injury and significant azotemia. Chest x-ray reveals pulmonary edema. EKG reveals inappropriate sinus bradycardia and evidence of possible ischemia.

Management in ED: Submission of blood cultures administration of parenteral broad-spectrum antibiotics. Administration of bolus and continuous infusion of parenteral PPI agent. Gastroenterology and cardiology consultations. Hospital medicine consultation with planned admission to IMCU.

Patient Progress

Patient progress: stable

MDM

Reviewed: nursing note, vitals and previous chart  
Reviewed previous: labs



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**ED Provider Re-evaluation - ED Notes (continued)**

**ED Provider Re-evaluation by Douglas E Krug, MD at 6/17/2018 4:50 PM (continued)**

Interpretation: labs, ECG and x-ray

Total time providing critical care: 30-74 minutes. This excludes time spent performing separately reportable procedures and services.

Consults: admitting MD, gastrointestinal and cardiology

Electronically Signed by Douglas E Krug, MD on 6/22/2018 8:58 AM

**Discharge Summary - Encounter Notes**

**Discharge Summary by Samina Fakhr, MD at 6/21/2018 11:05 AM**

Author: Samina Fakhr, MD  
Filed: 6/21/2018 11:15 AM  
Editor: Samina Fakhr, MD (Physician)

Service: Hospital Medicine  
Date of Service: 6/21/2018 11:05 AM

Author Type: Physician  
Status: Signed



**Hospital Medicine**

**HOSPITAL MEDICINE DISCHARGE SUMMARY**

**NAME:** Eugene G Maurice    **MRN:** 561253820    **DOB:** 1/2/1949  
**ADMIT Date:** 6/17/2018 2:51 PM  
**DISCHARGE Date:**

**Attending of Record:** Samina Fakhr, MD  
**Outpatient PCP:** Jeffrey L Tharp, MD

**Reason for Admission:** Shortness of Breath and Fatigue

**Discharge Problem List:**

Principal Problem (Resolved):

Upper GI bleed

Active Problems:

Hyperlipidemia, unspecified hyperlipidemia type

Obesity

Essential hypertension with goal blood pressure less than 130/85

Coronary artery disease involving native coronary artery of native heart without angina pectoris

Controlled type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (HCC)

Anemia due to acute blood loss

**Discharge Summary - Encounter Notes (continued)****Discharge Summary by Samina Fakhr, MD at 6/21/2018 11:05 AM (continued)**

Acute on chronic congestive heart failure, unspecified congestive heart failure type (HCC)

AKI (acute kidney injury) (HCC)

Adverse effect of sotalolol, initial encounter

Acute on chronic heart failure with normal ejection fraction (HCC)

Anemia

Overview: Added automatically from request for surgery 536485

PAF (paroxysmal atrial fibrillation) (HCC)

Acute GI bleeding

Long term current use of anticoagulant

Epistaxis

Resolved Problems:

Urinary tract infection without hematuria, site unspecified

Pulmonary edema

**Consults:**

CONSULT TO MEDICATION HISTORY SPECIALIST

IP CONSULT TO CARDIOLOGY

IP CONSULT TO DIABETES EDUCATOR

IP CONSULT TO CARE COORDINATOR

IP CONSULT TO CARE COORDINATOR

IP CONSULT TO GASTROENTEROLOGY

IP CONSULT TO ELECTROPHYSIOLOGY

IP CONSULT TO ENT

**Hospital Course: Patient is a 69 yo male with PMH of CAD, PAF on Eliquis, DM, HTN who presents with SOB, GI bleed with hgb 5.6, increased pulmonary edema, and possible UTI.**

**Hospital course includes:**

1. Acute blood loss anemia/ Acute GI bleed, transfused 2 units of PRBCs

S/P EGD 6/19/18 c/w :

1. Unremarkable second part of the duodenum. Biopsies taken to rule out celiac disease.

2. Patchy erythema seen in the duodenal bulb suggestive of duodenitis.

3. Several small superficial clean based ulcer seen in the antrum with surrounding gastritis. Helicobacter pylori negative

4. Unremarkable esophagus.

Continue Protonix.

2. UTI. Continued Zosyn. urine culture negative-DC abx

3. Paroxysmal atrial fibrillation. Rate controlled. Resume Eliquis OK with GI,H/H stable on Eliquis

4. Transaminitis. Possibly due to shock liver from acute anemia. Continue to monitor LFTs. Acute hepatitis panel-non reactive.

5. Type 2 DM controlled Hgb A1c 6.0- 6/18/18.

6. Elevated troponin/ Abnormal EKG. Cardiology evaluated

7. Bradycardia-resolved

8. Pulmonary edema. S/p Lasix for presumed CHF exacerbation.

9. Epistaxis : F/u on rec from ENT

**Discharge Summary - Encounter Notes (continued)**

**Discharge Summary by Samina Fakhr, MD at 6/21/2018 11:05 AM (continued)**

The remainder of the patient's medical problems were chronic and stable without any further intervention this admission. The patient will continue the current treatments and medications. Patient was clinically and hemodynamically stable at discharge.

**Physical Exam:**

Temp: [98 °F (36.7 °C)-98.4 °F (36.9 °C)] 98 °F (36.7 °C)

Heart Rate: [61-109] 62

Resp: [16-18] 18

BP: (104-154)/(53-80) 137/64

GEN: No acute distress

EYES: Extraocular muscles intact

HEENT: Moist mucus membranes

CV: Regular rate and rhythm, No murmurs appreciated

PULM: Clear to auscultation anteriorly, No crackles, rhonchi or wheezing appreciated

ABD: Bowel sounds normoactive, Soft, Not tender, Not distended

SKIN: No rashes appreciated

NEURO: No focal deficits

**Discharge Medication Reconciliation:  
Current Discharge Medication List**

**START taking these medications**

	Details
ferrous sulfate 324 mg (65 mg iron) TbEC	Take 1 tablet (324 mg total) by mouth 2 (two) times a day with meals Qty: 60 tablet, Refills: 0
oxymetazoline (AFRIN) 0.05 % nasal spray	2 sprays by Nasal route 2 (two) times a day as needed (nose bleed) Qty: 15 mL, Refills: 0
pantoprazole (PROTONIX) 40 MG EC tablet	Take 1 tablet (40 mg total) by mouth 2 (two) times a day before meals Qty: 60 tablet, Refills: 0

**CONTINUE these medications which have CHANGED**

	Details
furosemide (LASIX) 20 MG tablet	Take 1 tablet (20 mg total) by mouth every other day Qty: 30 tablet, Refills: 0
sotalol (BETAPACE) 80 MG tablet	Take 0.5 tablets (40 mg total) by mouth 2 (two) times a day Qty: 60 tablet, Refills: 0

**CONTINUE these medications which have NOT CHANGED**

	Details
apixaban (ELIQUIS) 5 mg tablet	Take 1 tablet (5 mg total) by mouth 2 (two) times a day Qty: 180 tablet, Refills: 3
atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet (80 mg total) by mouth nightly Qty: 90 tablet, Refills: 3

**Discharge Summary - Encounter Notes (continued)**

Discharge Summary by Samina Fakhr, MD at 6/21/2018 11:05 AM (continued)

<b>cyanocobalamin, vitamin B-12, (VITAMIN B12 ORAL)</b>	Take 1 tablet by mouth daily
<b>isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet</b>	Take 2 tablets (60 mg total) by mouth 2 (two) times a day Qty: 360 tablet, Refills: 3 <i>Associated Diagnoses:</i> Coronary artery disease involving native coronary artery of native heart without angina pectoris
<b>metFORMIN (GLUCOPHAGE) 500 MG tablet</b>	2 tablets po in am and 2 in pm Qty: 360 tablet, Refills: 0
<b>!! blood sugar diagnostic (GLUCOSE BLOOD) strip</b>	cvs true test blood glucose strip; test blood sugar ac breakfast and then once more daily as needed.. Qty: 100 strip, Refills: 2
<b>!! blood sugar diagnostic strip</b>	True metrix - test blood sugar ac breakfast and then once more daily as needed.. Dx E11.9 Qty: 100 strip, Refills: 2
<b>nitroglycerin (NITROSTAT) 0.4 MG SL tablet</b>	Place 1 tablet (0.4 mg total) under the tongue every 5 (five) minutes as needed for chest pain Qty: 25 tablet, Refills: 3

**!! - Potential duplicate medications found. Please discuss with provider.**

**STOP taking these medications**

- aspirin, buffered 81 mg Tab
- carvedilol (COREG) 6.25 MG tablet
- ramipril (ALTACE) 10 MG capsule

**Discharge Disposition:** Discharged to: Home

**Condition at Discharge:** Stable

**Discharge Instructions:**

The patient was educated on warning signs regarding the current medical conditions. If any of these issues were to arise or worsen, the patient was instructed to contact their PCP or seek further medical evaluation in the emergency room.

**Follow-up Appointment Date and Time:**

**Future Appointments**

Date	Time	Provider	Department	Center
6/26/2018	3:00 PM	Abdul M Sheikh, MD	CVM HIRAM	WMG CVM Hira



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**Discharge Summary - Encounter Notes (continued)**

**Discharge Summary by Samina Fakhr, MD at 6/21/2018 11:05 AM (continued)**

8/21/2018	9:15 AM	Beau N Dusseault, MD	UROHI	WMG Uro Hira
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Follow-up: PCP in 1 weeks or Facility Medical Director with CBC, CMP  
F/u with GI in 2 wks  
F/u with ENT in 1 wk

Time Coordinating Discharge: 38 minutes

**Samina Fakhr, MD**  
**Hospital Medicine**  
6/21/2018

Electronically Signed by Samina Fakhr, MD on 6/21/2018 11:15 AM

**H&P - Encounter Notes**

**H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM**

Author: Charu G Prakash, MD	Service: Hospital Medicine	Author Type: Physician
Filed: 6/18/2018 12:14 AM	Date of Service: 6/17/2018 4:58 PM	Status: Signed
Editor: Charu G Prakash, MD (Physician)		
Related Notes: Original Note by Naomi W Muhia, NP (Nurse Practitioner) filed at 6/17/2018 5:49 PM		



**Hospital Medicine History and Physical**

**Admitting Physician: Charu G Prakash, MD**  
**Patient Name: EUGENE G MAURICE**  
**Outpatient PCP: Jeffrey L Tharp, MD**  
**Bed: ED 106/106**

**History and Physical**

**CC:**

**Chief Complaint**

Patient presents with

- Shortness of Breath
- Fatigue

**H&P - Encounter Notes (continued)**

H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)

**HPI:** EUGENE G MAURICE is a 69 y.o. male with PMHx of CAD, paroxysmal atrial flutter/fibrillation on Eliquis, DM, HTN presents to ER with progressive SOB. DOE and fatigue > 1 month worse last 2 days. Patient reports he has been following with cardiologist for these symptoms. He had TEE 6/12/2018 showed -Mild- moderate central MR( 2 small jets), likely related to tethering of posterior leaflet, MR determined by color jet area, color jet not adequate for ERO and VC determination. He is scheduled for LHC for Wednesday 6/20. Patient denies chest pain or headache, fever or chills. Initial work up in ER showed H & H 5.6/19, positive guiac, BNP 2,307. CXR- Increased pulmonary edema.

Hospital medicine was asked to admit the patient for further evaluation and management.

**Review of Systems**

All other systems were negative with the exception of those noted above

**Past Medical History**

**Past Medical History:**

Diagnosis	Date
• CAD (coronary artery disease)	
• Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)	1/30/2018
• Coronary atherosclerosis of native coronary artery	
• Diabetes mellitus (HCC)	
• Essential hypertension, benign	
• Family history of ischemic heart disease	
• Hyperlipidemia	
• Hypertension	
• Infectious viral hepatitis <i>as teen/cannot recall what type</i>	
• Obesity	
• Other and unspecified hyperlipidemia	
• Other symptoms involving cardiovascular system	
• PVD (peripheral vascular disease) (HCC)	

**Past Surgical History**

**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		
• CAROTID ENDARTERECTOMY x2		
• COLONOSCOPY <i>as of 9/2014 has not had this</i>		
• CORONARY ARTERY BYPASS GRAFT X6		1992
• CORONARY STENT PLACEMENT		2014



**H&P - Encounter Notes (continued)**

H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)

- sheikh*
- shingles 9/2015

**Family History**

Family History

Problem	Relation	Age of Onset
• Coronary artery disease	Mother	
• Other MI	Mother	
• Other MI	Brother	
• Anemia	Neg Hx	
• Arrhythmia	Neg Hx	
• Asthma	Neg Hx	
• Clotting disorder	Neg Hx	
• Fainting	Neg Hx	
• Heart attack	Neg Hx	
• Heart disease	Neg Hx	
• Heart failure	Neg Hx	
• Hyperlipidemia	Neg Hx	
• Hypertension	Neg Hx	
• Stroke	Neg Hx	

**Psychosocial History**

No other psychosocial social needs are indicated

**Social History**

Social History

Social History

- Marital status: Married
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Former Smoker



**H&P - Encounter Notes (continued)**

H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)

- Packs/day: 1.00
- Years: 25.00
- Types: Cigarettes
- Quit date: 4/7/1992
- Smokeless tobacco: Never Used
- Alcohol use: 2.4 oz/week  
2 Glasses of wine, 2 Shots of liquor per week  
*Comment: rarely*
- Drug use: No
- Sexual activity: Not on file

Other Topics

Concern

- Not on file

Social History Narrative

- No narrative on file

**Allergies**

No Known Allergies

**Home Medications**

**Medications reconciled in EPIC**

Prior to Admission medications

Medication	Sig	Start Date	End Date	Takin g?	Authorizing Provider
apixaban (ELIQUIS) 5 mg tablet	Take 1 tablet (5 mg total) by mouth 2 (two) times a day	3/2/18			Abdul M Sheikh, MD
aspirin, buffered 81 mg Tab	Take 81 mg by mouth daily.	2/11/11			Historical Provider, MD
atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet (80 mg total) by mouth nightly	3/2/18			Abdul M Sheikh, MD
blood sugar diagnostic (GLUCOSE BLOOD) strip	cvs true test blood glucose strip; test blood sugar ac breakfast and then once more daily as needed..	4/20/16			Sylvia S Cunningham, NP
blood sugar diagnostic strip	True metrix - test blood sugar ac breakfast and then once more daily as needed.. Dx E11.9	5/30/17			Susan E Ashworth, NP
carvedilol (COREG) 6.25	Take 2 tablets (12.5	6/5/18			Abdul M Sheikh, MD

**H&P - Encounter Notes (continued)**

H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)

MG tablet	mg total) by mouth 2 (two) times a day with meals		
furosemide (LASIX) 20 MG tablet	Take 1 tablet (20 mg total) by mouth 2 (two) times a day	6/1/18	Abdul M Sheikh, MD
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 2 tablets (60 mg total) by mouth 2 (two) times a day	3/2/18	Abdul M Sheikh, MD
metFORMIN (GLUCOPHAGE) 500 MG tablet	2 tablets po in am and 2 in pm	1/15/18	Susan E Ashworth, NP
nitroglycerin (NITROSTAT) 0.4 MG SL tablet	Place 1 tablet (0.4 mg total) under the tongue every 5 (five) minutes as needed for chest pain Patient not taking: Reported on 6/12/2018	1/3/18	Abdul M Sheikh, MD
ramipril (ALTACE) 10 MG capsule	Take 1 capsule (10 mg total) by mouth 2 (two) times a day	3/2/18	Abdul M Sheikh, MD
sotalol (BETAPACE) 80 MG tablet	Take 1 tablet (80 mg total) by mouth 2 (two) times a day	3/21/18	Anand S Kenia, MD

**Physical Exam**

**Visit Vitals**

BP	129/53
Pulse	55
Temp	98.2 °F (36.8 °C) (Oral)
Resp	18
Wt	95.3 kg (210 lb)
SpO2	100%
BMI	32.89 kg/m <sup>2</sup>

SpO2 Readings from Last 1 Encounters:  
06/17/18 100%

Physical exam was performed:

GEN: No acute distress, alert, awake and oriented x 3

EYES: Conjunctival pale, No scleral icterus, Extraocular muscles intact

**H&P - Encounter Notes (continued)**

H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)

HEENT: Normocephalic, Atraumatic, Moist mucus membranes  
NECK: Supple  
CV: Normal S1 and S2  
PULM: CTA bilaterally. No wheezes, crackles, or rales  
ABD: Obese, Soft, Not distended, Normo active bowel sounds, Not tender  
EXT: Intact distal pulses, No clubbing, cyanosis, or edema noted  
SKIN: Warm and dry  
NEURO: No focal deficits noted

**Labs**

Results for orders placed or performed during the hospital encounter of 06/17/18

**CBC W/ Diff**

Result	Value	Ref Range
WBC COUNT	12.3 (H)	3.5 - 10.5 10E9/L
RBC Count	2.31 (L)	4.32 - 5.72 10E12/L
HGB	5.6 (LL)	13.5 - 17.5 g/dL
Hematocrit	19 (LL)	39 - 50 %
MCV	82	81 - 95 fL
MCH	24 (L)	26 - 34 pg
MCHC	30 (L)	32 - 36 g/dL
RDW	19.5 (H)	11.8 - 15.6 %
PLATELET	97 (L)	150 - 450 10E9/L
MPV	10.7	9.4 - 12.4 fL
% NEUTROPHILS	66	%
% Lymphs	12	%
% Monos	20	%
% EOS	1	%
% BASOS	1	%
Absolute Neutrophils	8.1 (H)	1.7 - 7.0 10E9/L
Absolute Lymphs	1.5	1.5 - 4.0 10E9/L
Absolute Monos	2.5 (H)	0.3 - 0.9 10E9/L
Absolute EOS	0.1	0.1 - 0.5 10E9/L
Absolute Baso	0.1	0.0 - 0.3 10E9/L
PLATELET ESTIMATE	DECREASED	
ANISOCYTOSIS	2+	
HYPOCHROMIA	3+	
POIKILOCYTOSIS	2+	

**Partial Thromboplastin Time (PTT)**

Result	Value	Ref Range
PTT	30	25 - 38 SEC

**Prothrombin Time-INR**

Result	Value	Ref Range
PT	46.0 (H)	9.3 - 12.5 SEC
INR	4.07 (HH)	0.85 - 1.15 RATIO

**Urinalysis, Automated**

Result	Value	Ref Range
URINE COLOR	YELLOW	YELLOW

**H&P - Encounter Notes (continued)**

H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)

URINE APPEARANCE	CLOUDY (A)	CLEAR
URINE SPEC GRAVITY	1.005	1.001 - 1.040
Urine pH	5.0	5.0 - 8.0
Urine Protein	2+ (A)	NEGATIVE
URINE GLUCOSE,Iris	NEGATIVE	NEGATIVE
URINE KETONES	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
URINE BLOOD	1+ (A)	NEGATIVE
URINE NITRITES	NEGATIVE	NEGATIVE
URINE LEUK ESTERASE	TRACE (A)	NEGATIVE
URINE PRESERVATIVE	NO	
URINE RBC	9 (H)	0 - 1 /HPF
URINE WBC	29 (H)	0 - 5 /HPF
URINE BACTERIA	RARE (A)	NONE SEEN
AMORPHOUS CRYSTALS	RARE (A)	REFERENCE RANGE NOT ESTABLISHED
URINE SQUAMOUS EPI CELLS	3	0 - 3 /HPF
HYALINE CASTS	1	0 - 1 /LPF

**Magnesium, Bld**

Result	Value	Ref Range
Magnesium	2.3	1.6 - 2.6 mg/dL

**POCT Occult Blood Stool-Screen**

Result	Value	Ref Range
Fecal Occult Blood	Positive (A)	Negative
FOB Positive Control Blue Check	Yes	Yes
FOB Negative Control Background	Yes	Yes
Clear		
FOB Lot Number	119	
FOB Expiration Date	10/31/2018	mm/dd/yyyy
Employee ID	22806	

**Electrocardiogram, 12 Lead**

Result	Value	Ref Range
VENT RATE	55	BPM
Atrial Rate	55	BPM
PR Interval	178	MS
QRS Duration	140	MS
QT Interval	530	MS
QTC Calculation	507	MS
P Axis	54	DEGREES
R Axis	-43	DEGREES
T Wave Axis	175	DEGREES

**Type and screen**

Result	Value	Ref Range
Ordered Product Component	RED CELLS	
UNITS ORDERED	1	
ABO/RH(D)	O POSITIVE	
ANTIBODY SCREEN	NEGATIVE	
ARM BAND NUMBER	R90803	

**H&P - Encounter Notes (continued)**

H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)

BLOOD BANK COMMENT BLOOD PRODUCTS AVAILABLE AND CALLED TO BRIAN AT 1700 ON 6/17/18  
Unit Number W200318246426  
BLOOD COMPONENT TYPE AS-1 RED BLOOD CELLS, LEUKOCYTES REDUCED (FILTRATION)  
UNIT DIVISION 00  
STATUS OF UNIT ISSUED  
TRANSFUSION STATUS OK TO TRANSFUSE  
CROSSMATCH RESULT Compatible

**PREPARE RBC, 1 Units**

Result	Value	Ref Range
ARM BAND NUMBER	R90803	
Special Unit Requirements	NONE	

**Blood Group and RH Type**

Result	Value	Ref Range
ABO/RH(D)	O POSITIVE	

**POC Chem8**

Result	Value	Ref Range
POC-SODIUM	135 (L)	136 - 145 mmol/L
POC-POTASSIUM	4.9	3.5 - 5.1 mmol/L
POC-CHLORIDE	99	95 - 110 mmol/L
POC-GLUCOSE	111 (H)	70 - 99 mg/dL
POC-BUN	56 (H)	7 - 21 mg/dL
POC-IONIZED CALCIUM	1.01 (L)	1.09 - 1.29 mmol/L
POC-CO2	18 (L)	20 - 28 mmol/L
POC-AGAP	24 (H)	15 - 23
POC-CREATININE	2.2 (H)	0.64 - 1.27 mg/dL
GFR Non-Afric Amer	30 (L)	>59 ml/min/1.73 m2
GFR AFRICAN AMER	36 (L)	>59 ml/min/1.73 m2
POC-OPERATOR'S ID	54558	

**POC BNP I-Stat**

Result	Value	Ref Range
POC-BNP	2,307 (H)	0 - 99 ng/mL
POC-OPERATOR'S ID	54558	

**POC Troponin**

Result	Value	Ref Range
POC TROPONIN	0.09 (HH)	<0.09 ng/mL
POC-COMMENT	Notification value. Physician notified.	
POC-OPERATOR'S ID	54558	

No results found for: DDIMER

**Protime**

Date	Value	Ref Range	Status
01/03/2014	10.8	10.0 - 13.7 SEC	Final

**H&P - Encounter Notes (continued)**

H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)

**PT**

Date	Value	Ref Range	Status
06/17/2018	46.0 (H)	9.3 - 12.5 SEC	Final

**INR**

Date	Value	Ref Range	Status
06/17/2018	4.07 (HH)	0.85 - 1.15 RATIO	Final

Comment:  
NOTIFICATION VALUE CALLED  
READ BACK AND CONFIRMED  
TO K. WISE RN @ 1614 ON 06/17/18

**ANION GAP**

Date	Value	Ref Range	Status
06/15/2018	27 (H)	12 - 20	Final
06/12/2018	20	12 - 20	Final
05/31/2018	20	12 - 20	Final

**POC-BNP**

Date	Value	Ref Range	Status
06/17/2018	2,307 (H)	0 - 99 ng/mL	Final

Comment:  
Note: Correct units are pg/mL and not ng/mL. Reference range is 0-99 pg/mL.

**Diagnostic Studies**

**Imaging:**

Results for orders placed or performed during the hospital encounter of 06/17/18

X-ray Chest Portable - (1 View)

*Narrative*

EXAM: KH XR CHEST PORTABLE - (1 VIEW)

CLINICAL INDICATION:

SOB

COMPARISON: 6/15/2018

FINDINGS: The heart remains upper limits normal size with changes of median sternotomy and CABG. The lungs are fully expanded demonstrating increased edema, unchanged tiny pleural effusions. No pneumothorax is seen.

*Impression*

Increased pulmonary edema.

**H&P - Encounter Notes (continued)**

H&amp;P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)

Released By: MARK PARSON, MD 6/17/2018 4:05 PM

**Assessment and Plan**

EUGENE G MAURICE is a 69 y.o. male who presents with GI bleed

## Principal Problem:

GI bleed

## Active Problems:

- Hyperlipidemia, unspecified hyperlipidemia type
- Obesity
- Essential hypertension with goal blood pressure less than 130/85
- Coronary artery disease involving native coronary artery of native heart without angina pectoris
- Controlled type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (HCC)
- Anemia due to acute blood loss
- UTI (urinary tract infection)
- Pulmonary edema

## GI Bleed

- admit to IMCU
- Check H/H q 8 hours x 24 hours
- Establish adequate IV access
- Type and Screen 2 units of pRBCs
- Protonix gtt
- Hold anticoagulation/SCDs for DVT prophylaxis
- Gastroenterology Consult

## Anemia due to acute blood loss

- Type and Screen 2 units of pRBCs
- transfuse 2 units PRBC
- serial H & H.

## Elevated Troponin and abnormal EKG

- cycle cardiac enzymes,
- patient scheduled for LHC in 6/20
- Tele, consult CVM

## DMT2

- Accucheck q Ac and Hs or q 6 hours if NPO
- Insulin coverage with SSI scale
- Hold oral meds.
- HgA1c and 1800 ADA diet
- Hypoglycemia protocol
- Consult DM educator



**H&P - Encounter Notes (continued)****H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)**

UTI

--urine culture  
--Zosyn

Pulmonary edema

--cont home dose lasix, further Mx per CVM

HTN

--Blood pressure low normal  
--Holding parameters or Bp meds

Plan of care was discussed and all questions were answered.

**Code Status:** Full**Naomi W Muhia, NP**  
**Hospital Medicine**  
**6/17/2018**  
**4:58 PM**

Physician Addendum :

*GEN:* No acute distress*NEURO:* AAOx3*EYES:* No conjunctival pallor, No scleral icterus, Extraocular muscles intact*HEENT:* Moist mucus membranes, No oropharyngeal erythema*NECK:* Supple, No carotid bruits appreciated*CV:* Regular rate and rhythm, No murmurs appreciated*PULM:* Decreased breath sounds*ABD-* soft, NT, ND, BS +EXT - edema 3+

Neuro AAO x3, no focal deficits

Pt is 69 y.o. male with PMHx of CAD, paroxysmal atrial flutter/fibrillation on Eliquis, DM , HTN presents to ER with progressive SOB. In ER pt with hgb 5.6 with heme positive stools. GI consulted.transfuse 2 units PRBC, Lasix 20 mg IV after 1st unit. Hold AC.

Elevated BNP/ mild elevation in troponin

CXR pulm edema

Lasix 40 mg lv BID, decrease coreg

D/w with Dr Irlandez

Monitor creatinine closely with diuresis

UTI

Abx , f/u UC /BC

Elevated lactic acid

Likely sec to hypoperfusion sec to severe anemia

Trending down



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**H&P - Encounter Notes (continued)**

**H&P by Charu G Prakash, MD at 6/17/2018 4:58 PM (continued)**

Started on IV abx, f/u cultures  
follow serial LA

I examined the patient, I discussed with the patient and family the plan, I reviewed the APP's orders, notes, I agree with the plan.

Charu prakash MD  
Hospitalist Service

Electronically Signed by Charu G Prakash, MD on 6/18/2018 12:14 AM

**Consults - Encounter Notes**

**Consults by Diosdado M Irlandez, MD at 6/17/2018 5:07 PM**

Author: Diosdado M Irlandez, MD	Service: Cardiology	Author Type: Physician
Filed: 6/17/2018 6:00 PM	Date of Service: 6/17/2018 5:07 PM	Status: Signed
Editor: Diosdado M Irlandez, MD (Physician)		
Related Notes: Original Note by Davdatt Patel V, NP (Nurse Practitioner) filed at 6/17/2018 5:45 PM		

**WellStar Cardiovascular Medicine**

**Patient Name:** Eugene G Maurice  
**Date of Birth:** 1/2/1949  
**Primary Cardiologist:** Abdul Sheikh MD  
**Today's Date:** 6/17/2018  
LOS: 0 days

**CARDIOVASCULAR MEDICINE CONSULT NOTE**

**Reason for Consult:** CAD  
**Requesting Provider:** Krug

**History of Present Illness**

Eugene G Maurice is a 69 y.o. male presented to ER with c/o 2 week hx of progressively worsening SOB which has actually been on going x 2 months. Pt was seen by Dr. Sheikh and plan was pt to undergo repeat LHC to assess coronary anatomy on 6/20/18.. Pt was found to have (+) stool guiac and H/H of 5.6/19. CVM consulted as pt is on eliquis for hx PAF. Pt denies any c/o CP but does c/o DOE, and 3 pillow orthopnea. Pt has noted increased swelling BLE x 2 weeks, denies missing lasix dose but has held ACE-I/BB x 2 weeks 2/2 hypotension and dizziness. Of note pt states has had several episodes of nose bleeds - last 3 days ago lasting 60'.

**Past Medical History**

**Cardiovascular History:**

<b>No</b>	History of Cardiac Arrest (Requiring CPR/Defibrillation)
<b>No</b>	History of Myocardial Infarction (MI)
<b>Yes</b>	History of Prior Percutaneous Coronary Intervention (PCI)
<b>Yes</b>	History of Coronary Artery Bypass Grafting (CABG)

**Consults - Encounter Notes (continued)**

Consults by Diosdado M Irlandez, MD at 6/17/2018 5:07 PM (continued)

**Cardiovascular Risk Factors:**

<b>Yes</b>	Hypertension (HTN)
<b>Yes</b>	Dyslipidemia (High LDL Cholesterol / Low HLD Cholesterol)
<b>No</b>	Diabetes/Pre-Diabetes (Type 1 or 2)
<b>Yes</b>	Tobacco Use (Ongoing or History)
<b>Yes</b>	Family History of Coronary Heart Disease (CHD)
<b>Yes</b>	Obesity ( <i>Body mass index is 32.89 kg/m<sup>2</sup>.</i> )

**Pertinent Comorbidities:**

<b>No</b>	Cerebrovascular Disease <ul style="list-style-type: none"> <li>• Transient Ischemic Attack (TIA)</li> <li>• Cerebrovascular Accident (CVA)</li> <li>• Carotid Artery Stenosis (&gt; 79%)</li> <li>• History of Carotid Endarterectomy (CEA)</li> </ul>
<b>Yes</b>	Peripheral Vascular Disease (PVD) <ul style="list-style-type: none"> <li>• Claudication (with exertion or rest)</li> <li>• History of Amputation for Arterial Insufficiency</li> <li>• History of Vascular Bypass or PTA</li> <li>• History of Aortic Aneurysm (with or without repair)</li> <li>• ABI &lt;= 0.9 or Imaging demonstrating &gt; 50% stenosis</li> </ul>
<b>No</b>	Heart Failure (Systolic or Diastolic): Class: <ul style="list-style-type: none"> <li>• Class I: No limitations with ordinary activity</li> <li>• Class II: Slight limitation of ordinal activity, comfortable at rest</li> <li>• Class III: Marked limitation of physical activity, comfortable at rest</li> <li>• Class IV: Symptoms at rest that worsen with any physical activity</li> </ul>
<b>No</b>	Chronic Lung Disease (CLD)
<b>No</b>	Chronic Kidney Disease (CKD)
<b>No</b>	History of Intracranial Hemorrhage (ICH)
<b>Yes</b>	History of Gastrointestinal Bleeding (GIB)

**Past Medical History:**

Diagnosis	Date
-----------	------

- CAD (coronary artery disease)
- Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC) 1/30/2018
- Coronary atherosclerosis of native coronary artery
- Diabetes mellitus (HCC)
- Essential hypertension, benign
- Family history of ischemic heart disease
- Hyperlipidemia
- Hypertension
- Infectious viral hepatitis  
*as teen/cannot recall what type*
- Obesity
- Other and unspecified hyperlipidemia
- Other symptoms involving cardiovascular system
- PVD (peripheral vascular disease) (HCC)

**Consults - Encounter Notes (continued)**

Consults by Diosdado M Irlandez, MD at 6/17/2018 5:07 PM (continued)

**Past Surgical History**

**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		
• CAROTID ENDARTERECTOMY x2		
• COLONOSCOPY as of 9/2014 has not had this		
• CORONARY ARTERY BYPASS GRAFT X6		1992
• CORONARY STENT PLACEMENT sheikh		2014
• shingles		9/2015

**Family History**

**Family History**

Problem	Relation	Age of Onset
• Coronary artery disease	Mother	
• Other MI	Mother	
• Other MI	Brother	
• Anemia	Neg Hx	
• Arrhythmia	Neg Hx	
• Asthma	Neg Hx	
• Clotting disorder	Neg Hx	
• Fainting	Neg Hx	
• Heart attack	Neg Hx	
• Heart disease	Neg Hx	
• Heart failure	Neg Hx	
• Hyperlipidemia	Neg Hx	
• Hypertension	Neg Hx	
• Stroke	Neg Hx	

**Social History**

**Social History**

**Substance Use Topics**

• Smoking status:	Former Smoker
Packs/day:	1.00
Years:	25.00
Types:	Cigarettes
Quit date:	4/7/1992
• Smokeless tobacco:	Never Used
• Alcohol use	2.4 oz/week

**Consults - Encounter Notes (continued)**

Consults by Diosdado M Irlandez, MD at 6/17/2018 5:07 PM (continued)

2 Glasses of wine, 2 Shots of liquor per week  
*Comment: rarely*

**Allergies**

No Known Allergies

**Home Medications**

See home medication reconciliation list.

**Review of Systems**

ALL OTHER SYSTEMS WERE FOUND TO BE NEGATIVE EXCEPT FOR THAT DESCRIBED IN THE ABOVE HPI

**Flowsheet**

**Visit Vitals**

BP 114/51  
Pulse 55  
Temp 97.8 °F (36.6 °C)  
Resp 22  
Wt 95.3 kg (210 lb)  
SpO2 100%  
BMI 32.89 kg/m<sup>2</sup>

**Physical Exam**

**General:** alert, well appearing, and in no distress

**Eyes:** Pupils are equal and reactive.

**Neck:** supple, no jugular venous distention, no carotid bruits

**Chest:** BBS= with crackles in bases with occasional exp wheeze noted; normal respiratory effort

**Cardiovascular:** S1 and S2 normal, no click, gallop or rub. 3/6 SEM noted

**Abd:** soft without significant tenderness or guarding, bowel sounds present

**Extremities:** 3+ pedal edema up to knees, no clubbing or cyanosis

**Skin:** normal coloration, no rashes

**Neuro:** alert, oriented, normal speech, no focal findings

**Psych:** appropriate mood and affect, follows commands

**Labs**

**HEMATOLOGY:**

**Results from last 7 days**

Lab	Units	06/17/18
WBC COUNT	10E9/L	12.3*
HGB	g/dL	5.6*

**Consults - Encounter Notes (continued)**

**Consults by Diosdado M Irlandez, MD at 6/17/2018 5:07 PM (continued)**

HEMATOCRIT % 19\*  
PLATELET 10E9/L 97\*

**Results from last 7 days**

Lab	Units	06/17/18
		<b>1514</b>
INR	RATIO	4.07*
APTT	SEC	30

**CHEMISTRY:**

**Results from last 7 days**

Lab	Units	06/17/18	06/17/18	06/15/18	06/12/18	06/12/18
		1515	1514	1142	1403	1250
SODIUM, S	mmol/L	--	--	138	--	142
POTASSIUM	mmol/L	--	--	5.6*	--	5.0
CHLORIDE	mmol/L	--	--	100	--	102
CO2	mmol/L	--	--	17*	--	25
BUN BLD	mg/dL	--	--	49*	--	50*
CREATININE, S	mg/dL	--	--	1.64*	--	1.41*
POC CREATININE	mg/dL	2.2*	--	--	1.4*	--
ANION GAP		--	--	27*	--	20
GLUCOSE	mg/dL	--	--	112*	--	113*
CALCIUM, TOTAL	mg/dL	--	--	8.7*	--	9.1
MAGNESIUM	mg/dL	--	2.3	--	--	--
GFR MDRD NON AF AMER	ml/min/1.73 m2	30*	--	42*	50*	50*

**CARDIAC:**

Invalid input(s): POCTROP

**POC-BNP**

Date	Value	Ref Range	Status
06/17/2018	2,307 (H)	0 - 99 ng/mL	Final

Comment:

*Note: Correct units are pg/mL and not ng/mL. Reference range is 0-99 pg/mL.*

**ProBNP N Terminal**

Date	Value	Ref Range	Status
05/31/2018	1,670 (H)	0 - 300 pg/mL	Final

Comment:

*Age dependent cut points for acute heart failure:*

- <50 years old 450 pg/mL*
- 50-75 years old 900 pg/mL*
- >75 years old 1800 pg/mL*

**Consults - Encounter Notes (continued)****Consults by Diosdado M Irlandez, MD at 6/17/2018 5:07 PM (continued)**

*Values below 300 pg/mL have a high negative predictive value to exclude acute heart failure.*

*Values above the age range cut points have a high positive predictive value to rule in acute heart failure in the absence of renal failure.*

*Values falling between these cut points represent an indeterminant range.*

**HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY**

**Radiology**

**CXR:** The heart remains upper limits normal size with changes of median sternotomy and CABG. The lungs are fully expanded demonstrating increased edema, unchanged tiny pleural effusions. No pneumothorax is seen.

**Cardiology Diagnostics****ECG/Telemetry:**

SINUS BRADYCARDIA

LEFT AXIS DEVIATION

NON-SPECIFIC INTRA-VENTRICULAR CONDUCTION BLOCK

T WAVE ABNORMALITY, CONSIDER INFERIOR ISCHEMIA

T WAVE ABNORMALITY, CONSIDER ANTEROLATERAL ISCHEMIA

ABNORMAL ECG

WHEN COMPARED WITH ECG OF 01-NOV-2017 07:25,

T WAVE INVERSION NOW EVIDENT IN ANTEROLATERAL LEADS

QT HAS LENGTHENED

CONFIRMED BY KANSAL MD, SARITA (1032) ON 6/17/2018 3:37:03 PM

**Last Echocardiogram: 4/2018**

- The left ventricular systolic function is normal, ejection fraction is 50-55%.
- The left ventricular cavity size is normal.
- Left ventricular diastolic function is normal.
- The right ventricular cavity size and systolic function is/are normal.
- There is mild mitral and tricuspid valve regurgitation present.

**Last TEE: 6-12-18**

- The left ventricular systolic function is normal, ejection fraction is 55-60%.
- The left ventricular cavity size is normal.
- Unable to assess left ventricular diastolic function. Unable to assess left atrial pressure.
- The right ventricular cavity size and systolic function is/are normal.
- There is no evidence of thrombus in the left atrial appendage. There is no spontaneous echo contrast in the left atrial appendage.
- Mild- moderate central MR( 2 small jets), likely related to tethering of posterior leaflet, MR determined by color jet area, color jet not adequate for ERO and VC determination

**Consults - Encounter Notes (continued)****Consults by Diosdado M Irlandez, MD at 6/17/2018 5:07 PM (continued)**

- Suboptimal , but negative bubble study for PFO

**Last Ischemic Evaluation: 11/2017**

Dominance: Right

Left Main

Ost LM to LM lesion, 100% stenosed.

Left Anterior Descending

Ost LAD lesion, 100% stenosed.

Ost LAD to Prox LAD lesion, 100% stenosed.

Left Circumflex

Dist Cx filled by collaterals from Inf Sept.

Ost Cx lesion, 100% stenosed.

Right Coronary Artery

Prox RCA lesion, 100% stenosed.

Graft Angiography

LIMA Graft to 1st Diag, Mid LAD

The graft is angiographically normal (0%).

Sequential Vein Graft to 1st Mrg, 2nd Mrg

The conduit type is a SVG.

Origin to Prox Graft lesion before 1st Mrg, 100% stenosed. The lesion was previously treated with a drug eluting stent and stent (unknown type). The lesion is eccentric.

PCI: Lesion length: 90mm. There is no pre-interventional antegrade distal flow. The lesion was treated by angioplasty only with a BALLOON EMERGE MR 1.50MM X 15 and BALLOON SPRINT LGND RX 2.5X30 30MM OTW RX SPNTR mm balloon(s).

Post TIMI flow: 3.

There is a 90% residual stenosis post intervention.

Vein Graft to RPDA

The conduit type is a SVG.

Origin lesion, 10% stenosed. The lesion was previously treated with a drug eluting stent and stent (unknown type).

Prox Graft lesion, 40% stenosed.

- Unsuccessful attempt at CTO PCI of the native LCx due to inability to wire the antegrade segment. Retrograde equipment was able to be advanced to the distal cap but not able to be externalized into the aorta.
- Continued medical management at this time

**Assessment**

1. Blood loss anemia - reason for admit
2. PAF - eliquis/betapace - reason for consult
3. HFpEF - elevated BNP
4. CAD - CABG with subsequent s/p POBA 11/2017
5. HTN/HLP
6. DM
7. AKI

**Plan**

1. Hold eliquis



**Consults - Encounter Notes (continued)**

**Consults by Diosdado M Irlandez, MD at 6/17/2018 5:07 PM (continued)**

2. Agree with GI eval/PRBC's
3. Change PO Lasix to IV and increase dose to 40mg q12\*
4. Continue Betapace
5. Hold coreg 2/2 bradycardia
6. Hold Altace 2/2 worsening renal fx
7. Consider WPM consult regarding SOB if no improvement after PRBC/Lasix
8. Check Orthostatic BP/HR starting in AM

*Davdatt V Patel, NP*  
6/17/2018, 5:07 PM  
Wellstar Cardiovascular Medicine  
770-424-6893

**Physician Addendum**

I have personally evaluated this patient and reviewed all data. The note above (with addenda and errata) reflect my work, and I agree with the A&P as articulated here.

Concern with high output chf in the setting of anemia/gib

Agree with additional iv lasix after each unit.

Lungs decreased at bases  
jvd difficult to assess  
CV s1 s2 reg  
abd soft  
Edema 3+  
awake

Would decrease coreg, inappropriate brady in setting of significant anemia.  
Plans for coronary evaluation dependent on GI evaluation. GI procedures if needed better scheduled for Tuesday when patient's clinical status improved. Patient would be at increased but acceptable risk for such procedures.

Will follow. Eventual coronary evaluation for cath.

Electronically Signed by Diosdado M Irlandez, MD on 6/17/2018 6:00 PM

**Consults by Aasim M Sheikh, MD at 6/18/2018 9:42 AM**

Author: Aasim M Sheikh, MD	Service: Gastroenterology	Author Type: Physician
Filed: 6/18/2018 1:16 PM	Date of Service: 6/18/2018 9:42 AM	Status: Signed
Editor: Aasim M Sheikh, MD (Physician)		
Related Notes: Original Note by Michelle M Lovett, NP (Nurse Practitioner) filed at 6/18/2018 12:18 PM		
Consult Orders		
1. Consult to GI [750969695] ordered by Monique Walcott V, MD at 06/18/18 0744		

**Consults - Encounter Notes (continued)**

Consults by Aasim M Sheikh, MD at 6/18/2018 9:42 AM (continued)

**Consultation Note**

**Eugene G Maurice**  
**DOB: 1/2/1949**  
**Age: 69 y.o.**  
**MRN: 561253820**  
**Admission Date: 6/17/2018**  
**Consultation Date: 6/18/2018**

**Reason for consultation:** GI bleed.

**Assessment:****Patient Active Problem List****Diagnosis**

- Family history of ischemic heart disease
- Hyperlipidemia, unspecified hyperlipidemia type
- PVD (peripheral vascular disease) (HCC)
- Obesity
- Essential hypertension with goal blood pressure less than 130/85
- Coronary artery disease involving native coronary artery of native heart without angina pectoris
- Controlled type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (HCC)
- Elevated PSA
- Angina pectoris (HCC)
- Coronary arteriosclerosis
- S/P angioplasty with stent
- Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)
- Upper GI bleed
- Anemia due to acute blood loss
- UTI (urinary tract infection)
- Pulmonary edema
- Acute on chronic congestive heart failure, unspecified congestive heart failure type (HCC)
- AKI (acute kidney injury) (HCC)
- Adverse effect of sotalol, initial encounter
- Acute on chronic heart failure with normal ejection fraction (HCC)

1) Severe NC anemia without overt GI bleeding, heme positive stool on 6/17/18, may be due to recent epistaxis on 6/15/18, also r/o PUD, AVMs, colon polyps, malignancy.

**Consults - Encounter Notes (continued)****Consults by Aasim M Sheikh, MD at 6/18/2018 9:42 AM (continued)**

- 2) Recent epistaxis.
- 3) Anticoagulation, Eliquis on hold, last dose in am on 6/17/18.
- 4) pA-flutter/A-fib.
- 5) Dyspnea, likely 2/2 anemia.
- 6) Mild to moderate MR on TEE on 6/12/18.
- 7) Elevated LFTs with total bili 1.4, alk phos 137, AT 723, ALT 1072, r/o ischemic hepatitis, medications (Lipitor). LFTs were previously normal in 10/2017. Occasional ETOH use. H/O acute hepatitis in his teens.
- 8) Thrombocytopenia.
- 9) Lactic acidosis.
- 10) AKI.
- 11) UTI, on Zosyn.
- 12) PMH: HTN, hyperlipidemia, CAD s/p CABG, CHF, PVD, DM, prostate cancer, obesity.

**Plan:**

- EGD tomorrow off Eliquis for 48 hours. He already ate a cardiac breakfast today.
- Colonoscopy if EGD is negative.
- Monitor H & H. Transfuse prn.
- Monitor LFTs and platelets.
- Check acute hepatitis panel.
- Hold Lipitor due to elevated LFTs.

Thank you very much for this consultation, we will follow this patient with you closely.

**GI ATTENDING ADDENDUM**

I have personally seen and examined the patient. I developed the assessment and plan as stated above in the Advanced Practice Provider's note.

Admitted for progressive SOB over weeks with udden worsening of SOB over 48 hours. Has CHF (diastolic?). Significant azotemia and anemia on admission. Is at risk for UGI bleeding from ASA and Eliquis. Recurrent epistaxis complicates the picture. Hb not up as much as expected after 3 but no overt signs of bleeding. Low platelets raise concern of underlying liver disease. Exam is benign. Will get abd US (complete). EGD in AM. Follow H/H and PPI.

LFTs highly suspicious of ichemic liver injury (hypotension/bradycardia?). Will follow pattern. Get acute hep panel

**History of Present Illness:**

Eugene G Maurice is a 69 y.o.male who is seen 6/18/2018 in consultation at the request of Dr. Walcott for GI bleed. He has a history of htn, hyperlipidemia, CAD s/p CABG, pA-flutter/A-fib on Eliquis, CHF, PVD, DM, prostate cancer, obesity. He also has a history of acute hepatitis in his teens.

He has had SOB for 2-1/2 years. He was treated with Lasix as outpatient for CHF. He has had intermittent epistaxis. He most recently had epistaxis for 3 hours on 6/15/18. His SOB increased yesterday. He was admitted to Kennestone Hospital on 6/17/18 with SOB and fatigue. Upon admission, his H & H was 5.6 and 19, MCV 82, plts 97, PT 46, INR 4.07, lactic acid 8.3, BUN 56, CR 2.2. He received 3 units pRBCs on 6/17/18. His

**Consults - Encounter Notes (continued)**

**Consults by Aasim M Sheikh, MD at 6/18/2018 9:42 AM (continued)**

stool was heme positive on 6/17/18. Eliquis was held. His last dose of Eliquis was in the morning on 6/17/18. He was started on a Protonix drip. Today, his H & H is 7.6 and 25, plts 64. His PT was 34.6, INR 3.06 today. His LFTs today were elevated with total bili 1.4, alk phos 137, AT 723, ALT 1072. His LFTs were previously normal in 10/2017. He drinks 1-2 ETOH drinks 1-2 times per week. He denies the use of illegal drugs. He was started on Zosyn for UTI. A CXR on 6/17/18 revealed increased pulmonary edema. A recent TEE on 6/12/18 revealed mild to moderate MR. He is scheduled for a LHC on 6/20/18. Cardiology does not plan to perform a LHC at this time since his SOB is likely due to anemia. He denies any overt GI bleeding. He denies N/V or abdominal pain. He denies the use of NSAIDs. He has never had an EGD or colonoscopy.

**PMH/PSH/Allergies/Medications:**

**Past Medical History:**

Diagnosis	Date
<ul style="list-style-type: none"> <li>AKI (acute kidney injury) (HCC)</li> <li>CAD (coronary artery disease)</li> <li>Cancer of prostate with low recurrence risk (stage T1-2a and Gleason &lt; 7 and PSA &lt; 10) (HCC)</li> <li>Coronary atherosclerosis of native coronary artery</li> <li>Diabetes mellitus (HCC)</li> <li>Essential hypertension, benign</li> <li>Family history of ischemic heart disease</li> <li>Hyperlipidemia</li> <li>Hypertension</li> <li>Infectious viral hepatitis <i>as teen/cannont recall what type</i></li> <li>Obesity</li> <li>Other and unspecified hyperlipidemia</li> <li>Other symptoms involving cardiovascular system</li> <li>PVD (peripheral vascular disease) (HCC)</li> </ul>	1/30/2018

**Past Surgical History:**

Procedure	Laterality	Date
<ul style="list-style-type: none"> <li>APPENDECTOMY</li> <li>CAROTID ENDARTERECTOMY x2</li> <li>COLONOSCOPY <i>as of 9/2014 has not had this</i></li> <li>CORONARY ARTERY BYPASS GRAFT X6</li> <li>CORONARY STENT PLACEMENT <i>sheikh</i></li> <li>shingles</li> </ul>		1992    2014  9/2015

No Known Allergies

**Consults - Encounter Notes (continued)**

Consults by Aasim M Sheikh, MD at 6/18/2018 9:42 AM (continued)

**Medications:**

**Home:**

**Prescriptions Prior to Admission**

Medication	Sig	Last Dose
• apixaban (ELIQUIS) 5 mg tablet	Take 1 tablet (5 mg total) by mouth 2 (two) times a day	6/17/2018 at 0930
• aspirin, buffered 81 mg Tab	Take 81 mg by mouth daily.	6/17/2018 at 0930
• atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet (80 mg total) by mouth nightly	6/16/2018 at 2200
• carvedilol (COREG) 6.25 MG tablet	Take 2 tablets (12.5 mg total) by mouth 2 (two) times a day with meals	Past Week
• cyanocobalamin, vitamin B-12, (VITAMIN B12 ORAL)	Take 1 tablet by mouth daily	6/16/2018
• furosemide (LASIX) 20 MG tablet	Take 1 tablet (20 mg total) by mouth 2 (two) times a day	6/17/2018 at 0930
• isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 2 tablets (60 mg total) by mouth 2 (two) times a day	6/17/2018 at 0930
• metFORMIN (GLUCOPHAGE) 500 MG tablet	2 tablets po in am and 2 in pm	6/17/2018 at 0930
• ramipril (ALTACE) 10 MG capsule	Take 1 capsule (10 mg total) by mouth 2 (two) times a day	Past Week
• sotalol (BETAPACE) 80 MG tablet	Take 1 tablet (80 mg total) by mouth 2 (two) times a day	6/17/2018 at 0930
• blood sugar diagnostic (GLUCOSE BLOOD) strip	cvs true test blood glucose strip; test blood sugar ac breakfast and then once more daily as needed..	Taking
• blood sugar diagnostic strip	True metrix - test blood sugar ac breakfast and then once more daily as needed.. Dx E11.9	Taking
• nitroglycerin (NITROSTAT) 0.4 MG SL tablet	Place 1 tablet (0.4 mg total) under the tongue every 5 (five) minutes as needed	More than a month

**Consults - Encounter Notes (continued)**

Consults by Aasim M Sheikh, MD at 6/18/2018 9:42 AM (continued)

for chest pain  
(Patient not taking;  
Reported on  
6/12/2018)

**Inpatient:**

**Scheduled Meds:**

• acetaminophen	650 mg	Oral	Q6H PRN
• atorvastatin	80 mg	Oral	Nightly
• calcium carbonate	500 mg	Oral	TID PRN
• dextrose 40%	1-2 Tube	Oral	Q15 Min PRN
• dextrose 50 % in water (D50W)	10-50 mL	Intravenous	Q15 Min PRN
• glucagon (human recombinant)	1 mg	Intramuscular	Once PRN
• HYDROcodone-acetaminophen	1 tablet	Oral	Q6H PRN
• insulin lispro	1-12 Units	Subcutaneous	AC&HS
• isosorbide mononitrate	60 mg	Oral	BID
• morphine injection	2 mg	Intravenous	Q3H PRN
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• ondansetron	4 mg	Oral	Q8H PRN
Or			
• ondansetron	4 mg	Intravenous	Q8H PRN
• pantoprazole	8 mg/hr	Intravenous	Continuous
• piperacillin-tazobactam (ZOSYN) IV	4.5 g	Intravenous	Q8H
• polyethylene glycol	1 packet	Oral	Daily PRN
• ramipril	10 mg	Oral	BID
• sodium chloride	100 mL/hr	Intravenous	Continuous
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride 0.9% (NS) bolus	250 mL	Intravenous	PRN
• sotalol	40 mg	Oral	BID

**Continuous Infusions:**

**Consults - Encounter Notes (continued)****Consults by Aasim M Sheikh, MD at 6/18/2018 9:42 AM (continued)**

- pantoprazole 8 mg/hr (06/18/18 0514)
- sodium chloride 100 mL/hr (06/18/18 0103)

**PRN Meds:** acetaminophen, calcium carbonate, dextrose 40%, dextrose 50 % in water (D50W), glucagon (human recombinant), HYDROcodone-acetaminophen, morphine injection, nitroglycerin, ondansetron **\*\*OR\*\*** ondansetron, polyethylene glycol, Insert peripheral IV **\*\*AND\*\*** Saline lock IV **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, Insert peripheral IV **\*\*AND\*\*** Saline lock IV **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, Insert peripheral IV **\*\*AND\*\*** Maintain IV access **\*\*AND\*\*** INT **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, sodium chloride 0.9% (NS) bolus

**Social and Family History:****Social History:**

reports that he quit smoking about 26 years ago. His smoking use included Cigarettes. He has a 25.00 pack-year smoking history. He has never used smokeless tobacco. He reports that he drinks about 2.4 oz of alcohol per week . He reports that he does not use drugs.

**Family History:**

family history includes Coronary artery disease in his mother; Other in his brother and mother.

**ROS:**

A ten point review of symptoms was performed and was negative except for HPI.

**Examination:**

Temp (24hrs), Avg:98.1 °F (36.7 °C), Min:97.7 °F (36.5 °C), Max:98.6 °F (37 °C)

Blood pressure (!) 123/49, pulse (!) 48, temperature 98.2 °F (36.8 °C), temperature source Axillary, resp. rate 17, height 67" (1.702 m), weight 104.9 kg (231 lb 4.2 oz), SpO2 91 %.

**GENERAL:** Comfortable. No acute distress.

**HEAD:** Normocephalic, atraumatic.

**EYES:** Sclerae anicteric, no pallor.

**EARS, NOSE, THROAT, MOUTH:** Oropharynx is pink. Moist mucous membranes. No obvious mucosal lesions.

**NECK:** Supple, no adenopathy.

**CARDIOVASCULAR:** No murmur. Irregular rate and rhythm.

**RESPIRATORY:** Breathing unlabored. Clear to auscultation bilaterally.

**GASTROINTESTINAL:** Abdomen is soft, nontender, nondistended, positive BS. No masses, organomegaly, ascites, or bruits.

**RECTAL:** Deferred.

**EXTREMITIES:** No clubbing or cyanosis.

**INTEGUMENTARY:** Skin is warm, dry, no rash.

**NEUROLOGIC:** The patient is alert, oriented. Answers questions appropriately. Follows commands. No focal deficits.

**Consults - Encounter Notes (continued)**

Consults by Aasim M Sheikh, MD at 6/18/2018 9:42 AM (continued)

**Labs/Current Meds:**

**Laboratory:**

**Results from last 7 days**

Lab	Units	06/18/18 0500	06/17/18 1515	06/15/18 1142		06/12/18 1250
SODIUM, S	mmol/L	139	--	138	--	142
POTASSIUM	mmol/L	4.0	--	5.6*	--	5.0
CHLORIDE	mmol/L	99	--	100	--	102
CO2	mmol/L	21*	--	17*	--	25
BUN BLD	mg/dL	58*	--	49*	--	50*
CREATININE, S	mg/dL	1.98*	--	1.64*	--	1.41*
POC CREATININE	mg/dL	--	2.2*	--	< >	--
GLUCOSE	mg/dL	116*	--	112*	--	113*
CALCIUM,TOTAL	mg/dL	8.1*	--	8.7*	--	9.1

< > = values in this interval not displayed.

**Results from last 7 days**

Lab	Units	06/18/18 0500	06/17/18 1514
WBC COUNT	10E9/L	10.0	12.3*
HGB	g/dL	6.3*	5.6*
HEMATOCRIT	%	21*	19*
MCV	fL	81	82
PLATELET	10E9/L	64*	97*

**Results from last 7 days**

Lab	Units	06/18/18 0500
ALKALINE PHOS	IU/L	137*
BILIRUBIN, TOTAL	mg/dL	1.4*
ALT	IU/L	1,072*
AST	IU/L	723*

**Radiology:**

Results for orders placed or performed during the hospital encounter of 06/17/18

X-ray Chest Portable - (1 View)

*Narrative*

EXAM: KH XR CHEST PORTABLE - (1 VIEW)

CLINICAL INDICATION:

SOB

COMPARISON: 6/15/2018





**Consults - Encounter Notes (continued)**

**Consults by Anand S Kenia, MD at 6/18/2018 12:49 PM (continued)**

Primary: Jeffrey L Tharp, MD  
Consulting EP: Dr A. Kenia  
Primary EP: Dr A. Kenia

Requesting MD: Dr D. Patel  
Reason for consultation: Paroxysmal Atrial fibrillation, Bradycardia  
Reason for admission: Severe anemia

**HPI**

Mr. Maurice is a 69 year old male with a past medical history positive for paroxysmal atrial fibrillation (CHADSVASC = 4 on eliquis prior to admission), CAD s/p CABG and PCI, HTN, and Dm. He is maintained on sotalol 80mg PO BID for treatment of his PAF per Dr A. Kenia. He was scheduled to undergo LHC in the near future to assess coronary anatomy per Dr Sheikh. The patient presented to the Kennestone ED on 6/17/18 with complaints of ongoing SOB and fatigue but with significant worsening x 1-2 days. He was noted to have an H/H of 5.6/19 and was admitted for further evaluation and work up. 12 Lead ECG on admission with sinus bradycardia, LBBB 55 bpm. Per review of telemetry, he is maintaining sinus in the mid 40s-high 50s. Per review of prior records/old ECGs, his heart rates have been in the 50s while in sinus for several years. His eliquis has been placed on hold. The patient states he stopped his coreg and ramipril 4 days prior to admission because he noted his BP to be in the 80-90s (HR mid 50-70s). His coreg has been held and his sotalol dose has been decreased to 40mg po BID. The EP service is consulted for the evaluation of PAF and bradycardia.

**Past Medical History**

**Past Medical History:**

Diagnosis	Date
• AKI (acute kidney injury) (HCC)	
• CAD (coronary artery disease)	
• Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)	1/30/2018
• Coronary atherosclerosis of native coronary artery	
• Diabetes mellitus (HCC)	
• Essential hypertension, benign	
• Family history of ischemic heart disease	
• Hyperlipidemia	
• Hypertension	
• Infectious viral hepatitis <i>as teen/cannont recall what type</i>	
• Obesity	
• Other and unspecified hyperlipidemia	
• Other symptoms involving cardiovascular system	
• PVD (peripheral vascular disease) (HCC)	

**Past Surgical History**

**Consults - Encounter Notes (continued)**

Consults by Anand S Kenia, MD at 6/18/2018 12:49 PM (continued)

**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		
• CAROTID ENDARTERECTOMY x2		
• COLONOSCOPY as of 9/2014 has not had this		
• CORONARY ARTERY BYPASS GRAFT X6		1992
• CORONARY STENT PLACEMENT sheikh		2014
• shingles		9/2015

**Social History**

**Social History**

**Substance Use Topics**

- Smoking status: Former Smoker
  - Packs/day: 1.00
  - Years: 25.00
  - Types: Cigarettes
  - Quit date: 4/7/1992
- Smokeless tobacco: Never Used
- Alcohol use 2.4 oz/week
  - 2 Glasses of wine, 2 Shots of liquor per week
  - Comment: rarely

**Family History**

family history includes Coronary artery disease in his mother; Other in his brother and mother.

**Home Medications**

**Prior to Admission medications**

Medication	Sig	Start Date	End Date	Takin g?	Authorizing Provider
apixaban (ELIQUIS) 5 mg tablet	Take 1 tablet (5 mg total) by mouth 2 (two) times a day	3/2/18		Yes	Abdul M Sheikh, MD
aspirin, buffered 81 mg Tab	Take 81 mg by mouth daily.	2/11/11		Yes	Historical Provider, MD
atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet (80 mg total) by mouth nightly	3/2/18		Yes	Abdul M Sheikh, MD
carvedilol (COREG) 6.25	Take 2 tablets (12.5	6/5/18		Yes	Abdul M Sheikh, MD

**Consults - Encounter Notes (continued)**

**Consults by Anand S Kenia, MD at 6/18/2018 12:49 PM (continued)**

MG tablet	mg total) by mouth 2 (two) times a day with meals			
cyanocobalamin, vitamin B-12, (VITAMIN B12 ORAL)	Take 1 tablet by mouth daily		Yes	Historical Provider, MD
furosemide (LASIX) 20 MG tablet	Take 1 tablet (20 mg total) by mouth 2 (two) times a day	6/1/18	Yes	Abdul M Sheikh, MD
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 2 tablets (60 mg total) by mouth 2 (two) times a day	3/2/18	Yes	Abdul M Sheikh, MD
metFORMIN (GLUCOPHAGE) 500 MG tablet	2 tablets po in am and 2 in pm	1/15/18	Yes	Susan E Ashworth, NP
ramipril (ALTACE) 10 MG capsule	Take 1 capsule (10 mg total) by mouth 2 (two) times a day	3/2/18	Yes	Abdul M Sheikh, MD
sotalol (BETAPACE) 80 MG tablet	Take 1 tablet (80 mg total) by mouth 2 (two) times a day	3/21/18	Yes	Anand S Kenia, MD
blood sugar diagnostic (GLUCOSE BLOOD) strip	cvs true test blood glucose strip; test blood sugar ac breakfast and then once more daily as needed..	4/20/16		Sylvia S Cunningham, NP
blood sugar diagnostic strip	True metrix - test blood sugar ac breakfast and then once more daily as needed.. Dx E11.9	5/30/17		Susan E Ashworth, NP
nitroglycerin (NITROSTAT) 0.4 MG SL tablet	Place 1 tablet (0.4 mg total) under the tongue every 5 (five) minutes as needed for chest pain Patient not taking: Reported on 6/12/2018	1/3/18		Abdul M Sheikh, MD

**Medications**

- acetaminophen 650 mg Oral Q6H PRN
- calcium carbonate 500 mg Oral TID PRN
- dextrose 40% 1-2 Tube Oral Q15 Min PRN
- dextrose 50 % in 10-50 mL Intravenous Q15 Min PRN

**Consults - Encounter Notes (continued)**

**Consults by Anand S Kenia, MD at 6/18/2018 12:49 PM (continued)**

water (D50W)			
• glucagon (human recombinant)	1 mg	Intramuscular	Once PRN
• HYDROcodone-acetaminophen	1 tablet	Oral	Q6H PRN
• insulin lispro	1-12 Units	Subcutaneous	AC&HS
• isosorbide mononitrate	60 mg	Oral	BID
• morphine injection	2 mg	Intravenous	Q3H PRN
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• ondansetron	4 mg	Oral	Q8H PRN
Or			
• ondansetron	4 mg	Intravenous	Q8H PRN
• pantoprazole	8 mg/hr	Intravenous	Continuous
• piperacillin-tazobactam (ZOSYN) IV	4.5 g	Intravenous	Q8H
• polyethylene glycol	1 packet	Oral	Daily PRN
• sodium chloride	100 mL/hr	Intravenous	Continuous
• sodium chloride			
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride 0.9% (NS) bolus	250 mL	Intravenous	PRN
• sotalol	40 mg	Oral	BID

**Allergies**

Patient has no known allergies.

**Review of Systems**

Review of Systems

General ROS:	negative
Psychological ROS:	negative
ENT ROS:	negative
Hematological and Lymphatic ROS:	negative
Respiratory ROS:	negative
Cardiovascular ROS:	no chest pain or dyspnea on exertion
Gastrointestinal ROS:	no abdominal pain, change in bowel habits
Musculoskeletal ROS:	negative
Neurological ROS:	no TIA or stroke symptoms



**Consults - Encounter Notes (continued)**

Consults by Anand S Kenia, MD at 6/18/2018 12:49 PM (continued)

Dermatological ROS: negative

**PHYSICAL EXAM**

**Vital Signs:**

**Visit Vitals**

BP 140/56  
Pulse 52  
Temp 97.8 °F (36.6 °C) (Oral)  
Resp 18  
Ht 67" (1.702 m)  
Wt 104.9 kg (231 lb 4.2 oz)  
SpO2 97%  
BMI 36.22 kg/m<sup>2</sup>

**Physical Exam:**

**General appearance** - No acute distress; Alert and oriented

**Head** - Normocephalic, atraumatic

**Neck** - Supple

**Lungs** - Clear to auscultation; normal effort

**Heart** - No gallops or rubs. No murmurs. Regular rhythm, rate controlled.

**Abdomen** - Soft, non-tender and non-distended

**Extremities** - No edema; distal pulses intact

**Pulses** - Symmetric and intact

**Skin** - No new rashes

**LABS**

**Labs:**

**Cardiac**

**POC-BNP**

Date	Value	Ref Range	Status
06/17/2018	2,307 (H)	0 - 99 ng/mL	Final

Comment:

*Note: Correct units are pg/mL and not ng/mL. Reference range is 0-99 pg/mL.*

**Results from last 7 days**

Lab	Units	06/17/18
POC-BNP	ng/mL	2,307*

**Lab Results**

Component	Value	Date
CK	196	06/18/2018
CK	186	06/18/2018

**Consults - Encounter Notes (continued)**

**Consults by Anand S Kenia, MD at 6/18/2018 12:49 PM (continued)**

CK	192	06/18/2018
CKMBQNT	2.7	06/18/2018
CKMBQNT	2.6	06/18/2018
CKMBQNT	2.7	06/18/2018

**Chemistry**

**Results from last 7 days**

Lab	Units	06/18/18 0500	06/17/18 1515	06/15/18 1142	06/12/18 1250
SODIUM, S	mmol/L	139	--	138	-- 142
POTASSIUM	mmol/L	4.0	--	5.6*	-- 5.0
CHLORIDE	mmol/L	99	--	100	-- 102
CO2	mmol/L	21*	--	17*	-- 25
BUN BLD	mg/dL	58*	--	49*	-- 50*
CREATININE, S	mg/dL	1.98*	--	1.64*	-- 1.41*
POC CREATININE	mg/dL	--	2.2*	--	< > --
CALCIUM,TOTAL	mg/dL	8.1*	--	8.7*	-- 9.1
GFR MDRD NON AF AMER	ml/min/1.73 m2	34*	30*	42*	< > 50*

< > = values in this interval not displayed.

**Lab Results**

Component	Value	Date
ALT	1,072 (H)	06/18/2018
AST	723 (H)	06/18/2018
ALKPHOS	137 (H)	06/18/2018
BILITOT	0.5	02/04/2015

**Hematology**

**Results from last 7 days**

Lab	Units	06/18/18 1005	06/18/18 0500	06/17/18 1514
WBC COUNT	10E9/L	--	10.0	12.3*
HGB	g/dL	7.6*	6.3*	5.6*
HEMATOCRIT	%	25*	21*	19*
PLATELET	10E9/L	--	64*	97*

**Results from last 7 days**

Lab	Units	06/18/18 0500	06/17/18 1514
INR RATIO		3.06*	4.07*

**Other**

**Results from last 7 days**

**Consults - Encounter Notes (continued)**

Consults by Anand S Kenia, MD at 6/18/2018 12:49 PM (continued)

Lab	Units	06/18/18
		0030

TSH uIU/mL 2.67

**Results from last 7 days**

Lab	Units	06/18/18
		0500
CHOLESTEROL, TOTAL	mg/dL	57
TRIGLYCERIDES	mg/dL	77
HDL CHOLESTEROL	mg/dL	13*
LDL CHOLESTEROL	mg/dl	29
CHOLE/HDL RATIO	Ratio	4.4
NON-HDL CHOLESTEROL	mg/dL	44

Estimated Creatinine Clearance: 40.6 mL/min (A) (by C-G formula based on SCr of 1.98 mg/dL (H)).

**DATA**

Echocardiogram

Cardiac Catheterization

Noninvasive Stress Testing

**ASSESSMENT/PLAN**

**Assessment:**

1. Paroxysmal Atrial Fibrillation
  - CAHDSVASC =4 (age 69, HTN, DM, CAD) on eliquis prior to admission. Eliquis now on hold due to anemia
  - on sotalol 80mg PO BID prior to admission
2. Bradycardia
  - sinus rates have been in the mid 50s-low 60s for several years per review of records/prior ECGs
3. Severe Anemia
  - H/H 5.6/19 on presentation
  - EGD +/- colonoscopy per GI
4. UTI
  - antibiotics per hospitalist
  - culture pending



**Consults - Encounter Notes (continued)****Consults by Anand S Kenia, MD at 6/18/2018 12:49 PM (continued)**

## 5. CAD

- CABG 1992
- PCI/stent 2014

## 6. DM

- per hospitalist

## 7. HTN

- medical therapy

**Plan:**

1. Agree with holding Eliquis. Resume after anemia work up is completed if able
2. Continue low dose sotalol 40mg PO BID in an attempt to maintain SR while he is unable to be anticoagulated. Will need to change to rate control approach if unable to maintain SR on low dose sotalol
3. Continue to monitor on telemetry
4. OK to proceed with EGD/Colonscopy from an EP point of view.

C. Michelle Gaskill, NP-C

**ATTENDING ADDENDUM****ATTENDING ADDENDUM:**

Patient seen and examined. Agree with above with the exception of comments below. All labs, cardiac studies, imaging, tests and records reviewed personally by me. Case discussed with referring physician as needed. All questions from the patient and family were answered when possible.

**Exam:****General/constitutional** - No acute distress; Alert and oriented**HEENT** - Normocephalic, atraumatic; normal conjunctiva**Respiratory** - Clear to auscultation; normal respiratory effort**Cardiovascular** - No gallops or rubs. Murmurs - none. Regular rhythm and rate.**Gastrointestinal** - Soft, non-tender and non-distended**Extremities** - pulses symmetric; Edema - none**Genitourinary** - No CVA tenderness**Endocrine** - no thyromegaly; no cushingoid appearance**Musculoskeletal** - symmetric strength and ROM**Integumentary** - No new rashes; skin warm to touch; no jaundice**Neurological** - No new focal neurological findings**Psychiatric** - Appropriate mood and affect**Incision** - N/A**Groin** - N/A

**Consults - Encounter Notes (continued)**

**Consults by Anand S Kenia, MD at 6/18/2018 12:49 PM (continued)**

**Plan:**

- 1) PAF with degree of sinus node dysfunction- agree with reducing dose of sotalol (qtc remains wnl)  
- resume eliquis when safe from bleeding standpoint
- 2) Anemia- agree with EGD/colo, consider ENT eval if unremarkable given history of epistaxis

Will sign-off, please call with any ?s or concerns

Electronically Signed by Anand S Kenia, MD on 6/18/2018 4:18 PM

**Consults by Carter M Whatley, PA at 6/20/2018 12:34 PM**

Author: Carter M Whatley, PA  
Filed: 6/20/2018 1:17 PM  
Editor: Carter M Whatley, PA (Physician Assistant)

Service: Otolaryngology/ENT  
Date of Service: 6/20/2018 12:34 PM

Author Type: Physician Assistant  
Status: Attested  
Cosigner: Patrick C Melder, MD at 6/20/2018 3:10 PM

Consult Orders

1. Inpatient consult to ENT [751503297] ordered by Dhaval G Patel, MD at 06/20/18 0906

**ENT CONSULT**

**Admission Date:** 6/17/2018

**Subjective:**

Eugene G Maurice is a 69 y.o. male whom I am asked to evaluate for recurrent epistaxis.

Pt admitted on 6/17/18 for GI bleed, Anemia and CHF after presenting to KH ER with SOB and fatigue. PMH + CAD, A fib, HTN, DM on Eliquis and ASA. Initial H&H was 5.6/19 on presentation. GI has evaluated patient, EGD on 6/19 with plans for colonoscopy as outpatient.

PT reports history of intermittent bilateral epistaxis since starting Eliquis approximately 1 year ago. Pt has 1 episode weekly on average, typically lasts <10 minutes and controls with pressure and waiting. Longest episode lasted ~3H. Pt has never required ER visit or nasal packing. No prior ENT visits. Pt reports prior injury 60 years ago while in military, had to remove shrapnel from nose per pt. Denies intranasal corticosteroids or drug use. Not currently using any nasal sprays/saline. Worsening S/S while in hospital and using nasal cannula. No intervention required throughout hospital stay.

**Patient Active Problem List**

**Diagnosis**

- Family history of ischemic heart disease
- Hyperlipidemia, unspecified hyperlipidemia type
- PVD (peripheral vascular disease) (HCC)
- Obesity
- Essential hypertension with goal blood pressure less than 130/85
- Coronary artery disease involving native coronary artery of native heart without angina pectoris

**Consults - Encounter Notes (continued)**

**Consults by Carter M Whatley, PA at 6/20/2018 12:34 PM (continued)**

- Controlled type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (HCC)
- Elevated PSA
- Angina pectoris (HCC)
- Coronary arteriosclerosis
- S/P angioplasty with stent
- Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)
- Upper GI bleed
- Acute blood loss anemia
- Urinary tract infection without hematuria, site unspecified
- Pulmonary edema
- Acute on chronic congestive heart failure, unspecified congestive heart failure type (HCC)
- AKI (acute kidney injury) (HCC)
- Adverse effect of sotalol, initial encounter
- Acute on chronic heart failure with normal ejection fraction (HCC)
- Anemia
- PAF (paroxysmal atrial fibrillation) (HCC)
- Acute GI bleeding
- Long term current use of anticoagulant

**Past Medical History:**

Diagnosis	Date
• AKI (acute kidney injury) (HCC)	
• CAD (coronary artery disease)	
• Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)	1/30/2018
• Coronary atherosclerosis of native coronary artery	
• Diabetes mellitus (HCC)	
• Essential hypertension, benign	
• Family history of ischemic heart disease	
• Hyperlipidemia	
• Hypertension	
• Infectious viral hepatitis <i>as teen/cannont recall what type</i>	
• Obesity	
• Other and unspecified hyperlipidemia	
• Other symptoms involving cardiovascular system	
• PVD (peripheral vascular disease) (HCC)	

**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		
• CAROTID ENDARTERECTOMY x2		
• COLONOSCOPY <i>as of 9/2014 has not had this</i>		

**Consults - Encounter Notes (continued)**

**Consults by Carter M Whatley, PA at 6/20/2018 12:34 PM (continued)**

- CORONARY ARTERY BYPASS GRAFT 1992  
X6
- CORONARY STENT PLACEMENT 2014  
sheikh
- EGD N/A 6/19/2018  
Procedure: GI-EGD (LVL5) W/ BX; Surgeon: Sohail Asfandiyar, MD; Location: KH GII/BRONCH;  
Service: Gastroenterology; Laterality: N/A;
- shingles 9/2015

**Social History**

**Social History**

- Marital status: Married  
Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

**Occupational History**

- Not on file.

**Social History Main Topics**

- Smoking status: Former Smoker  
Packs/day: 1.00  
Years: 25.00  
Types: Cigarettes  
Quit date: 4/7/1992
- Smokeless tobacco: Never Used
- Alcohol use 2.4 oz/week  
2 Glasses of wine, 2 Shots of liquor per week  
Comment: rarely
- Drug use: No
- Sexual activity: Yes  
Partners: Female  
Birth control/ protection: None

**Other Topics**

Concern

- Not on file

**Social History Narrative**

- No narrative on file

**Family History**

Problem	Relation	Age of Onset
• Coronary artery disease	Mother	
• Other MI	Mother	

**Consults - Encounter Notes (continued)**

**Consults by Carter M Whatley, PA at 6/20/2018 12:34 PM (continued)**

- Other Brother  
*MI*
- Anemia Neg Hx
- Arrhythmia Neg Hx
- Asthma Neg Hx
- Clotting disorder Neg Hx
- Fainting Neg Hx
- Heart attack Neg Hx
- Heart disease Neg Hx
- Heart failure Neg Hx
- Hyperlipidemia Neg Hx
- Hypertension Neg Hx
- Stroke Neg Hx

No Known Allergies

**All current inpatient medications:**

**Current Facility-Administered Medications**

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• acetaminophen (TYLENOL) tablet	650 mg	Oral	Q6H PRN	Naomi W Muhia, NP		650 mg at 06/20/18 0730
• calcium carbonate (TUMS) chewable tablet	500 mg	Oral	TID PRN	Naomi W Muhia, NP		
• dextrose 40% (GLUTOSE) 40 % gel	1-2 Tube	Oral	Q15 Min PRN	Naomi W Muhia, NP		
• dextrose 50 % in water (D50W) IV syringe	10-50 mL	Intravenous	Q15 Min PRN	Naomi W Muhia, NP		
• furosemide (LASIX) tablet	20 mg	Oral	Every other day	Carrie E Walker, NP		20 mg at 06/20/18 1310
• glucagon (GLUCAGEN) injection 1 mg/mL	1 mg	Intramuscular	Once PRN	Naomi W Muhia, NP		
• HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet	Oral	Q6H PRN	Naomi W Muhia, NP		
• insulin lispro (HumaLOG) injection	1-12 Units	Subcutaneous	AC&HS	Naomi W Muhia, NP		2 Units at 06/20/18

Consults - Encounter Notes (continued)

Consults by Carter M Whatley, PA at 6/20/2018 12:34 PM (continued)

• isosorbide mononitrate (IMDUR) 24 hr tablet	60 mg	Oral	BID	Naomi W Muhia, NP	8 1307 60 mg at 06/20/18 0910
• morphine syringe 2 mg/mL	2 mg	Intravenous	Q3H PRN	Naomi W Muhia, NP	
• nitroglycerin (NITROSTAT) SL tablet	0.4 mg	Sublingual	Q5 Min PRN	Naomi W Muhia, NP	
• ondansetron (ZOFRAN-ODT) disintegrating tablet	4 mg	Oral	Q8H PRN	Naomi W Muhia, NP	
Or					
• ondansetron (PF) (ZOFRAN) injection 2 mg/mL	4 mg	Intravenous	Q8H PRN	Naomi W Muhia, NP	
• pantoprazole (PROTONIX) EC tablet	40 mg	Oral	BID AC	Sohail Asfandiyar, MD	40 mg at 06/20/18 0830
• polyethylene glycol (GLYCOLAX, MIRALAX) packet	1 packet	Oral	Daily PRN	Naomi W Muhia, NP	
• sodium chloride 0.9% (NS) infusion	30 mL/hr	Intravenous	Continuous PRN	Grace S Kim, MD	
• sodium chloride (NS) 0.9 % infusion					
• sodium chloride 0.9 % (NS) flush	3-40 mL	Intravenous	Q1 min PRN	Douglas E Krug, MD	10 mL at 06/20/18 0113
• sodium chloride 0.9 % (NS) flush	3-40 mL	Intravenous	Q1 min PRN	Douglas E Krug, MD	20 mL at 06/18/18 1247
• sodium chloride 0.9 % (NS) flush	3-40 mL	Intravenous	Q1 min PRN	Naomi W Muhia, NP	10 mL at 06/20/18 0135
• sotalol (BETAPACE) tablet 40 mg	40 mg	Oral	BID	Dhaval G Patel, MD	40 mg at 06/20/18

Consults - Encounter Notes (continued)

Consults by Carter M Whatley, PA at 6/20/2018 12:34 PM (continued)

8 0909

**Review of Systems**

Admission ROS reviewed. Additional pertinent information is noted in the HPI.

**Objective:**

**Visit Vitals**

BP	122/54
Pulse	61
Temp	98.3 °F (36.8 °C) (Oral)
Resp	18
Ht	67" (1.702 m)
Wt	104.9 kg (231 lb 4.2 oz)
SpO2	(!) 88%
BMI	36.22 kg/m <sup>2</sup>

General:

Alert, appears stated age, no distress. Sitting up in room chair.

Neurologic:

Cranial nerves grossly II-XII intact

Face:

No lesions, symmetric, no bony step-offs

Head:

Normocephalic, atraumatic

Eyes:

Conjunctiva clear, pupils equal

Ears:

No external ear abnormalities, no lesions

Voice:

No stridor, no stertor, appropriate pitch, no breaks or diphonia, no hoarseness

Nose:

Dorsal nasal spine intact, no saddle-nose, **large ~1.5-2cm septal perforation with dried blood and crusting, no active bleeding.** no polyps on anterior rhinoscopy, inferior turbinates appear grossly normal anteriorly

Oral Cavity:

Normal dentition, no gingival lesions, no hard/soft palate lesions, no buccal lesions, no dorsal or ventral tongue

**Consults - Encounter Notes (continued)**

Consults by Carter M Whatley, PA at 6/20/2018 12:34 PM (continued)

lesions, no floor of mouth lesions, uvula midline and non-edematous

**Results from last 7 days**

Lab	Units	06/20/18 0400	06/19/18 0445	06/18/18 1005	06/18/18 0500
WBC COUNT	10E9/L	11.8*	11.5*	--	10.0
HGB	g/dL	7.4*	7.6*	7.6*	6.3*
HEMATOCRIT	%	24*	24*	25*	21*
MCV	fL	82	81	--	81
PLATELET	10E9/L	66*	67*	--	64*

**Results from last 7 days**

Lab	Units	06/20/18 0400	06/19/18 0445	06/18/18 0500
SODIUM, S	mmol/L	139	139	139
POTASSIUM	mmol/L	3.4*	3.7	4.0
CHLORIDE	mmol/L	103	102	99
CO2	mmol/L	22	20*	21*
BUN BLD	mg/dL	35*	47*	58*
CREATININE, S	mg/dL	1.43*	1.84*	1.98*
CALCIUM, TOTAL	mg/dL	7.3*	8.0*	8.1*
ALBUMIN, S	g/dL	2.8*	2.9*	3.2*
BILIRUBIN, TOTAL	mg/dL	1.5*	1.4*	1.4*
ALKALINE PHOS	IU/L	109	127	137*
ALT	IU/L	592*	830*	1,072*
AST	IU/L	189*	406*	723*
GFR MDRD NON AF AMER	ml/min/1.73 m2	49*	37*	34*

**Assessment/Plan:**

Patient is a 69 y.o. male with history of recurrent epistaxis on anticoagulants.

- Large septal perforation on exam with dried blood and crusting, likely cause of epistaxis.
- No active bleeding on exam.
- Recommend aggressive moisture - saline sprays or gels Q2-4H while awake and Vaseline or antibiotic ointment to nasal septum BID
- Avoid nasal cannula if possible, if O2 is required -would recommend humidified face mask
- No straining or nose blowing. Sneeze with mouth open. Laxatives/stool softeners prn.
- Afrin at bedside, use prn epistaxis
- Will need FU as outpatient for further evaluation of septal perforation.

Thank you for the opportunity to participate in this patient's care. Please call with any questions.

Should the patient need outpatient follow up, they may contact us at:





WS Kennestone Hospital  
 677 Church Street  
 Marietta GA 30060-1101  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Consults - Encounter Notes (continued)**

**Consults by Carter M Whatley, PA at 6/20/2018 12:34 PM (continued)**

**Wellstar Medical Group ENT**  
 699 Church Street  
 Suite 340  
 Marietta, GA 30060  
 678-355-1620

**Paulding Hospital**  
 148 Bill Carruth Pkwy suite 220  
 Hiram, Ga 30141  
 770-505-0023

Carter Whatley, PA-C  
 Wellstar ENT  
 699 Church St, Suite 340  
 Marietta, GA 30060  
 (office) 678-355-1620  
 (cell) 423-360-2872

Attestation signed by Patrick C Melder, MD at 6/20/2018 3:10 PM

**Admission (History and Physical Note) Attestation**

The resident and I reviewed and confirmed the chief complaint, history of present illness, past medical history, family history, social history, medications, allergies and review of systems. I examined the patient and confirm the findings by the resident physician. I have reviewed and discussed the diagnostic tests, labs, and assessment and treatment plan with the resident and agree with the findings and the plan of care as documented in the resident's note.

Attending Comments: I examined the patient and agree with the plan.

Electronically Signed by Patrick C Melder, MD on 6/20/2018 3:10 PM

**Procedures - Encounter Notes**

**Procedures signed by Sohail Asfandiyar, MD at 6/21/2018 8:42 AM**

Author: Sohail Asfandiyar, MD  
 Filed: 6/21/2018 8:42 AM  
 Editor: Sohail Asfandiyar, MD (Physician)

Service: Gastroenterology  
 Date of Service: 6/19/2018 1:25 PM

Author Type: Physician  
 Status: Signed

DATE OF PROCEDURE: 06/19/2018

PROCEDURE PERFORMED BY: SOHAIL ASFANDIYAR, MD

PREPROCEDURE DIAGNOSIS: A 69-year-old gentleman coming in with severe

**Procedures - Encounter Notes (continued)****Procedures signed by Sohail Asfandiyar, MD at 6/21/2018 8:42 AM (continued)**

normocytic anemia without any overt GI bleeding and heme positive stool. Esophagogastroduodenoscopy to rule out any occult gastrointestinal source.

## POST-PROCEDURE FINDINGS:

1. Unremarkable second part of the duodenum. Biopsies taken to rule out celiac disease.
2. Patchy erythema seen in the duodenal bulb suggestive of duodenitis.
3. Several small superficial clean based ulcer seen in the antrum with surrounding gastritis. Biopsies taken to rule out Helicobacter pylori.
4. Unremarkable esophagus.

PROCEDURE TYPE: Esophagogastroduodenoscopy with biopsies.

MEDICATIONS: MAC.

DESCRIPTION: After informed consent was obtained, the patient was brought in the GI endoscopy room and laid in left lateral decubitus position. The patient was sedated by Anesthesia after which an upper endoscope was introduced through the mouth and advanced under direct vision to the second part of the duodenum, which appeared unremarkable and biopsies were taken. In the duodenal bulb, there was evidence of duodenitis. The scope was then withdrawn into the stomach where there were several superficial ulcer seen in the antrum. This appeared to be NSAID induced. Multiple biopsies were taken. Retroflexion was then performed and the fundus appeared unremarkable. The scope was then withdrawn through the esophagus, which also appeared unremarkable. The patient tolerated the procedure well.

## RECOMMENDATIONS:

1. Await histopathology.
2. Continue PPI and will switch to oral.
3. Can resume anticoagulation as indicated as the ulcers are low risk for bleeding.
4. The patient will need a colonoscopy, which can be done as an outpatient.
5. We will sign off and have the patient follow up as an outpatient.

SOHAIL ASFANDIYAR, MD



WS Kennestone Hospital  
 677 Church Street  
 Marietta GA 30060-1101  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Procedures - Encounter Notes (continued)**

**Procedures signed by Sohail Asfandiyar, MD at 6/21/2018 8:42 AM (continued)**

JOB #: 051837      DOC #: 5052164  
 D: 06/19/2018 13:25:44  
 T: 06/19/2018 17:26:57

Electronically Signed by Sohail Asfandiyar, MD on 6/21/2018 8:42 AM

**Progress Notes - Encounter Notes**

**Progress Notes by Monique Walcott V, MD at 6/18/2018 7:39 AM**

Author: Monique Walcott V, MD	Service: Hospital Medicine	Author Type: Physician
Filed: 6/18/2018 10:10 PM	Date of Service: 6/18/2018 7:39 AM	Status: Addendum
Editor: Monique Walcott V, MD (Physician)		
Related Notes: Original Note by Monique Walcott V, MD (Physician) filed at 6/18/2018 10:06 PM		



**Hospital Medicine Progress Note**

**Patient Name:** EUGENE G MAURICE  
**Room :** G362/G362-01  
**Length of stay:** 1 days

**Summary**

Patient is a 69 yo male with PMH of CAD, PAF on Eliquis, DM, HTN who presents with SOB, GI bleed with hgb 5.6, increased pulmonary edema, and UTI

**Subjective/Interval History**

Denies melena, hematochezia.

**Objective**

Temp: [97.7 °F (36.5 °C)-98.6 °F (37 °C)] 98.2 °F (36.8 °C)  
 Heart Rate: [46-57] 46  
 Resp: [13-25] 13  
 BP: (102-140)/(39-59) 126/48

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Monique Walcott V, MD at 6/18/2018 7:39 AM (continued)**

**SpO2 Readings from Last 1 Encounters:**

06/18/18 97%

Physical exam was performed:

GEN: No acute distress, AAO x 3

EYES: No conjunctival pallor, No scleral icterus, Extraocular muscles intact

HEENT: Normocephalic, Atraumatic, Moist mucus membranes

NECK: Supple

CV: Normal S1 and S2

PULM: CTA bilaterally. No wheezes, crackles, or rales

ABD: Soft, Not distended, Normoactive bowel sounds, Not tender

EXT: Intact distal pulses, No clubbing or cyanosis, trace edema noted

SKIN: Warm and dry

NEURO: Spontaneous movement of extremities

**Medications**

• acetaminophen	650 mg	Oral	Q6H PRN
• atorvastatin	80 mg	Oral	Nightly
• calcium carbonate	500 mg	Oral	TID PRN
• carvedilol	6.25 mg	Oral	BID w/ meals
• dextrose 40%	1-2 Tube	Oral	Q15 Min PRN
• dextrose 50 % in water (D50W)	10-50 mL	Intravenous	Q15 Min PRN
• furosemide	40 mg	Intravenous	BID: 0900 1700
• glucagon (human recombinant)	1 mg	Intramuscular	Once PRN
• HYDROcodone-acetaminophen	1 tablet	Oral	Q6H PRN
• insulin lispro	1-12 Units	Subcutaneous	AC&HS
• isosorbide mononitrate	60 mg	Oral	BID
• morphine injection	2 mg	Intravenous	Q3H PRN
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• ondansetron	4 mg	Oral	Q8H PRN
Or			
• ondansetron	4 mg	Intravenous	Q8H PRN
• pantoprazole	8 mg/hr	Intravenous	Continuous
• piperacillin-tazobactam (ZOSYN) IV	4.5 g	Intravenous	Q8H
• polyethylene glycol	1 packet	Oral	Daily PRN
• ramipril	10 mg	Oral	BID
• sodium chloride	100 mL/hr	Intravenous	Continuous
• sodium chloride	3-40 mL	Intravenous	Q1 min PRN

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Monique Walcott V, MD at 6/18/2018 7:39 AM (continued)**

- (NS) 0.9 % syringe
- sodium chloride 3-40 mL Intravenous Q1 min PRN
- (NS) 0.9 % syringe
- sodium chloride 3-40 mL Intravenous Q1 min PRN
- (NS) 0.9 % syringe
- sodium chloride 250 mL Intravenous PRN
- 0.9% (NS) bolus
- sotalol 80 mg Oral BID

Continuous Infusions:

- pantoprazole 8 mg/hr (06/18/18 0514)
- sodium chloride 100 mL/hr (06/18/18 0103)

PRN Meds: acetaminophen, calcium carbonate, dextrose 40%, dextrose 50 % in water (D50W), glucagon (human recombinant), HYDROcodone-acetaminophen, morphine injection, nitroglycerin, ondansetron \*\*OR\*\* ondansetron, polyethylene glycol, Insert peripheral IV \*\*AND\*\* Saline lock IV \*\*AND\*\* sodium chloride (NS) 0.9 % syringe, Insert peripheral IV \*\*AND\*\* Saline lock IV \*\*AND\*\* sodium chloride (NS) 0.9 % syringe, Insert peripheral IV \*\*AND\*\* Maintain IV access \*\*AND\*\* INT \*\*AND\*\* sodium chloride (NS) 0.9 % syringe, sodium chloride 0.9% (NS) bolus

**Laboratory**

**Results from last 7 days**

Lab	Units	06/18/18 0500	06/17/18 1514
WBC COUNT	10E9/L	10.0	12.3*
HGB	g/dL	6.3*	5.6*
HEMATOCRIT	%	21*	19*
PLATELET	10E9/L	64*	97*

**Results from last 7 days**

Lab	Units	06/18/1 8 0500	06/18/1 8 0030	06/17/1 8 1515	06/17/1 8 1514	06/15/1 8 1142	06/12/1 8 1250
SODIUM, S	mmol/L	139	--	--	--	138	-- 142
POTASSIUM	mmol/L	4.0	--	--	--	5.6*	-- 5.0
CHLORIDE	mmol/L	99	--	--	--	100	-- 102
CO2	mmol/L	21*	--	--	--	17*	-- 25
BUN BLD	mg/dL	58*	--	--	--	49*	-- 50*
CREATININE, S	mg/dL	1.98*	--	--	--	1.64*	-- 1.41*
POC CREATININE	mg/dL	--	--	2.2*	--	--	< > --
GLUCOSE	mg/dL	116*	--	--	--	112*	-- 113*
CALCIUM, TOTAL	mg/dL	8.1*	--	--	--	8.7*	-- 9.1
MAGNESIUM	mg/dL	--	2.1	--	2.3	--	-- --
ANION GAP		23*	--	--	--	27*	-- 20



**Progress Notes - Encounter Notes (continued)**

Progress Notes by Monique Walcott V, MD at 6/18/2018 7:39 AM (continued)

< > = values in this interval not displayed.

**Results from last 7 days**

Lab	Units	06/18/18 0500
ALKALINE PHOS	IU/L	137*
BILIRUBIN, TOTAL	mg/dL	1.4*
PROTEIN, TOTAL	g/dL	5.9*
ALT	IU/L	1,072*
AST	IU/L	723*
ALBUMIN, S	g/dL	3.2*

**Results from last 7 days**

Lab	Units	06/12/18 1220
GLUCOSE, BEDSIDE	mg/dL	117*

**Results from last 7 days**

Lab	Units	06/18/18 0500	06/17/18 1514
PROTIME	SEC	34.6*	46.0*
INR	RATIO	3.06*	4.07*
APTT	SEC	--	30

**Results from last 7 days**

Lab	Units	06/18/18 0500	06/18/18 0030
CK	IU/L	186	192
CK-MB (QUANT)	ng/mL	2.6	2.7
TROPONIN T	ng/mL	0.05*	0.05*

**Assessment and Plan**

The following active problems are being addressed:

Principal Problem:

Upper GI bleed

Active Problems:

Hyperlipidemia, unspecified hyperlipidemia type

Obesity

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Monique Walcott V, MD at 6/18/2018 7:39 AM (continued)**

Essential hypertension with goal blood pressure less than 130/85  
Coronary artery disease involving native coronary artery of native heart without angina pectoris  
Controlled type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (HCC)  
Anemia due to acute blood loss  
UTI (urinary tract infection)  
Pulmonary edema  
Acute on chronic congestive heart failure, unspecified congestive heart failure type (HCC)

1. Acute blood loss anemia/ Acute GI bleed. GI consulted for EGD/ colonoscopy. Serial H/H. Protonix gtt. Transfused with 2 units PRBCs. Transfuse with an additional unit of PRBCs as hgb < 7.
2. Acute UTI. Continue Zosyn. Follow up urine cultures.
3. Paroxysmal atrial fibrillation. Rate controlled. Hold Eliquis due to GI bleed.
4. Transaminitis. Possibly due to shock liver from acute anemia. Continue to monitor LFTs. Check acute hepatitis panel.
5. Type 2 DM/ Hyperglycemia. Continue basal bolus with SSI.
6. Elevated troponin/ Abnormal EKG. Cardiology consulted.
7. Bradycardia. EP consult.
8. Pulmonary edema. S/p Lasix for presumed CHF exacerbation. Repeat CXR in AM.

**DVT prophylaxis: SCDs**

**Dispo: Home when better**

Plan of care was discussed and all questions were answered.

Monique V Walcott, MD  
Hospital medicine  
6/18/2018  
7:39 AM

Electronically Signed by Monique Walcott V, MD on 6/18/2018 10:10 PM

**Progress Notes by Dhaval G Patel, MD at 6/18/2018 8:13 AM**

Author: Dhaval G Patel, MD	Service: Cardiology	Author Type: Physician
Filed: 6/18/2018 8:56 AM	Date of Service: 6/18/2018 8:13 AM	Status: Addendum
Editor: Dhaval G Patel, MD (Physician)		
Related Notes: Original Note by Dhaval G Patel, MD (Physician) filed at 6/18/2018 8:25 AM		

Progress Notes - Encounter Notes (continued)

Progress Notes by Dhaval G Patel, MD at 6/18/2018 8:13 AM (continued)



WellStar Cardiovascular Medicine

Date: 6/18/2018

Patient Name: Eugene G Maurice

Date of Birth: 1/2/1949

Age: 69 y.o.

LOS: 1 day

WELLSTAR CARDIOVASCULAR MEDICINE PROGRESS NOTE

**Subjective:** Eugene G Maurice is a 69 y.o. male - Denies resting dyspnea. No CP

**MEDICATIONS:**

**SCHEDULED MEDICATIONS:**

• acetaminophen	650 mg	Oral	Q6H PRN
• atorvastatin	80 mg	Oral	Nightly
• calcium carbonate	500 mg	Oral	TID PRN
• carvedilol	6.25 mg	Oral	BID w/ meals
• dextrose 40%	1-2 Tube	Oral	Q15 Min PRN
• dextrose 50 % in water (D50W)	10-50 mL	Intravenous	Q15 Min PRN
• furosemide	40 mg	Intravenous	BID: 0900 1700
• glucagon (human recombinant)	1 mg	Intramuscular	Once PRN
• HYDROcodone-acetaminophen	1 tablet	Oral	Q6H PRN
• insulin lispro	1-12 Units	Subcutaneous	AC&HS
• isosorbide mononitrate	60 mg	Oral	BID
• morphine injection	2 mg	Intravenous	Q3H PRN
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• ondansetron	4 mg	Oral	Q8H PRN
Or			
• ondansetron	4 mg	Intravenous	Q8H PRN
• pantoprazole	8 mg/hr	Intravenous	Continuous
• piperacillin-	4.5 g	Intravenous	Q8H



**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/18/2018 8:13 AM (continued)**

tazobactam (ZOSYN) IV			
• polyethylene glycol	1 packet	Oral	Daily PRN
• ramipril	10 mg	Oral	BID
• sodium chloride	100 mL/hr	Intravenous	Continuous
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride 0.9% (NS) bolus	250 mL	Intravenous	PRN
• sotalol	80 mg	Oral	BID

**CONTINUOUS INFUSIONS:**

- pantoprazole 8 mg/hr (06/18/18 0514)
- sodium chloride 100 mL/hr (06/18/18 0103)

**PRN MEDICATIONS:** acetaminophen, calcium carbonate, dextrose 40%, dextrose 50 % in water (D50W), glucagon (human recombinant), HYDROcodone-acetaminophen, morphine injection, nitroglycerin, ondansetron **\*\*OR\*\*** ondansetron, polyethylene glycol, Insert peripheral IV **\*\*AND\*\*** Saline lock IV **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, Insert peripheral IV **\*\*AND\*\*** Saline lock IV **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, Insert peripheral IV **\*\*AND\*\*** Maintain IV access **\*\*AND\*\*** INT **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, sodium chloride 0.9% (NS) bolus

**VITALS:**

**Visit Vitals**

BP	(!) 126/48
Pulse	(!) 46
Temp	98.2 °F (36.8 °C) (Axillary)
Resp	13
Ht	67" (1.702 m)
Wt	104.9 kg (231 lb 4.2 oz)
SpO2	97%
BMI	36.22 kg/m <sup>2</sup>

**PHYSICAL:**

GEN: In no acute distress, alert  
HEENT: anicteric, EOMI  
Neck - JVD not seen  
LUNGS: clear to auscultation, respirations unlabored, no rales rhonchi or wheezes  
COR: Regular rate and rhythm, normal S1, S2, no murmurs or gallops  
EXT: no clubbing, cyanosis, no edema

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/18/2018 8:13 AM (continued)**

SKIN: warm, dry, intact  
NEURO: alert, no focal deficits

**LABS:**

**Results from last 7 days**

Lab	Units	06/18/18 0500	06/17/18 1514
HGB	g/dL	6.3*	5.6*
HEMATOCRIT	%	21*	19*
WBC COUNT	10E9/L	10.0	12.3*
PLATELET	10E9/L	64*	97*

**Results from last 7 days**

Lab	Units	06/18/18 0500	06/17/18 1515	06/15/18 1142	06/12/18 1403	06/12/18 1250
SODIUM, S	mmol/L	139	--	138	--	142
POTASSIUM	mmol/L	4.0	--	5.6*	--	5.0
CHLORIDE	mmol/L	99	--	100	--	102
CO2	mmol/L	21*	--	17*	--	25
BUN BLD	mg/dL	58*	--	49*	--	50*
CREATININE, S	mg/dL	1.98*	--	1.64*	--	1.41*
POC CREATININE	mg/dL	--	2.2*	--	1.4*	--
GLUCOSE	mg/dL	116*	--	112*	--	113*

**Results from last 7 days**

Lab	Units	06/18/18 0030
TSH	uIU/mL	2.67

**INTAKE/OUTPUT:**

Intake/Output Summary (Last 24 hours) at 06/18/18 0813  
Last data filed at 06/18/18 0600

Gross per 24 hour	
Intake	2415 ml
Output	1075 ml
<b>Net</b>	1340 ml

**Telemetry: S Brad**

**CARDIAC STUDIES:**

**Progress Notes - Encounter Notes (continued)****Progress Notes by Dhaval G Patel, MD at 6/18/2018 8:13 AM (continued)****ASSESSMENT/PLAN****Patient Active Problem List****Diagnosis**

- Family history of ischemic heart disease
- Hyperlipidemia, unspecified hyperlipidemia type
- PVD (peripheral vascular disease) (HCC)
- Obesity
- Essential hypertension with goal blood pressure less than 130/85
- Coronary artery disease involving native coronary artery of native heart without angina pectoris
- Controlled type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (HCC)
- Elevated PSA
- Angina pectoris (HCC)
- Coronary arteriosclerosis
- S/P angioplasty with stent
- Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)
- Upper GI bleed
- Anemia due to acute blood loss
- UTI (urinary tract infection)
- Pulmonary edema
- Acute on chronic congestive heart failure, unspecified congestive heart failure type (HCC)

**ASSESSMENT:**

1. Blood loss anemia - reason for admit
2. PAF - eliquis/betapace - reason for consult  
-currently in sinus brady, HR 45-50s.
3. HFpEF - elevated BNP, +1.3 cc / 24 hrs
4. CAD - CABG with subsequent s/p POBA 11/2017
5. HTN/HLP
6. DM
7. AKI

**PLAN:**

- D/w Dr. Sheikh - will **NOT** pursue LHC at this time as his dyspnea likely due to anemia.
- holding AC at this time until cleared by GI
- Hold IV lasix as BUN / CR suggest volume depletion; will check pBNP
- Cont to hold Coreg due to bradycardia (pt reports not taking coreg x 1 week); Betapace may also be causative; expect HR to be > 100 bpm in setting of severe anemia - have EP see in this regard as CrCl < 40. Will decrease to 40 mg BID for now.
- Follow renal fxn

Dhaval G Patel, MD  
6/18/2018



WS Kennestone Hospital  
 677 Church Street  
 Marietta GA 30060-1101  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/18/2018 8:13 AM (continued)**

8:13 AM

Electronically Signed by Dhaval G Patel, MD on 6/18/2018 8:56 AM

**Progress Notes by Janet Ian, RN at 6/18/2018 10:26 AM**

Author: Janet Ian, RN  
 Filed: 6/18/2018 10:27 AM  
 Editor: Janet Ian, RN (Registered Nurse)

Service: —  
 Date of Service: 6/18/2018 10:26 AM

Author Type: Registered Nurse  
 Status: Signed

Sent Perfect Serve not to Dr Venu Sajja per request of pt. Patient states he was told not to take ramipril (altace) 10mg 2 x day by cardiology. Med is still on MAR.

Electronically Signed by Janet Ian, RN on 6/18/2018 10:27 AM

**Progress Notes by Kathryn R Gray, RN at 6/18/2018 1:03 PM**

Author: Kathryn R Gray, RN  
 Filed: 6/18/2018 1:07 PM  
 Editor: Kathryn R Gray, RN (Registered Nurse)

Service: —  
 Date of Service: 6/18/2018 1:03 PM

Author Type: Care Coordinator  
 Status: Signed

CC met with patient at bedside to discuss discharge needs. Patient alert and oriented X 4 and verbalized understanding. Patient lives in a 2-story home with 16 steps leading up to bedrooms and 16 steps leading down to basement. Patient currently ambulates without any assistive devices and does not use oxygen at home, even though currently on 5L O2 for CHF exacerbation.

Patient declined Advance directive information.

CC will continue to follow discharge needs.

<b>06/18/18 1259</b>	
<b>Patient Information</b>	
Living Situation Prior to Admission	Home
Marital Status	Married
Primary Caregiver	Family (relationship) <i>(primary caregiver is self)</i>
Caregiver Name(s)	Shirley Maurice (spouse)
Caregiver Phone Number(s)	678-398-9479
<b>Legal Information</b>	
Advance Directives Status	Patient declined information
<b>Current State</b>	
Functional Status	Independent
Personal Responsibilities	Housekeeping;Cooking;Money Mgmt;Driving;Yardwork;Medication Management
Home Equipment	None



WS Kennestone Hospital  
 677 Church Street  
 Marietta GA 30060-1101  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Kathryn R Gray, RN at 6/18/2018 1:03 PM (continued)**

Type of Home Services	None
Bladder Control	Continent
Bowel Control	Continent
Cognition	Oriented to person;Oriented to place;Oriented to time
Communication/Literacy	Understands speaking;Talks;Understands English
<b>Income Information</b>	
Income Source	Disability/SSI
<b>Discharge Plan</b>	
Case Management Barriers to Discharge	No Barriers
Is Discharge Transport arranged?	Yes
Family Concurs	Yes
Patient Concurs	Yes
Discharge Facility Type	Home
<b>Patient Discharge Risk Level</b>	
Readmission Risk	Mod LACE Score of 6-11)
Readmission Risk Score	11
<b>Notes</b>	
DC Plan/Observations	Home with self care.
<b>IA/UM Assessments Completed</b>	
Initial Assessment Complete	Yes

Electronically Signed by Kathryn R Gray, RN on 6/18/2018 1:07 PM

**Progress Notes by Dhaval G Patel, MD at 6/19/2018 7:27 AM**

Author: Dhaval G Patel, MD  
 Filed: 6/19/2018 7:30 AM  
 Editor: Dhaval G Patel, MD (Physician)

Service: Cardiology  
 Date of Service: 6/19/2018 7:27 AM

Author Type: Physician  
 Status: Signed

Progress Notes - Encounter Notes (continued)

Progress Notes by Dhaval G Patel, MD at 6/19/2018 7:27 AM (continued)



WellStar Cardiovascular Medicine

Date: 6/19/2018

Patient Name: Eugene G Maurice

Date of Birth: 1/2/1949

Age: 69 y.o.

LOS: 2 days

WELLSTAR CARDIOVASCULAR MEDICINE PROGRESS NOTE

**Subjective:** Eugene G Maurice is a 69 y.o. male - Denies resting dyspnea. No CP  
**MEDICATIONS:**

**SCHEDULED MEDICATIONS:**

• acetaminophen	650 mg	Oral	Q6H PRN
• calcium carbonate	500 mg	Oral	TID PRN
• dextrose 40%	1-2 Tube	Oral	Q15 Min PRN
• dextrose 50 % in water (D50W)	10-50 mL	Intravenous	Q15 Min PRN
• glucagon (human recombinant)	1 mg	Intramuscular	Once PRN
• HYDROcodone-acetaminophen	1 tablet	Oral	Q6H PRN
• insulin lispro	1-12 Units	Subcutaneous	AC&HS
• isosorbide mononitrate	60 mg	Oral	BID
• morphine injection	2 mg	Intravenous	Q3H PRN
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• ondansetron	4 mg	Oral	Q8H PRN
Or			
• ondansetron	4 mg	Intravenous	Q8H PRN
• pantoprazole	8 mg/hr	Intravenous	Continuous
• piperacillin-tazobactam (ZOSYN)	4.5 g	Intravenous	Q8H
IV			
• polyethylene glycol	1 packet	Oral	Daily PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS)	3-40 mL	Intravenous	Q1 min PRN

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/19/2018 7:27 AM (continued)**

- 0.9 % syringe
- sodium chloride (NS) 3-40 mL Intravenous Q1 min PRN
- 0.9 % syringe
- sodium chloride 0.9% 250 mL Intravenous PRN
- (NS) bolus
- sotalol 40 mg Oral BID

**CONTINUOUS INFUSIONS:**

- pantoprazole 8 mg/hr (06/19/18 0446)

**PRN MEDICATIONS:** acetaminophen, calcium carbonate, dextrose 40%, dextrose 50 % in water (D50W), glucagon (human recombinant), HYDROcodone-acetaminophen, morphine injection, nitroglycerin, ondansetron **\*\*OR\*\*** ondansetron, polyethylene glycol, Insert peripheral IV **\*\*AND\*\*** Saline lock IV **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, Insert peripheral IV **\*\*AND\*\*** Saline lock IV **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, Insert peripheral IV **\*\*AND\*\*** Maintain IV access **\*\*AND\*\*** INT **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, sodium chloride 0.9% (NS) bolus

**VITALS:**

**Visit Vitals**

BP (l) 124/49  
Pulse 53  
Temp 98.2 °F (36.8 °C)  
Resp 17  
Ht 67" (1.702 m)  
Wt 104.9 kg (231 lb 4.2 oz)  
SpO2 96%  
BMI 36.22 kg/m<sup>2</sup>

**PHYSICAL:**

GEN: In no acute distress, alert  
HEENT: anicteric, EOMI  
Neck - JVD not seen  
LUNGS: clear to auscultation, respirations unlabored, no rales rhonchi or wheezes  
COR: Regular rate and rhythm, normal S1, S2, no murmurs or gallops  
EXT: no clubbing, cyanosis, no edema  
SKIN: warm, dry, intact  
NEURO: alert, no focal deficits

**LABS:**

**Results from last 7 days**

Lab	Units	06/19/18 0445	06/18/18 1005	06/18/18 0500	06/17/18 1514
HGB	g/dL	7.6*	7.6*	6.3*	5.6*
HEMATOCRIT	%	24*	25*	21*	19*

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/19/2018 7:27 AM (continued)**

WBC COUNT	10E9/L	11.5*	--	10.0	12.3*
PLATELET	10E9/L	67*	--	64*	97*

**Results from last 7 days**

Lab	Units	06/19/18 0445	06/18/18 0500	06/17/18 1515	06/15/18 1142	06/12/18 1403	06/12/18 1250
SODIUM, S	mmol/L	139	139	--	138	--	142
POTASSIUM	mmol/L	3.7	4.0	--	5.6*	--	5.0
CHLORIDE	mmol/L	102	99	--	100	--	102
CO2	mmol/L	20*	21*	--	17*	--	25
BUN BLD	mg/dL	47*	58*	--	49*	--	50*
CREATININE, S	mg/dL	1.84*	1.98*	--	1.64*	--	1.41*
POC CREATININE	mg/dL	--	--	2.2*	--	1.4*	--
GLUCOSE	mg/dL	116*	116*	--	112*	--	113*

**Results from last 7 days**

Lab	Units	06/18/18 0030
-----	-------	------------------

TSH uIU/mL 2.67

**INTAKE/OUTPUT:**

Intake/Output Summary (Last 24 hours) at 06/19/18 0727  
Last data filed at 06/19/18 0500

	Gross per 24 hour
Intake	2210 ml
Output	1200 ml
Net	1010 ml

Telemetry: S Brad

**CARDIAC STUDIES:**

**ASSESSMENT/PLAN**

Patient Active Problem List

Diagnosis

- Family history of ischemic heart disease
- Hyperlipidemia, unspecified hyperlipidemia type



**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/19/2018 7:27 AM (continued)**

- PVD (peripheral vascular disease) (HCC)
- Obesity
- Essential hypertension with goal blood pressure less than 130/85
- Coronary artery disease involving native coronary artery of native heart without angina pectoris
- Controlled type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (HCC)
- Elevated PSA
- Angina pectoris (HCC)
- Coronary arteriosclerosis
- S/P angioplasty with stent
- Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)
- Upper GI bleed
- Acute blood loss anemia
- Acute UTI
- Pulmonary edema
- Acute on chronic congestive heart failure, unspecified congestive heart failure type (HCC)
- AKI (acute kidney injury) (HCC)
- Adverse effect of sotalol, initial encounter
- Acute on chronic heart failure with normal ejection fraction (HCC)
- Anemia
- PAF (paroxysmal atrial fibrillation) (HCC)
- Acute GI bleeding

**ASSESSMENT:**

1. Blood loss anemia - reason for admit
2. PAF - eliquis/betapace - reason for consult  
-currently in sinus brady, HR 45-50s.
3. HFpEF - elevated BNP, +1.3 cc / 24 hrs
4. CAD - CABG with subsequent s/p POBA 11/2017
5. HTN/HLP
6. DM
7. AKI

**PLAN:**

- D/w Dr. Sheikh - will **NOT** pursue LHC at this time as his dyspnea likely due to anemia.
- holding AC at this time until cleared by GI
- Hold IV lasix as BUN / CR suggest volume depletion; will check pBNP
- EP recs apprec.
- Cont to follow renal fxn
- For EGD per GI today

Dhaval G Patel, MD  
6/19/2018

Electronically Signed by Dhaval G Patel, MD on 6/19/2018 7:30 AM

**Progress Notes by Janet Ian, RN at 6/19/2018 11:04 AM**



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Janet Ian, RN at 6/19/2018 11:04 AM (continued)**

Author: Janet Ian, RN  
Filed: 6/19/2018 11:05 AM  
Editor: Janet Ian, RN (Registered Nurse)

Service: —  
Date of Service: 6/19/2018 11:04 AM

Author Type: Registered Nurse  
Status: Signed

Patient transported to GI lab via wheelchair for EGD.

Electronically Signed by Janet Ian, RN on 6/19/2018 11:05 AM

**Progress Notes by Samina Fakh, MD at 6/19/2018 2:21 PM**

Author: Samina Fakh, MD  
Filed: 6/19/2018 10:33 PM  
Editor: Samina Fakh, MD (Physician)

Service: Hospital Medicine  
Date of Service: 6/19/2018 2:21 PM

Author Type: Physician  
Status: Signed



**Hospital Medicine Progress Note**

**Patient Name:** EUGENE G MAURICE  
**Room :** G351/G351-01  
**Length of stay:** 2 days

**Summary**

Patient is a 69 yo male with PMH of CAD, PAF on Eliquis, DM, HTN who presents with SOB, GI bleed with hgb 5.6, increased pulmonary edema, and UTI

**Subjective/Interval History**

Denies melena, hematochezia.

**Objective**

Temp: [97.7 °F (36.5 °C)-98.6 °F (37 °C)] 98.4 °F (36.9 °C)  
Heart Rate: [50-64] 61  
Resp: [13-25] 16  
BP: (95-143)/(40-61) 130/60  
SpO2 Readings from Last 1 Encounters:  
06/19/18 94%

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Samina Fakhri, MD at 6/19/2018 2:21 PM (continued)**

Physical exam was performed:

GEN: No acute distress, AAO x 3

EYES: No conjunctival pallor, No scleral icterus, Extraocular muscles intact

HEENT: Normocephalic, Atraumatic, Moist mucus membranes

NECK: Supple

CV: Normal S1 and S2

PULM: CTA bilaterally. No wheezes, crackles, or rales

ABD: Soft, Not distended, Normoactive bowel sounds, Not tender

EXT: Intact distal pulses, No clubbing or cyanosis, trace edema noted

SKIN: Warm and dry

NEURO: Spontaneous movement of extremities

**Medications**

• acetaminophen	650 mg	Oral	Q6H PRN
• calcium carbonate	500 mg	Oral	TID PRN
• dextrose 40%	1-2 Tube	Oral	Q15 Min PRN
• dextrose 50 % in water (D50W)	10-50 mL	Intravenous	Q15 Min PRN
• glucagon (human recombinant)	1 mg	Intramuscular	Once PRN
• HYDROcodone-acetaminophen	1 tablet	Oral	Q6H PRN
• insulin lispro	1-12 Units	Subcutaneous	AC&HS
• isosorbide mononitrate	60 mg	Oral	BID
• morphine injection	2 mg	Intravenous	Q3H PRN
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• ondansetron	4 mg	Oral	Q8H PRN
Or			
• ondansetron	4 mg	Intravenous	Q8H PRN
• pantoprazole	40 mg	Oral	BID AC
• piperacillin-tazobactam (ZOSYN)	4.5 g	Intravenous	Q8H
IV			
• polyethylene glycol	1 packet	Oral	Daily PRN
• sodium chloride	30 mL/hr	Intravenous	Continuous
• sodium chloride	30 mL/hr	Intravenous	Continuous PRN
• sodium chloride			
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride 0.9% (NS) bolus	250 mL	Intravenous	PRN
• sotalol	40 mg	Oral	BID

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Samina Fakhr, MD at 6/19/2018 2:21 PM (continued)**

Continuous Infusions:

- sodium chloride 30 mL/hr (06/19/18 1129)
- sodium chloride

PRN Meds: acetaminophen, calcium carbonate, dextrose 40%, dextrose 50 % in water (D50W), glucagon (human recombinant), HYDROcodone-acetaminophen, morphine injection, nitroglycerin, ondansetron \*\*OR\*\* ondansetron, polyethylene glycol, sodium chloride, Insert peripheral IV \*\*AND\*\* Saline lock IV \*\*AND\*\* sodium chloride (NS) 0.9 % syringe, Insert peripheral IV \*\*AND\*\* Saline lock IV \*\*AND\*\* sodium chloride (NS) 0.9 % syringe, Insert peripheral IV \*\*AND\*\* Maintain IV access \*\*AND\*\* INT \*\*AND\*\* sodium chloride (NS) 0.9 % syringe, sodium chloride 0.9% (NS) bolus

**Laboratory**

**Results from last 7 days**

Lab	Units	06/19/18	06/18/18	06/18/18	06/17/18
		0445	1005	0500	1514
WBC COUNT	10E9/L	11.5*	--	10.0	12.3*
HGB	g/dL	7.6*	7.6*	6.3*	5.6*
HEMATOCRIT	%	24*	25*	21*	19*
PLATELET	10E9/L	67*	--	64*	97*

**Results from last 7 days**

Lab	Units	06/19/18	06/18/18	06/18/18	06/17/18	06/17/18	06/15/18
		0445	0500	0030	1515	1514	1142
SODIUM, S	mmol/L	139	139	--	--	--	138
POTASSIUM	mmol/L	3.7	4.0	--	--	--	5.6*
CHLORIDE	mmol/L	102	99	--	--	--	100
CO2	mmol/L	20*	21*	--	--	--	17*
BUN BLD	mg/dL	47*	58*	--	--	--	49*
CREATININE, S	mg/dL	1.84*	1.98*	--	--	--	1.64*
POC CREATININE	mg/dL	--	--	--	2.2*	--	--
GLUCOSE	mg/dL	116*	116*	--	--	--	112*
CALCIUM, TOTAL	mg/dL	8.0*	8.1*	--	--	--	8.7*
MAGNESIUM	mg/dL	2.3	--	2.1	--	2.3	--
ANION GAP		21*	23*	--	--	--	27*

**Results from last 7 days**

Lab	Units	06/19/18	06/18/18
		0445	0500
ALKALINE PHOS	IU/L	127	137*

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Samina Fakh, MD at 6/19/2018 2:21 PM (continued)**

BILIRUBIN, TOTAL	mg/dL	1.4*	1.4*
PROTEIN, TOTAL	g/dL	5.9*	5.9*
ALT	IU/L	830*	1,072*
AST	IU/L	406*	723*
ALBUMIN, S	g/dL	2.9*	3.2*

**Results from last 7 days**

Lab	Units	06/19/18	06/19/18	06/19/18	06/18/18	06/18/18	06/18/18
		18	18	18	18	18	18
		1634	1418	0754	1941	1727	1229

GLUCOSE, BEDSIDE mg/dL 241\* 107\* 125\* 214\* 171\* 162\*

**Results from last 7 days**

Lab	Units	06/18/18	06/17/18
		0500	1514

PROTIME SEC 34.6\* 46.0\*  
INR RATIO 3.06\* 4.07\*  
APTT SEC -- 30

**Results from last 7 days**

Lab	Units	06/18/18	06/18/18	06/18/18
		1005	0500	0030

CK IU/L 196 186 192  
CK-MB (QUANT) ng/mL 2.7 2.6 2.7  
TROPONIN T ng/mL 0.05\* 0.05\* 0.05\*

**Assessment and Plan**

The following active problems are being addressed:

1. Acute blood loss anemia/ Acute GI bleed.  
GI consulted, S/P EGD today. Continue IV Protonix. Transfused 2 units PRBCs.
2. Acute UTI. Continue Zosyn. Follow up urine cultures.
3. Paroxysmal atrial fibrillation. Rate controlled. Held Eliquis due to GI bleed.
4. Transaminitis. Possibly due to shock liver from acute anemia. Continue to monitor LFTs. Acute hepatitis panel-non reactive.
5. Type 2 DM/ Hyperglycemia. Continue basal bolus with SSI.
6. Elevated troponin/ Abnormal EKG. Cardiology on board.
7. Bradycardia. EP consulted
8. Pulmonary edema. S/p Lasix for presumed CHF exacerbation.

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Samina Fakh, MD at 6/19/2018 2:21 PM (continued)**

**DVT prophylaxis: SCDs**

**Dispo: Possibly home Tomorrow, if H/H stable**

Plan of care was discussed and all questions were answered.

Samina Fakh, MD  
Hospital medicine

Electronically Signed by Samina Fakh, MD on 6/19/2018 10:33 PM

**Progress Notes by Dhaval G Patel, MD at 6/20/2018 7:42 AM**

Author: Dhaval G Patel, MD      Service: Cardiology  
Filed: 6/20/2018 9:07 AM      Date of Service: 6/20/2018 7:42 AM  
Editor: Dhaval G Patel, MD (Physician)  
Related Notes: Original Note by Dhaval G Patel, MD (Physician) filed at 6/20/2018 7:49 AM

Author Type: Physician  
Status: Addendum



**WellStar Cardiovascular Medicine**

**Date: 6/20/2018**  
**Patient Name: Eugene G Maurice**  
**Date of Birth: 1/2/1949**  
**Age: 69 y.o.**  
**LOS: 3 days**

**WELLSTAR CARDIOVASCULAR MEDICINE PROGRESS NOTE**

**Subjective:** Eugene G Maurice is a 69 y.o. male - Denies resting dyspnea. No CP. Still with epistaxis  
**MEDICATIONS:**

**SCHEDULED MEDICATIONS:**

- |                     |        |      |         |
|---------------------|--------|------|---------|
| • acetaminophen     | 650 mg | Oral | Q6H PRN |
| • calcium carbonate | 500 mg | Oral | TID PRN |

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/20/2018 7:42 AM (continued)**

• dextrose 40%	1-2 Tube	Oral	Q15 Min PRN
• dextrose 50 % in water (D50W)	10-50 mL	Intravenous	Q15 Min PRN
• glucagon (human recombinant)	1 mg	Intramuscular	Once PRN
• HYDROcodone-acetaminophen	1 tablet	Oral	Q6H PRN
• insulin lispro	1-12 Units	Subcutaneous	AC&HS
• isosorbide mononitrate	60 mg	Oral	BID
• morphine injection	2 mg	Intravenous	Q3H PRN
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• ondansetron	4 mg	Oral	Q8H PRN
Or			
• ondansetron	4 mg	Intravenous	Q8H PRN
• pantoprazole	40 mg	Oral	BID AC
• piperacillin-tazobactam (ZOSYN)	4.5 g	Intravenous	Q8H
IV			
• polyethylene glycol	1 packet	Oral	Daily PRN
• sodium chloride	30 mL/hr	Intravenous	Continuous
• sodium chloride	30 mL/hr	Intravenous	Continuous PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride 0.9% (NS) bolus	250 mL	Intravenous	PRN
• sotalol	40 mg	Oral	BID

**CONTINUOUS INFUSIONS:**

- sodium chloride 30 mL/hr (06/19/18 1129)
- sodium chloride

**PRN MEDICATIONS:** acetaminophen, calcium carbonate, dextrose 40%, dextrose 50 % in water (D50W), glucagon (human recombinant), HYDROcodone-acetaminophen, morphine injection, nitroglycerin, ondansetron **\*\*OR\*\*** ondansetron, polyethylene glycol, sodium chloride, Insert peripheral IV **\*\*AND\*\*** Saline lock IV **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, Insert peripheral IV **\*\*AND\*\*** Saline lock IV **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, Insert peripheral IV **\*\*AND\*\*** Maintain IV access **\*\*AND\*\*** INT **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, sodium chloride 0.9% (NS) bolus

**VITALS:**

**Visit Vitals**

BP 129/57  
Pulse 59  
Temp 98 °F (36.7 °C) (Oral)

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/20/2018 7:42 AM (continued)**

Resp 20  
Ht 67" (1.702 m)  
Wt 104.9 kg (231 lb 4.2 oz)  
SpO2 93%  
BMI 36.22 kg/m<sup>2</sup>

**PHYSICAL:**

GEN: In no acute distress, alert  
HEENT: anicteric, EOMI  
Neck - JVD not seen  
LUNGS: clear to auscultation, respirations unlabored, no rales rhonchi or wheezes  
COR: Regular rate and rhythm, normal S1, S2, no murmurs or gallops  
EXT: no clubbing, cyanosis, no edema  
SKIN: warm, dry, intact  
NEURO: alert, no focal deficits

**LABS:**

**Results from last 7 days**

Lab	Units	06/20/18 0400	06/19/18 0445	06/18/18 1005	06/18/18 0500	06/17/18 1514
HGB	g/dL	7.4*	7.6*	7.6*	6.3*	5.6*
HEMATOCRIT	%	24*	24*	25*	21*	19*
WBC COUNT	10E9/L	11.8*	11.5*	--	10.0	12.3*
PLATELET	10E9/L	66*	67*	--	64*	97*

**Results from last 7 days**

Lab	Units	06/20/18 0400	06/19/18 0445	06/18/18 0500	06/17/18 1515	06/15/18 1142
SODIUM, S	mmol/L	139	139	139	--	138
POTASSIUM	mmol/L	3.4*	3.7	4.0	--	5.6*
CHLORIDE	mmol/L	103	102	99	--	100
CO2	mmol/L	22	20*	21*	--	17*
BUN BLD	mg/dL	35*	47*	58*	--	49*
CREATININE, S	mg/dL	1.43*	1.84*	1.98*	--	1.64*
POC CREATININE	mg/dL	--	--	--	2.2*	--
GLUCOSE	mg/dL	113*	116*	116*	--	112*

**Results from last 7 days**

Lab	Units	06/18/18 0030
TSH	uIU/mL	2.67



**Progress Notes - Encounter Notes (continued)****Progress Notes by Dhaval G Patel, MD at 6/20/2018 7:42 AM (continued)****INTAKE/OUTPUT:**Intake/Output Summary (Last 24 hours) at 06/20/18 0742  
Last data filed at 06/20/18 0500

	<b>Gross per 24 hour</b>
Intake	200 ml
Output	1500 ml
<b>Net</b>	-1300 ml

**Telemetry: S Brad****CARDIAC STUDIES:****ASSESSMENT/PLAN**

## Patient Active Problem List

## Diagnosis

- Family history of ischemic heart disease
- Hyperlipidemia, unspecified hyperlipidemia type
- PVD (peripheral vascular disease) (HCC)
- Obesity
- Essential hypertension with goal blood pressure less than 130/85
- Coronary artery disease involving native coronary artery of native heart without angina pectoris
- Controlled type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (HCC)
- Elevated PSA
- Angina pectoris (HCC)
- Coronary arteriosclerosis
- S/P angioplasty with stent
- Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)
- Upper GI bleed
- Anemia due to acute blood loss
- Urinary tract infection without hematuria, site unspecified
- Pulmonary edema
- Acute on chronic congestive heart failure, unspecified congestive heart failure type (HCC)
- AKI (acute kidney injury) (HCC)
- Adverse effect of sotalol, initial encounter
- Acute on chronic heart failure with normal ejection fraction (HCC)
- Anemia
- PAF (paroxysmal atrial fibrillation) (HCC)
- Acute GI bleeding

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/20/2018 7:42 AM (continued)**

**ASSESSMENT:**

1. Blood loss anemia - reason for admit  
- EGD shows small ulcers, low bleed risk
2. PAF - eliquis/betapace - reason for consult  
- currently in sinus brady, HR 50-60 on lower dose sotalol 40 BID
3. HFpEF - elevated BNP, -1.3 L / 24 hrs
4. CAD - CABG with subsequent s/p POBA 11/2017
5. HTN/HLP
6. DM
7. AKI
8. Epistaxis - present despite being off Eliquis

**PLAN:**

- D/w Dr. Abdul Sheikh - will **NOT** pursue LHC at this time as his dyspnea likely due to anemia.
- GI --> ok to resume AC - restart Eliquis if ENT not recommending any procedures; will hold off on resuming ASA until H/H known to be stable on AC only. ASA may be resumed as outpt.
- Resume home dose lasix 20 QD
- Cont to follow renal fxn
- Will have ENT see - ? Long standing epistaxis causing anemia

Dhaval G Patel, MD  
6/20/2018

Electronically Signed by Dhaval G Patel, MD on 6/20/2018 9:07 AM

**Progress Notes by Kristy L Cirami at 6/20/2018 1:01 PM**

Author: Kristy L Cirami  
Filed: 6/20/2018 1:02 PM  
Editor: Kristy L Cirami (Technician)

Service: —  
Date of Service: 6/20/2018 1:01 PM

Author Type: Technician  
Status: Signed

**CLINICAL NUTRITION SCREEN**

104.9 kg (231 lb 4.2 oz)  
67" (1.702 m)  
Body mass index is 36.22 kg/m<sup>2</sup>.

**Diet:** Cardiac

**PO Intake:** 100%

Will monitor for needs

Electronically Signed by Kristy L Cirami on 6/20/2018 1:02 PM

**Progress Notes by Samina Fakhr, MD at 6/20/2018 1:08 PM**

Author: Samina Fakhr, MD  
Filed: 6/21/2018 7:24 AM  
Editor: Samina Fakhr, MD (Physician)

Service: Hospital Medicine  
Date of Service: 6/20/2018 1:08 PM

Author Type: Physician  
Status: Signed

**Progress Notes - Encounter Notes (continued)**

Progress Notes by Samina Fakh, MD at 6/20/2018 1:08 PM (continued)



**Hospital Medicine Progress Note**

**Patient Name:** EUGENE G MAURICE  
**Room :** G544/G544-01  
**Length of stay:** 4 days

**Summary**

Patient is a 69 yo male with PMH of CAD, PAF on Eliquis, DM, HTN who presents with SOB, GI bleed with hgb 5.6, increased pulmonary edema, and UTI

**Subjective/Interval History**

Denies melena, hematochezia, still c/o on and off nose bleed

**Objective**

Temp: [98 °F (36.7 °C)-98.4 °F (36.9 °C)] 98.4 °F (36.9 °C)  
Heart Rate: [56-109] 109  
Resp: [16-21] 16  
BP: (104-154)/(47-80) 124/53  
SpO2 Readings from Last 1 Encounters:  
06/20/18 93%

Physical exam was performed:  
GEN: No acute distress, AAO x 3  
EYES: No conjunctival pallor, No scleral icterus, Extraocular muscles intact  
HEENT: Normocephalic, Atraumatic, Moist mucus membranes  
NECK: Supple  
CV: Normal S1 and S2  
PULM: CTA bilaterally. No wheezes, crackles, or rales  
ABD: Soft, Not distended, Normoactive bowel sounds, Not tender  
EXT: Intact distal pulses, No clubbing or cyanosis, trace edema noted  
SKIN: Warm and dry

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Samina Fakhr, MD at 6/20/2018 1:08 PM (continued)**

NEURO: Spontaneous movement of extremities

**Medications**

• acetaminophen	650 mg	Oral	Q6H PRN
• apixaban	5 mg	Oral	BID
• calcium carbonate	500 mg	Oral	TID PRN
• dextrose 40%	1-2 Tube	Oral	Q15 Min PRN
• dextrose 50 % in water (D50W)	10-50 mL	Intravenous	Q15 Min PRN
• furosemide	20 mg	Oral	Every other day
• glucagon (human recombinant)	1 mg	Intramuscular	Once PRN
• HYDROcodone-acetaminophen	1 tablet	Oral	Q6H PRN
• insulin lispro	1-12 Units	Subcutaneous	AC&HS
• isosorbide mononitrate	60 mg	Oral	BID
• morphine injection	2 mg	Intravenous	Q3H PRN
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• ondansetron Or	4 mg	Oral	Q8H PRN
• ondansetron	4 mg	Intravenous	Q8H PRN
• pantoprazole	40 mg	Oral	BID AC
• polyethylene glycol	1 packet	Oral	Daily PRN
• sodium chloride	30 mL/hr	Intravenous	Continuous PRN
• sodium chloride			
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sodium chloride (NS) 0.9 % syringe	3-40 mL	Intravenous	Q1 min PRN
• sotalol	40 mg	Oral	BID

**Continuous Infusions:**

- sodium chloride

PRN Meds: acetaminophen, calcium carbonate, dextrose 40%, dextrose 50 % in water (D50W), glucagon (human recombinant), HYDROcodone-acetaminophen, morphine injection, nitroglycerin, ondansetron \*\*OR\*\* ondansetron, polyethylene glycol, sodium chloride, Insert peripheral IV \*\*AND\*\* Saline lock IV \*\*AND\*\* sodium chloride (NS) 0.9 % syringe, Insert peripheral IV \*\*AND\*\* Saline lock IV \*\*AND\*\* sodium chloride (NS) 0.9 % syringe, Insert peripheral IV \*\*AND\*\* Maintain IV access \*\*AND\*\* INT \*\*AND\*\* sodium chloride (NS) 0.9 % syringe

**Laboratory**

**Progress Notes - Encounter Notes (continued)**

Progress Notes by Samina Fakhr, MD at 6/20/2018 1:08 PM (continued)

**Results from last 7 days**

Lab	Units	06/20/18 0400	06/19/18 0445	06/18/18 1005	06/18/18 0500
WBC COUNT	10E9/L	11.8*	11.5*	--	10.0
HGB	g/dL	7.4*	7.6*	7.6*	6.3*
HEMATOCRIT	%	24*	24*	25*	21*
PLATELET	10E9/L	66*	67*	--	64*

**Results from last 7 days**

Lab	Units	06/20/18 0400	06/19/18 0445	06/18/18 0500	06/18/18 0030	06/17/18 1514
SODIUM, S	mmol/L	139	139	139	--	--
POTASSIUM	mmol/L	3.4*	3.7	4.0	--	--
CHLORIDE	mmol/L	103	102	99	--	--
CO2	mmol/L	22	20*	21*	--	--
BUN BLD	mg/dL	35*	47*	58*	--	--
CREATININE, S	mg/dL	1.43*	1.84*	1.98*	--	--
POC CREATININE		--	--	--	--	< > --
GLUCOSE	mg/dL	113*	116*	116*	--	--
CALCIUM, TOTAL	mg/dL	7.3*	8.0*	8.1*	--	--
MAGNESIUM	mg/dL	--	2.3	--	2.1	-- 2.3
ANION GAP		17	21*	23*	--	--

< > = values in this interval not displayed.

**Results from last 7 days**

Lab	Units	06/20/18 0400	06/19/18 0445	06/18/18 0500
ALKALINE PHOS	IU/L	109	127	137*
BILIRUBIN, TOTAL	mg/dL	1.5*	1.4*	1.4*
PROTEIN, TOTAL	g/dL	5.5*	5.9*	5.9*
ALT	IU/L	592*	830*	1,072*
AST	IU/L	189*	406*	723*
ALBUMIN, S	g/dL	2.8*	2.9*	3.2*

**Results from last 7 days**

Lab	Units	06/20/18 2103	06/20/18 1237	06/20/18 0734	06/19/18 2234	06/19/18 1634	06/19/18 1418
GLUCOSE, BEDSIDE	mg/dL	160*	196*	119*	135*	241*	107*

**Results from last 7 days**

**Progress Notes - Encounter Notes (continued)**

Progress Notes by Samina Fakh, MD at 6/20/2018 1:08 PM (continued)

Lab	Units	06/18/18 0500	06/17/18 1514
PROTIME	SEC	34.6*	46.0*
INR	RATIO	3.06*	4.07*
APTT	SEC	--	30

**Results from last 7 days**

Lab	Units	06/18/18 1005	06/18/18 0500	06/18/18 0030
CK	IU/L	196	186	192
CK-MB (QUANT)	ng/mL	2.7	2.6	2.7
TROPONIN T	ng/mL	0.05*	0.05*	0.05*

**Assessment and Plan**

The following active problems are being addressed:

1. Acute blood loss anemia/ Acute GI bleed.  
GI consulted, S/P EGD .Continue IV Protonix. Transfused 2 units PRBCs.
2. Acute UTI. Continued Zosyn. urine culture negative
3. Paroxysmal atrial fibrillation. Rate controlled. Resume Eliquis  
OK with GI
4. Transaminitis. Possibly due to shock liver from acute anemia. Continue to monitor LFTs. Acute hepatitis panel-non reactive.
5. Type 2 DM/ Hyperglycemia. Continue basal bolus with SSI.
6. Elevated troponin/ Abnormal EKG. Cardiology on board.
7. Bradycardia. EP consulted
8. Pulmonary edema. S/p Lasix for presumed CHF exacerbation.
9. Epistaxis : F/u on rec from ENT

Monitor H/H on Eliquis

**DVT prophylaxis: SCDs**

**Dispo: Possibly home Tomorrow, if H/H stable**

Plan of care was discussed and all questions were answered.

Samina Fakh, MD  
Hospital medicine

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Samina Fakh, MD at 6/20/2018 1:08 PM (continued)**

Electronically Signed by Samina Fakh, MD on 6/21/2018 7:24 AM

**Progress Notes by Dhaval G Patel, MD at 6/21/2018 10:52 AM**

Author: Dhaval G Patel, MD  
Filed: 6/21/2018 10:54 AM  
Editor: Dhaval G Patel, MD (Physician)

Service: Cardiology  
Date of Service: 6/21/2018 10:52 AM

Author Type: Physician  
Status: Signed



WellStar Cardiovascular Medicine

**Date:** 6/21/2018

**Patient Name:** Eugene G Maurice

**Date of Birth:** 1/2/1949

**Age:** 69 y.o.

**LOS:** 4 days

**WELLSTAR CARDIOVASCULAR MEDICINE PROGRESS NOTE**

**Subjective:** Eugene G Maurice is a 69 y.o. male - Denies resting dyspnea. No CP. ENT saw pt for epistaxis

**MEDICATIONS:**

**SCHEDULED MEDICATIONS:**

• acetaminophen	650 mg	Oral	Q6H PRN
• apixaban	5 mg	Oral	BID
• calcium carbonate	500 mg	Oral	TID PRN
• dextrose 40%	1-2 Tube	Oral	Q15 Min PRN
• dextrose 50 % in water (D50W)	10-50 mL	Intravenous	Q15 Min PRN
• furosemide	20 mg	Oral	Every other day
• glucagon (human recombinant)	1 mg	Intramuscular	Once PRN
• HYDROcodone-acetaminophen	1 tablet	Oral	Q6H PRN
• insulin lispro	1-12 Units	Subcutaneous	AC&HS
• isosorbide mononitrate	60 mg	Oral	BID
• morphine injection	2 mg	Intravenous	Q3H PRN
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• ondansetron	4 mg	Oral	Q8H PRN

**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/21/2018 10:52 AM (continued)**

Or

• ondansetron	4 mg	Intravenous	Q8H PRN
• pantoprazole	40 mg	Oral	BID AC
• polyethylene glycol	1 packet	Oral	Daily PRN
• sodium chloride	30 mL/hr	Intravenous	Continuous PRN
• sodium chloride			
• sodium chloride (NS)	3-40 mL	Intravenous	Q1 min PRN
0.9 % syringe			
• sodium chloride (NS)	3-40 mL	Intravenous	Q1 min PRN
0.9 % syringe			
• sodium chloride (NS)	3-40 mL	Intravenous	Q1 min PRN
0.9 % syringe			
• sotalol	40 mg	Oral	BID

**CONTINUOUS INFUSIONS:**

- sodium chloride

**PRN MEDICATIONS:** acetaminophen, calcium carbonate, dextrose 40%, dextrose 50 % in water (D50W), glucagon (human recombinant), HYDROcodone-acetaminophen, morphine injection, nitroglycerin, ondansetron **\*\*OR\*\*** ondansetron, polyethylene glycol, sodium chloride, Insert peripheral IV **\*\*AND\*\*** Saline lock IV **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, Insert peripheral IV **\*\*AND\*\*** Saline lock IV **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe, Insert peripheral IV **\*\*AND\*\*** Maintain IV access **\*\*AND\*\*** INT **\*\*AND\*\*** sodium chloride (NS) 0.9 % syringe

**VITALS:**

**Visit Vitals**

BP	137/64
Pulse	62
Temp	98 °F (36.7 °C) (Oral)
Resp	18
Ht	67" (1.702 m)
Wt	104.9 kg (231 lb 4.2 oz)
SpO2	95%
BMI	36.22 kg/m <sup>2</sup>

**PHYSICAL:**

GEN: In no acute distress, alert  
HEENT: anicteric, EOMI  
Neck - JVD not seen  
LUNGS: clear to auscultation, respirations unlabored, no rales rhonchi or wheezes  
COR: Regular rate and rhythm, normal S1, S2, no murmurs or gallops  
EXT: no clubbing, cyanosis, no edema  
SKIN: warm, dry, intact  
NEURO: alert, no focal deficits



**Progress Notes - Encounter Notes (continued)**

Progress Notes by Dhaval G Patel, MD at 6/21/2018 10:52 AM (continued)

**LABS:**

**Results from last 7 days**

Lab	Units	06/21/18 0439	06/20/18 0400	06/19/18 0445	06/18/18 1005	06/18/18 0500	06/17/18 1514
HGB	g/dL	7.4*	7.4*	7.6*	7.6*	6.3*	5.6*
HEMATOCRIT	%	24*	24*	24*	25*	21*	19*
WBC COUNT	10E9/L	11.5*	11.8*	11.5*	--	10.0	12.3*
PLATELET	10E9/L	81*	66*	67*	--	64*	97*

**Results from last 7 days**

Lab	Units	06/21/18 0439	06/20/18 0400	06/19/18 0445	06/18/18 0500	06/17/18 1515	06/15/18 1142
SODIUM, S	mmol/L	138	139	139	139	--	138
POTASSIUM	mmol/L	3.5	3.4*	3.7	4.0	--	5.6*
CHLORIDE	mmol/L	102	103	102	99	--	100
CO2	mmol/L	23	22	20*	21*	--	17*
BUN BLD	mg/dL	26*	35*	47*	58*	--	49*
CREATININE, S	mg/dL	1.17	1.43*	1.84*	1.98*	--	1.64*
POC CREATININE	mg/dL	--	--	--	--	2.2*	--
GLUCOSE	mg/dL	123*	113*	116*	116*	--	112*

**Results from last 7 days**

Lab	Units	06/18/18 0030
TSH	uIU/mL	2.67

**INTAKE/OUTPUT:**

Intake/Output Summary (Last 24 hours) at 06/21/18 1052  
Last data filed at 06/21/18 1000

	Gross per 24 hour
Intake	240 ml
Output	0 ml
Net	240 ml

Telemetry: S Brad

**CARDIAC STUDIES:**

Progress Notes - Encounter Notes (continued)

Progress Notes by Dhaval G Patel, MD at 6/21/2018 10:52 AM (continued)

**ASSESSMENT/PLAN**

Patient Active Problem List

Diagnosis

- Family history of ischemic heart disease
- Hyperlipidemia, unspecified hyperlipidemia type
- PVD (peripheral vascular disease) (HCC)
- Obesity
- Essential hypertension with goal blood pressure less than 130/85
- Coronary artery disease involving native coronary artery of native heart without angina pectoris
- Controlled type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (HCC)
- Elevated PSA
- Angina pectoris (HCC)
- Coronary arteriosclerosis
- S/P angioplasty with stent
- Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)
- Anemia due to acute blood loss
- Acute on chronic congestive heart failure, unspecified congestive heart failure type (HCC)
- AKI (acute kidney injury) (HCC)
- Adverse effect of sotalol, initial encounter
- Acute on chronic heart failure with normal ejection fraction (HCC)
- Anemia
- PAF (paroxysmal atrial fibrillation) (HCC)
- Acute GI bleeding
- Long term current use of anticoagulant
- Epistaxis

**ASSESSMENT:**

1. Blood loss anemia - reason for admit
  - EGD shows small ulcers, low bleed risk
2. PAF - eliquis/betapace - reason for consult
  - currently in sinus brady, HR 50-60 on lower dose sotalol 40 BID
3. HFpEF - elevated BNP, -1.3 L / 24 hrs
4. CAD - CABG with subsequent s/p POBA 11/2017
5. HTN/HLP
6. DM
7. AKI
8. Epistaxis - present despite being off Eliquis; ENT noted septal perforation.

**PLAN:**

- D/w Dr. Abdul Sheikh - will **NOT** pursue LHC at this time as his dyspnea likely due to anemia.
- GI --> ok to resume AC - restarted Eliquis as ENT not recommending any procedures while inpt.; will hold off on resuming ASA until H/H known to be stable on AC only. ASA may be resumed as outpt.
- Cont home dose lasix 20 QD
- May go home from cardiac view with close f/u of H/H.



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**Progress Notes - Encounter Notes (continued)**

**Progress Notes by Dhaval G Patel, MD at 6/21/2018 10:52 AM (continued)**

We will be available as needed. Please re-consult or call for any questions.

Dhaval G Patel, MD  
6/21/2018

Electronically Signed by Dhaval G Patel, MD on 6/21/2018 10:54 AM

**OR Nursing - Encounter Notes**

**OR Nursing by Cheryl A Root, RN at 6/19/2018 1:13 PM**

Author: Cheryl A Root, RN  
Filed: 6/19/2018 1:15 PM  
Editor: Cheryl A Root, RN (Registered Nurse)

Service: —  
Date of Service: 6/19/2018 1:13 PM

Author Type: Registered Nurse  
Status: Signed

6 PHOTOS , ABD SOFT

Electronically Signed by Cheryl A Root, RN on 6/19/2018 1:15 PM

**OR Nursing by Laura Friedman, RN at 6/19/2018 1:41 PM**

Author: Laura Friedman, RN  
Filed: 6/19/2018 1:41 PM  
Editor: Laura Friedman, RN (Registered Nurse)

Service: —  
Date of Service: 6/19/2018 1:41 PM

Author Type: Registered Nurse  
Status: Signed

Report called to janet RN in IMCU

Electronically Signed by Laura Friedman, RN on 6/19/2018 1:41 PM

**Brief Op Note - Encounter Notes**

**Brief Op Note by Sohail Asfandiyar, MD at 6/19/2018 1:13 PM**

Author: Sohail Asfandiyar, MD  
Filed: 6/19/2018 1:26 PM  
Editor: Sohail Asfandiyar, MD (Physician)

Service: Gastroenterology  
Date of Service: 6/19/2018 1:13 PM

Author Type: Physician  
Status: Signed

Eugene G Maurice

Preoperative Diagnosis: Anemia [D64.9]

Post-Operative Diagnosis: SEE MD NOTE

Post-Op Diagnosis Codes:

- \* Anemia [D64.9]

Procedure(s):  
GI-EGD (LVL5)

Surgeon(s) and Role:  
\* Sohail Asfandiyar, MD - Primary

Anesthesia: Monitor Anesthesia Care

Findings:

- Duodenum: Duodenitis- Bx taken



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**Brief Op Note - Encounter Notes (continued)**

**Brief Op Note by Sohail Asfandiyar, MD at 6/19/2018 1:13 PM (continued)**

- Stomach: Patchy gastritis with several superficial ulcers in antrum - Bx taken
- Esophagus: Unremarkable

**Recommendations:**

- Await histopathology
- Continue PPI and will switch to oral
- Can resume anticoagulation as indicated
- Will need a colonoscopy which can be done as OP
- Will s/o but available as needed. {atient will f/u as OP

Implant(s): \* No implants in log \*

**Specimen/Device Removed:**

ID	Type	Source	Tests	Collected by	Time	Destination
1 : BX SECOND PORTION OF DUODENUM	Tissue	Duodenum		Sohail Asfandiyar, MD	6/19/2018 1306	Pathology
2 : BX ANTRUM AND BODY	Tissue	Stomach		Sohail Asfandiyar, MD	6/19/2018 1307	Pathology

Estimated Blood Loss: minimal

Asfandiyar, Sohail, MD

June 19, 2018 1:13 PM

Electronically Signed by Sohail Asfandiyar, MD on 6/19/2018 1:26 PM

**Plan of Care - Encounter Notes**

**Plan of Care by Renata Marques-Bryant, RN at 6/18/2018 1:27 AM**

Author: Renata Marques-Bryant, RN	Service: ---	Author Type: Registered Nurse
Filed: 6/18/2018 1:27 AM	Date of Service: 6/18/2018 1:27 AM	Status: Signed
Editor: Renata Marques-Bryant, RN (Registered Nurse)		

**Problem: Potential for Falls**

**Goal:** Patient will remain free of falls

**Outcome:** Progressing

**Problem: Pain**

**Goal:** Patient's pain/discomfort is manageable

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**Plan of Care - Encounter Notes (continued)**

---

**Plan of Care by Renata Marques-Bryant, RN at 6/18/2018 1:27 AM (continued)**

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Assess and monitor patient's pain using appropriate pain scale. Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Re-assess patient's pain level 30 - 60 minutes after pain management intervention.

**Outcome:** Progressing

**Problem: Safety**

**Goal:** Patient will be injury free during hospitalization

Assess and monitor vitals signs, neurological status including level of consciousness and orientation. Assess patient's risk for falls and implement fall prevention plan of care and interventions per hospital policy.

Ensure arm band on, uncluttered walking paths in room, adequate room lighting, call light and overbed table within reach, bed in low position, wheels locked, side rails up per policy, and non-skid footwear provided.

**Outcome:** Progressing

**Problem: Daily Care**

**Goal:** Daily care needs are met

Assess and monitor ability to perform self care and identify potential discharge needs.

**Outcome:** Progressing

**Problem: Psychosocial Needs**

**Goal:** Demonstrates ability to cope with hospitalization/illness

Assess and monitor patients ability to cope with his/her illness.

**Outcome:** Progressing

**Goal:** Collaborate with patient/family/caregiver to identify patient specific goals for this hospitalization

**Outcome:** Progressing

**Problem: Blood disorder**

**Goal:** Blood disorder labs will remain in acceptable range

**Outcome:** Progressing

Electronically Signed by Renata Marques-Bryant, RN on 6/18/2018 1:27 AM

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**Plan of Care by Janet Ian, RN at 6/18/2018 12:42 PM**

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Author: Janet Ian, RN  
Filed: 6/18/2018 12:42 PM  
Editor: Janet Ian, RN (Registered Nurse)

Service: —  
Date of Service: 6/18/2018 12:42 PM

Author Type: Registered Nurse  
Status: Signed

**Problem: Potential for Falls**

**Goal:** Patient will remain free of falls

**Outcome:** Progressing

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**Plan of Care - Encounter Notes (continued)**

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Plan of Care by Janet Ian, RN at 6/18/2018 12:42 PM (continued)

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**Problem: Pain**

**Goal:** Patient's pain/discomfort is manageable

Assess and monitor patient's pain using appropriate pain scale. Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Re-assess patient's pain level 30 - 60 minutes after pain management intervention.

**Outcome:** Progressing

**Problem: Safety**

**Goal:** Patient will be injury free during hospitalization

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Ensure arm band on, uncluttered walking paths in room, adequate room lighting, call light and overbed table within reach, bed in low position, wheels locked, side rails up per policy, and non-skid footwear provided.

**Outcome:** Progressing

**Problem: Daily Care**

**Goal:** Daily care needs are met

Assess and monitor ability to perform self care and identify potential discharge needs.

**Outcome:** Progressing

**Problem: Psychosocial Needs**

**Goal:** Demonstrates ability to cope with hospitalization/illness

Assess and monitor patients ability to cope with his/her illness.

**Outcome:** Progressing

**Goal:** Collaborate with patient/family/caregiver to identify patient specific goals for this hospitalization

**Outcome:** Progressing

**Problem: Blood disorder**

**Goal:** Blood disorder labs will remain in acceptable range

**Outcome:** Progressing

**Problem: Glucose Imbalance**

**Goal:** Clinical indication of glucose balance is achieved

**Outcome:** Progressing

**Goal:** Patient's discharge needs are met

**Outcome:** Progressing

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**Plan of Care - Encounter Notes (continued)**

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**Plan of Care by Janet Ian, RN at 6/18/2018 12:42 PM (continued)**

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Electronically Signed by Janet Ian, RN on 6/18/2018 12:42 PM

**Plan of Care by Renata Marques-Bryant, RN at 6/18/2018 9:36 PM**

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Author: Renata Marques-Bryant, RN

Service: —

Author Type: Registered Nurse

Filed: 6/18/2018 9:36 PM

Date of Service: 6/18/2018 9:36 PM

Status: Signed

Editor: Renata Marques-Bryant, RN (Registered Nurse)

**Problem: Potential for Falls**

**Goal:** Patient will remain free of falls

**Outcome:** Progressing

**Problem: Pain**

**Goal:** Patient's pain/discomfort is manageable

Assess and monitor patient's pain using appropriate pain scale. Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Re-assess patient's pain level 30 - 60 minutes after pain management intervention.

**Outcome:** Progressing

**Problem: Safety**

**Goal:** Patient will be injury free during hospitalization

Assess and monitor vitals signs, neurological status including level of consciousness and orientation. Assess patient's risk for falls and implement fall prevention plan of care and interventions per hospital policy.

Ensure arm band on, uncluttered walking paths in room, adequate room lighting, call light and overbed table within reach, bed in low position, wheels locked, side rails up per policy, and non-skid footwear provided.

**Outcome:** Progressing

**Problem: Daily Care**

**Goal:** Daily care needs are met

Assess and monitor ability to perform self care and identify potential discharge needs.

**Outcome:** Progressing

**Problem: Psychosocial Needs**

**Goal:** Demonstrates ability to cope with hospitalization/illness

Assess and monitor patients ability to cope with his/her illness.

**Outcome:** Progressing

**Goal:** Collaborate with patient/family/caregiver to identify patient specific goals for this hospitalization

**Outcome:** Progressing

**Problem: Blood disorder**

**Goal:** Blood disorder labs will remain in acceptable range

**Outcome:** Progressing

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**Plan of Care - Encounter Notes (continued)**

---

**Plan of Care by Renata Marques-Bryant, RN at 6/18/2018 9:36 PM (continued)**

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**Problem: Glucose Imbalance**

**Goal:** Clinical indication of glucose balance is achieved

**Outcome:** Progressing

**Goal:** Patient's discharge needs are met

**Outcome:** Progressing

Electronically Signed by Renata Marques-Bryant, RN on 6/18/2018 9:36 PM

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**Plan of Care by Janet Ian, RN at 6/19/2018 10:08 AM**

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Author: Janet Ian, RN  
Filed: 6/19/2018 10:08 AM  
Editor: Janet Ian, RN (Registered Nurse)

Service: —  
Date of Service: 6/19/2018 10:08 AM

Author Type: Registered Nurse  
Status: Signed

**Problem: Potential for Falls**

**Goal:** Patient will remain free of falls

**Outcome:** Progressing

**Problem: Pain**

**Goal:** Patient's pain/discomfort is manageable

Assess and monitor patient's pain using appropriate pain scale. Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Re-assess patient's pain level 30 - 60 minutes after pain management intervention.

**Outcome:** Progressing

**Problem: Safety**

**Goal:** Patient will be injury free during hospitalization

Assess and monitor vitals signs, neurological status including level of consciousness and orientation. Assess patient's risk for falls and implement fall prevention plan of care and interventions per hospital policy.

Ensure arm band on, uncluttered walking paths in room, adequate room lighting, call light and overbed table within reach, bed in low position, wheels locked, side rails up per policy, and non-skid footwear provided.

**Outcome:** Progressing

**Problem: Daily Care**

**Goal:** Daily care needs are met

Assess and monitor ability to perform self care and identify potential discharge needs.

**Outcome:** Progressing

**Problem: Psychosocial Needs**

**Goal:** Demonstrates ability to cope with hospitalization/illness

Assess and monitor patients ability to cope with his/her illness.



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**Plan of Care - Encounter Notes (continued)**

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**Plan of Care by Janet Ian, RN at 6/19/2018 10:08 AM (continued)**

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**Outcome:** Progressing

**Goal:** Collaborate with patient/family/caregiver to identify patient specific goals for this hospitalization

**Outcome:** Progressing

**Problem: Blood disorder**

**Goal:** Blood disorder labs will remain in acceptable range

**Outcome:** Progressing

**Problem: Glucose Imbalance**

**Goal:** Clinical indication of glucose balance is achieved

**Outcome:** Progressing

**Goal:** Patient's discharge needs are met

**Outcome:** Progressing

Electronically Signed by Janet Ian, RN on 6/19/2018 10:08 AM

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**Plan of Care by Morgan Stull, RN at 6/20/2018 2:20 PM**

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Author: Morgan Stull, RN

Service: —

Author Type: Registered Nurse

Filed: 6/20/2018 2:20 PM

Date of Service: 6/20/2018 2:20 PM

Status: Signed

Editor: Morgan Stull, RN (Registered Nurse)

**Problem: Pain**

**Goal:** Patient's pain/discomfort is manageable

Assess and monitor patient's pain using appropriate pain scale. Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Re-assess patient's pain level 30 - 60 minutes after pain management intervention.

**Outcome:** Progressing

**Problem: Safety**

**Goal:** Patient will be injury free during hospitalization

Assess and monitor vitals signs, neurological status including level of consciousness and orientation. Assess patient's risk for falls and implement fall prevention plan of care and interventions per hospital policy.

Ensure arm band on, uncluttered walking paths in room, adequate room lighting, call light and overbed table within reach, bed in low position, wheels locked, side rails up per policy, and non-skid footwear provided.

**Outcome:** Progressing

**Problem: Daily Care**

**Goal:** Daily care needs are met

Assess and monitor ability to perform self care and identify potential discharge needs.

**Outcome:** Progressing



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### Plan of Care - Encounter Notes (continued)

#### Plan of Care by Morgan Stull, RN at 6/20/2018 2:20 PM (continued)

**Problem: Psychosocial Needs**

**Goal:** Demonstrates ability to cope with hospitalization/illness  
Assess and monitor patients ability to cope with his/her illness.

**Outcome:** Progressing

**Goal:** Collaborate with patient/family/caregiver to identify patient specific goals for this hospitalization

**Outcome:** Progressing

Electronically Signed by Morgan Stull, RN on 6/20/2018 2:20 PM

### Significant Event - Encounter Notes

#### Significant Event by Jonathan Murray, RN at 6/21/2018 1:51 PM

Author: Jonathan Murray, RN  
Filed: 6/21/2018 2:06 PM  
Editor: Jonathan Murray, RN (Registered Nurse)

Service: —  
Date of Service: 6/21/2018 1:51 PM

Author Type: Registered Nurse  
Status: Signed

Attended Discharge Center:

1. Reviewed AVS.
2. Reviewed RX and offered retail pharmacy assistance.
3. Offered f/u appointment assistance.
4. Offered MyChart registration assistance.
5. Education Reinforced - pt verbalized understanding.

Electronically Signed by Jonathan Murray, RN on 6/21/2018 2:06 PM

### Care Coordination - Encounter Notes

#### Care Coordination by Kathryn R Gray, RN at 6/20/2018 12:43 PM

Author: Kathryn R Gray, RN  
Filed: 6/20/2018 12:43 PM  
Editor: Kathryn R Gray, RN (Registered Nurse)

Service: —  
Date of Service: 6/20/2018 12:43 PM

Author Type: Care Coordinator  
Status: Signed

No discharge needs identified. CC will continue to follow.

Electronically Signed by Kathryn R Gray, RN on 6/20/2018 12:43 PM

### Medication History Note - Encounter Notes

#### Medication History Note by Leonard Carrese V, CPHT at 6/17/2018 5:35 PM

Author: Leonard Carrese V, CPHT  
Filed: 6/17/2018 5:36 PM  
Editor: Leonard Carrese V, CPHT (Technician)

Service: —  
Date of Service: 6/17/2018 5:35 PM

Author Type: Technician  
Status: Signed

### Medication History Specialist Note

Best possible home medication history obtained by patient, ambulatory care medication list, and complete dispense report from Kroger pharmacy



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**Medication History Note - Encounter Notes (continued)**

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**Medication History Note by Leonard Carrese V, CPHT at 6/17/2018 5:35 PM (continued)**

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Electronically Signed by Leonard Carrese V, CPHT on 6/17/2018 5:36 PM



WS Kennestone Hospital  
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Adm: 6/17/2018, D/C: 6/21/2018

**Surgery Report**

**General Information**

Date: 6/19/2018      Time: 1135      Status: Posted  
Location: KH GI/BRONCH      Room: GI 05      Service: Gastroenterology  
Patient class: Inpatient      Case classification: Class E - <24H Non-Urgent

**Diagnosis Information**

**Diagnosis**  
Anemia

**Case Tracking Events**

Event	Time In
In Facility	Sun Jun 17, 2018 1451
In Pre-Procedure	Tue Jun 19, 2018 1104
Pre-Procedure Complete	Tue Jun 19, 2018 1132
Anesthesia Ready	
In Room	Tue Jun 19, 2018 1257
Anesthesia Start	Tue Jun 19, 2018 1256
Moderate Sedation Begin	
Procedure Start	Tue Jun 19, 2018 1305
Procedure End	Tue Jun 19, 2018 1310
Moderate Sedation End	
Out of Room	Tue Jun 19, 2018 1317
In GI Recovery	Tue Jun 19, 2018 1320
GI Recovery Care Complete	Tue Jun 19, 2018 1341
Out of GI Recovery	Tue Jun 19, 2018 1400
In Phase I	
Phase I Criteria Met	
Out of Phase I	
In Phase II	
Anesthesia Stop	Tue Jun 19, 2018 1324
Phase II Care Complete	
Out of Phase II	
Remove from Status Board	Tue Jun 19, 2018 1407

**Panel Information**

**Panel 1**

Provider	Role	Service
Sohail Asfandiyar, MD	Primary	Gastroenterology

Procedure: GI-EGD (LVL5) W/ BX

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
N/A	Clean Contaminated		Monitor Anesthesia Care	

GI-EGD (LVL5) W/ BX (N/A) - Position 1

Body:      Left Arm: **Flexed**      Right Arm: **Across Chest**  
Head:      Left Leg:      Right Leg:  
Positioned by: **Dawn Nivera**      Time: 1258      Comments:

**Staff Info**

Staff Type	Staff Member	Start	End	OT
Circulator	Kamila Gresham, RN			
Scrub Person				
GI Tech	Dawn Nivera	1257		
Relief Circulator	Cheryl A Root, RN	1257		

**Questionnaire Data**

None

**Nursing Notes**

**OR Nursing by Cheryl A Root, RN at 6/19/2018 1:13 PM**



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**Nursing Notes (continued)**

**OR Nursing by Cheryl A Root, RN at 6/19/2018 1:13 PM (continued)**

Author: Cheryl A Root, RN  
Filed: 6/19/2018 1:15 PM  
Editor: Cheryl A Root, RN (Registered Nurse)

Service: —  
Date of Service: 6/19/2018 1:13 PM

Author Type: Registered Nurse  
Status: Signed

6 PHOTOS , ABD SOFT

**OR Nursing by Laura Friedman, RN at 6/19/2018 1:41 PM**

Author: Laura Friedman, RN  
Filed: 6/19/2018 1:41 PM  
Editor: Laura Friedman, RN (Registered Nurse)

Service: —  
Date of Service: 6/19/2018 1:41 PM

Author Type: Registered Nurse  
Status: Signed

Report called to janet RN in IMCU

**Specimens**

**Pathology**

ID	Type	Source	Tests	Collected by	Time
1 : BX SECOND PORTION OF DUODENUM	Tissue	Duodenum		Sohail Asfandiyar, MD	6/19/2018 1306
Priority: Routine					
2 : BX ANTRUM AND BODY	Tissue	Stomach		Sohail Asfandiyar, MD	6/19/2018 1307
Priority: Routine					

**Instruments**

Instrument Type	Instrument	Start	End
DILATOR MALONEY 34FR			
DILATOR MALONEY 44FR			
DILATOR MALONEY 46FR			
DILATOR MALONEY 48FR			
DILATOR MALONEY 50FR			
DILATOR MALONEY 52FR			
DILATOR MALONEY 54FR			
DILATOR MALONEY 56FR			
DILATOR MALONEY 58FR			
DILATOR MALONEY 60FR			
DILATOR SAVORY 36FR			
DILATOR SAVORY 38FR			
DILATOR SAVORY 42FR			
DILATOR SAVORY 45FR			
DILATOR SAVORY 48FR			
DILATOR SAVORY 51FR			
DILATOR SAVORY 54FR			
DILATOR SAVORY 57FR			
DILATOR SAVORY 60FR			
SCOPE BLEEDER #1 GFI-2T-160 SN:2002248			
SCOPE BLEEDER #2 GFI-2T-160 SN:2002245			
SCOPE EGD GFI-H180J SN:2001778			
SCOPE EGD #10 GFI-H180J SN:2001755			
SCOPE EGD GFI-H180J SN:2001736 PROCESSED PER GI LAB PROTOCOL			
SCOPE EGD GFI-H180J SN:2001756			
SCOPE EGD GFI-H180J SN:2001777			
SCOPE EGD SFI-H180J SN:2001790			
SCOPE EGD #3 GFI-H180J SN:2001752			
SCOPE EGD #4 GFI-H180J SN:2001750			
SCOPE EGD GFI-H180J SN:2001768			
SCOPE EGD GFI-H180J SN:2001731			



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**Instruments (continued)**

Instrument Type	Instrument	Start	End
SCOPE EGD GFI-H180J SN:2001762			
SCOPE EGD #8 GFI-H180J SN:2001770			
SCOPE EGD GFI-H180J SN:2001785			
SCOPE SMALL BOWEL SIF-100 SN:2500288			

**PNDS Information**

**Outcomes - Pre-op**

Used?	Description (Code)
Yes	The patient participates in decisions affecting his or her perioperative plan of care. (O23)
Yes	The patient demonstrates knowledge of the expected responses to the operative or invasive procedure. (O31)

**Outcomes - Intra-op**

Used?	Description (Code)
Yes	The patient is free from signs and symptoms of injury caused by extraneous objects. (O2)
Yes	The patient is free from signs and symptoms of injury related to positioning. (O5)
Yes	The patient is free from signs and symptoms of infection. (O10)

**Outcomes - Post-op**

Used?	Description (Code)
Yes	The patient is at or returning to normothermia at the conclusion of the immediate postoperative period. (O12)
Yes	The patient's respiratory function is consistent with or improved from baseline levels established preoperatively. (O14)
Yes	The patient demonstrates knowledge of pain management. (O20)
Yes	The patient demonstrates knowledge of wound management. (O22)
Yes	The patient demonstrates and/or reports adequate pain control throughout the perioperative period. (O29)

**Diagnoses**

Present?	Description (Code)
Yes	Anxiety (X4)
Yes	Ineffective breathing pattern (X7)
Yes	Risk for infection (X28)
Yes	Risk for injury (X29)
Yes	Deficient knowledge (X30)
Yes	Acute pain (X38)
No	Risk for impaired skin integrity (X51)
No	Risk for imbalanced body temperature (X57)

**Case Completion - Additional Information**

**Pre-op diagnosis**

Anemia [D64.9]

**Post-op diagnosis**

SEE MD NOTE

**Log Verified By**

Pamela Y Mott, RN	6/19/2018	1132
Cheryl A Root, RN	6/19/2018	1317
Kristin M Putting, RN	6/19/2018	1341

**Do Not Proceed History**

No information present

**Timeouts**

**Pre-Procedure Timeout**

Right Patient, Right Site, Right Procedure

Pre-Procedure Verification

Correct patient?: Yes  
Correct site?: Yes  
Correct procedure?: Yes  
Correct laterality?: N/A

H&P note verified?: Yes  
Consents verified?: Yes  
Site marked?: N/A  
Allergies reviewed?: Yes

Staff Present: Cheryl A Root, RN

**Timeouts (continued)**

Verification Date and Time: 6/19/2018 12:58 PM

**Pre-Incision Timeout**

Right Patient, Right Site, Right Procedure

Before Incision

Correct patient?: Yes  
Correct site?: Yes  
Correct procedure?: Yes  
Correct position?: Yes  
Correct laterality?: N/A

Have all members of the surgical team been introduced?: Yes  
Has the surgeon reviewed all the critical or unexpected steps?: Yes  
Has the anesthesia team reviewed any patient-specific concerns?: Yes  
Has the nursing team confirmed sterility?: No  
Have any equipment issues or concerns been addressed?: Yes  
Has prophylaxis been given within the last 60 minutes?: N/A  
Is essential imaging displayed?: Yes

Surgeons Present: Sohail Asfandiyar, MD  
Anesthesia Staff Present: Colleen M Meffert, PAA  
Staff Present: Dawn Nivera, Cheryl A Root, RN

Verification Date and Time: 6/19/2018 1:03 PM

Please use the Print Group Designer activity in Hyperspace to make print groups. Contact your technical support representative for more information.

**Anesthesia Encounters**

**Anesthesia Encounter - Episode ID 28897196**

**Anesthesia Summary - Maurice, Eugene George [561253820] Male 69 y.o.**

Current as of 06/19/18 1132

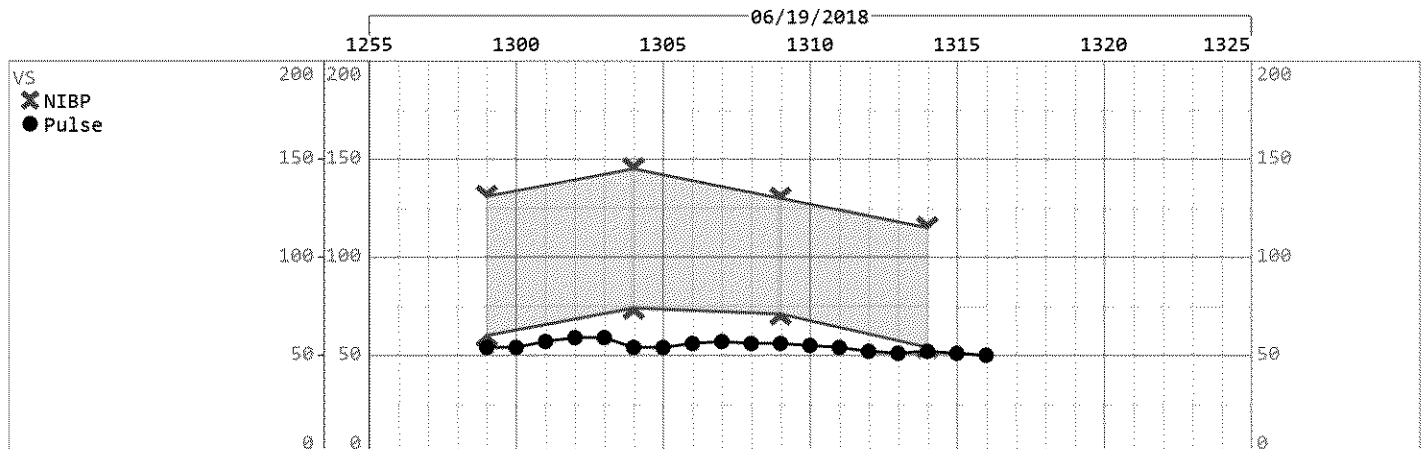
Height: 67" (1.702 m) (06/17/18)  
Weight: 104.9 kg (231 lb 4.2 oz) (06/18/18)  
BMI: 36.22  
NPO Status: 1800  
Allergies: No Known Allergies

**Procedure Summary**

Date: 06/19/18  
Anesthesia Start: 1256  
Procedure: GI-EGD (LVL5) W/ BX (N/A)

Room / Location: KH GI 05 / KH GI/BRONCH  
Anesthesia Stop: 1324  
Diagnosis:  
Anemia  
(SEE MD NOTE)  
Responsible Provider: Grace S Kim, MD  
ASA Status: 3

Provider: Sohail Asfandiyar, MD  
Anesthesia Type: MAC





WS Kennestone Hospital  
677 Church Street  
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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Anesthesia Encounter - Episode ID 28897196 (continued)**

02 (L/min)	3				0	
propofol (DIPRIVAN) 10 m... (mg)		130				130 mg
lidocaine 2% injection (mg)		60				60 mg
sodium chloride 0.9% (N... (mL)				200		200 mL
EKG	Sinus Brady...	Sinus Brady...	Sinus Brady...	Sinus Brady...		
Resp	[15]	[16]	[16]	[18]	[18]	
SpO2 (%)	[96]	[97]	[94]	[95]	[96]	
Vent Mode	Spontaneous	Spontaneous	Spontaneous	Spontaneous		

**Staff**

06/19/18

Name	Role	Begin	End
Grace S Kim, MD	ANMD	1256	1324
Colleen M Meffert, PAA	APA	1256	1324

**Events**

Date	Time	Event
6/19/2018	1132	Signed/Cosigned and Ready for Procedure
	1256	Anesthesia Start
	1256	Start Data Collection
	1303	Quick Note
		Time out
	1303	Induction
	1305	Mark Now
		Scope in
	1310	Mark Now
		Scope out
	1317	Emergence
	1317	Stop Data Collection
	1324	Handoff to Receiving Nurse
		I completed my handoff to the receiving nurse during which we:
		1. Identified the patient
		2. Identified the responsible providers
		3. Discussed the surgical procedure and course
		4. Reviewed the pertinent medical history and allergies
		5. Reviewed intra-op anesthesia management (airway, medications and I&O)
		6. Reviewed nerve block expectations (when applicable)
		7. Set expectations for post-procedure period and reviewed post-op orders
		8. Allowed opportunity for questions and acknowledgement of understanding
	1324	Anesthesia Stop

**Anesthesia Medical History**

Other symptoms involving cardiovascular system	Coronary atherosclerosis of native coronary artery
Family history of ischemic heart disease	Other and unspecified hyperlipidemia
Essential hypertension, benign	PVD (peripheral vascular disease) (HCC)
Obesity	Hypertension
Hyperlipidemia	CAD (coronary artery disease)
Infectious viral hepatitis	Diabetes mellitus (HCC)
Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)	AKI (acute kidney injury) (HCC)
Cataracts, both eyes	Gout

**Substance History**

Smoking Status: Former Smoker - 25 pack years
Quit Smoking: 04/07/92
Smokeless Tobacco Status: Never Used
Alcohol use: Yes; 4.0 standard drinks per week
Drug use: No

**Surgical History**

APPENDECTOMY	CORONARY ARTERY BYPASS GRAFT
CAROTID ENDARTERECTOMY	CORONARY STENT PLACEMENT
COLONOSCOPY	shingles
EGD	VASCULAR SURGERY





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**Anesthesia Encounter - Episode ID 28897196 (continued)**

**Facility Administered Medications**

Taken on 06/19/18

insulin lispro (HumaLOG) injection	isosorbide mononitrate (IMDUR) 24 hr tablet
pantoprazole (PROTONIX) in NS 40 mg/100 mL NS (0.4 mg/mL) infusion (w/adapter) Linked Group 1: "Followed by" Linked Group Details	piperacillin-tazobactam (ZOSYN) 4.5 g in NS 100 mL IVPB (w/adapter)
sodium chloride 0.9% (NS) infusion (Discontinued)	sodium chloride 0.9% (NS) infusion
sodium chloride 0.9 % (NS) flush Linked Group 2: "And" Linked Group Details	sodium chloride 0.9 % (NS) flush Linked Group 3: "And" Linked Group Details
sodium chloride 0.9% (NS) bolus 250 mL	sotalol (BETAPACE) tablet 40 mg

**Prescription Medications**

Within last 14 days from 06/19/18

	Last Taken	Last Updated
cyanocobalamin, vitamin B-12, (VITAMIN B12 ORAL)	6/16/2018	06/17/18 1734
nitroglycerin (NITROSTAT) 0.4 MG SL tablet	More than a month	06/17/18 1734
apixaban (ELIQUIS) 5 mg tablet	6/17/2018	06/17/18 1734
aspirin, buffered 81 mg Tab	6/17/2018	06/17/18 1734
atorvastatin (LIPITOR) 80 MG tablet	6/16/2018	06/17/18 1734
blood sugar diagnostic (GLUCOSE BLOOD) strip	Taking	05/25/18 1403
blood sugar diagnostic strip	Taking	05/25/18 1403
carvedilol (COREG) 6.25 MG tablet	Past Week	06/17/18 1734
furosemide (LASIX) 20 MG tablet	6/17/2018	06/17/18 1734
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	6/17/2018	06/17/18 1734
metFORMIN (GLUCOPHAGE) 500 MG tablet	6/17/2018	06/17/18 1734
ramipril (ALTACE) 10 MG capsule	Past Week	06/17/18 1734
sotalol (BETAPACE) 80 MG tablet	6/17/2018	06/17/18 1734

**Preprocedure Vitals**

Current as of 06/19/18 1132

BP: 123/54	Pulse: 51
Resp: 13	SpO2: 98
Temp:	
Height: 67" (1.702 m) (06/17/18)	Weight: 104.9 kg (231 lb 4.2 oz) (06/18/18)
BMI: 36.22	IBW: 66.1 kg (145 lb 12.2 oz)
Last edited 06/19/18 1114 by PM	

**Blood Orders**

Ordered in last 14 days - Current as of 04/09/20 0953

No blood orders found
-----------------------

**Hematology Labs (Last 90 days)**

	03/17 0914
HGB	13.3 ▼
HCT	--
Plt	--

**Electrolyte Labs (Last 90 days)**

	03/17 0914
K+	5.2 ^
Na+	--
Cl-	--
HCO3	--

Anesthesia Encounter - Episode ID 28897196 (continued)

Electrolyte Labs (continued) (Last 90 days)

Procedure Notes

No procedure notes have been written.

Preprocedure Note

Last edited 06/19/18 1132 by Grace S Kim, MD  
Date of Service 06/19/18 1129  
Status: Signed

### Anesthesia Pre-op Evaluation

**Patient Name:** Eugene G Maurice      **MRN:** 561253820  
**Date of Birth:** 1/2/1949    **Age:** 69 yrs    **Sex:** Male  
**Height:** 1.702 m (5' 7")      **Weight:** 104.9 kg (231 lb 4.2 oz)      **BMI:** Body mass index is 36.22 kg/m<sup>2</sup>.

#### Pre-Assessment Information

No Known Allergies

Relevant Problems

- (+) Acute on chronic congestive heart failure, unspecified congestive heart failure type (HCC)
- (+) Controlled type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (HCC)
- (+) Coronary arteriosclerosis
- (+) Coronary artery disease involving native coronary artery of native heart without angina pectoris
- (+) Essential hypertension with goal blood pressure less than 130/85

Past Medical History:

Diagnosis \_\_\_\_\_ Date \_\_\_\_\_

- AKI (acute kidney injury) (HCC)
- CAD (coronary artery disease)
- Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC)      1/30/2018
- Coronary atherosclerosis of native coronary artery
- Diabetes mellitus (HCC)
- Essential hypertension, benign
- Family history of ischemic heart disease
- Hyperlipidemia
- Hypertension
- Infectious viral hepatitis  
*as teen/cannot recall what type*
- Obesity
- Other and unspecified hyperlipidemia
- Other symptoms involving cardiovascular system
- PVD (peripheral vascular disease) (HCC)



**Anesthesia Encounter - Episode ID 28897196 (continued)**

**Preprocedure Note (continued)**

**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		
• CAROTID ENDARTERECTOMY		
x2		
• COLONOSCOPY		
<i>as of 9/2014 has not had this</i>		
• CORONARY ARTERY BYPASS GRAFT		1992
X6		
• CORONARY STENT PLACEMENT		2014
<i>sheikh</i>		
• shingles		9/2015

**Social History Main Topics**

- Smoking status: Former Smoker
  - Packs/day: 1.00
  - Years: 25.00
  - Types: Cigarettes
  - Quit date: 4/7/1992
- Smokeless tobacco: Never Used
- Alcohol use: 2.4 oz/week
  - 2 Glasses of wine, 2 Shots of liquor per week
  - Comment: rarely*
- Drug use: No
- Sexual activity: Yes
  - Partners: Female
  - Birth control/ protection: None

Documented NPO status:  
 Date of last liquid: 06/19/18  
 Time of last liquid: 0808 (sips with meds)  
 Date of last solid: 06/18/18  
 Time of last solid: 1800

**Pre-operative Evaluation**

**Review of Systems/Medical History**

**General:** Patient summary reviewed.

**Anesthesia History:**

**Cardiovascular:**

(+) hypertension: CAD, CHF,

**GI/Hepatic/Renal:**

---

**Anesthesia Encounter - Episode ID 28897196 (continued)**

---

**Preprocedure Note (continued)**

---

(+) hepatitis, liver disease, chronic renal disease:

**Endo/Other:**

(+) diabetes mellitus

**Physical Exam**

**Airway:**

Mallampati: II  
Neck ROM: full  
TM distance: >3 FB

**Cardiovascular:**

Rhythm: regular

**Pulmonary:**

Respiratory Effort: normal

**Anesthesia Plan**

**ASA: 3**

**Anesthetic Plan: MAC**

**Anesthetic plan and risks discussed with: Patient.**



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**Anesthesia Encounter - Episode ID 28897196 (continued)**

**Preprocedure Note (continued)**

**Plan discussed with:** PAA

Electronically signed by Grace S Kim, MD at 6/19/2018 11:32 AM

**All Postprocedure Notes**

Last edited 06/19/18 1327 by Grace S Kim, MD  
Date of Service 06/19/18 1327  
Status: Signed

**Patient Name:** Eugene G Maurice

**Procedure Summary**

Date: 06/19/18  
Anesthesia Start: 1256  
Procedure: GI-EGD (LVL5) W/ BX (N/A)

Room / Location: KH GI 05 / KH GI/BRONCH  
Anesthesia Stop: 1324  
Diagnosis:  
Anemia  
(SEE MD NOTE)  
Responsible Provider: Grace S Kim, MD  
ASA Status: 3

Provider: Sohail Asfandiyar, MD  
Anesthesia Type: MAC

**Final Anesthesia Type:** MAC

**Patient location:** PACU  
**Post vital signs:** post-procedure vital signs reviewed and stable  
**Level of consciousness:** awake, alert and oriented  
**Post-anesthesia pain:** adequate analgesia  
**Airway patency:** patent  
**Respiratory:** room air and unassisted  
**Cardiovascular:** blood pressure at baseline and stable  
**Hydration:** euvolemic  
**Nausea and vomiting:** no signs of nausea and vomiting  
**Anesthetic complications:** No

Electronically signed by Grace S Kim, MD at 6/19/2018 1:27 PM

**Attestation Information**

Staff Name	Date	Time	Type
Pamela Y Mott, RN	06/19/18	1132	Pre-Op
Grace S Kim, MD	06/19/18	1256	Pre-Induction Assessment
Grace S Kim, MD	06/19/18	1256	Present at Induction
Grace S Kim, MD	06/19/18	1256	Intra-operative Monitoring
Grace S Kim, MD	06/19/18	1256	Present for MAC
Cheryl A Root, RN	06/19/18	1317	Intra-Op
Kristin M Putting, RN	06/19/18	1341	Phase II

**Medications**



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**Anesthesia Encounter - Episode ID 28897196 (continued)**

**Medications (continued)**

Medication	Rate/Dose/Volume	Action	Date Time	Administering User	Audit
propofol (DIPRIVAN) 10 mg/mL injection (mg)	130 mg (over 6 min)	Given	06/19/18 1303	Colleen M Meffert, PAA	edited
lidocaine 2% injection (mg)	60 mg	Given	06/19/18 1303	Colleen M Meffert, PAA	
sodium chloride 0.9% (NS) infusion (mL) Dosing weight: 104.9 kg	200 mL	Anesthesia Volume Adjustment	06/19/18 1311	Colleen M Meffert, PAA	

**Signoff Status**

None



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 Anesthesia Report

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

Flowsheets (all recorded)

Devices Testing Template

Row Name	06/19/18 1316	06/19/18 1315	06/19/18 1314	06/19/18 1313	06/19/18 1312
Device Data					
MAP (mmHg)	---	---	72 mm Hg -DI	---	---
OTHER					
Resp	18 -DI	17 -DI	18 -DI	19 -DI	18 -DI
SpO2	96 % -DI	95 % -DI	95 % -DI	95 % -DI	95 % -DI
Pulse	50 -DI	51 -DI	52 -DI	51 -DI	52 -DI
NIBP	---	---	115/54 -DI	---	---
Row Name	06/19/18 1311	06/19/18 1310	06/19/18 1309	06/19/18 1308	06/19/18 1307
Device Data					
MAP (mmHg)	---	---	87 mm Hg -DI	---	---
OTHER					
Resp	19 -DI	19 -DI	16 -DI	18 -DI	19 -DI
SpO2	96 % -DI	96 % -DI	94 % -DI	93 % -DI	91 % -DI
Pulse	54 -DI	55 -DI	56 -DI	56 -DI	57 -DI
NIBP	---	---	130/71 -DI	---	---
Row Name	06/19/18 1306	06/19/18 1305	06/19/18 1304	06/19/18 1303	06/19/18 1302
Device Data					
MAP (mmHg)	---	---	90 mm Hg -DI	---	---
OTHER					
Resp	20 -DI	20 -DI	16 -DI	18 -DI	20 -DI
SpO2	(!) 83 % -DI	98 % -DI	97 % -DI	96 % -DI	95 % -DI
Pulse	56 -DI	54 -DI	54 -DI	59 -DI	59 -DI
NIBP	---	---	145/74 -DI	---	---
Row Name	06/19/18 1301	06/19/18 1300	06/19/18 1259	06/19/18 1258	
Device Data					
MAP (mmHg)	---	---	80 mm Hg -DI	---	
OTHER					
Resp	15 -DI	17 -DI	15 -DI	24 -DI	
SpO2	98 % -DI	98 % -DI	96 % -DI	97 % -DI	
Pulse	57 -DI	54 -DI	54 -DI	---	
NIBP	---	---	131/60 -DI	---	



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Anesthesia Report

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**Flowsheets (all recorded)**

**Agents**

Row Name	06/19/18 1317	06/19/18 1255
Agents		
O2	0 L/min -CM	3 L/min -CM





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Flowsheets (all recorded)

Anesthesia Checklist

Row Name	06/19/18 0000
Anesthesia Checklist	
Monitors In Use	Anesthesia apparatus checked;Pulse oximeter -CM
NIBP Site	Arm L -CM
Cardiac	EKG:ST segments -CM
Leads	5 -CM



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**Flowsheets (all recorded)**

**Agents**

Row Name	06/19/18 1317	06/19/18 1255
Agents		
O2	0 L/min -CM	3 L/min -CM



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**Flowsheets (all recorded)**

**Positioning**

Row Name	06/19/18 1302
OTHER	
Position	Left Lateral -CM



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**Flowsheets (all recorded)**

**Medication Exclusion**

Row Name	Anesthesia from 6/19/2018 in WellStar Kennestone Hospital (KH GI LAB)
Antibiotic/Beta Blocker/Antiemetic/Narcotic Admin Exclusions	
Antibiotic Administered?	2 -CM
Beta Blocker Administered?	6 -CM
Antiemetic Administered?	5 -CM
Has narcotic waste been reconciled?	1 -CM



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**Flowsheets (all recorded)**

**Anesthesia Monitoring**

Row Name	06/19/18 1310	06/19/18 1305	06/19/18 1300	06/19/18 1258
Assessment				
EKG	Sinus Bradycardia -CM	Sinus Bradycardia -CM	Sinus Bradycardia -CM	Sinus Bradycardia -CM
Respiratory				
Vent Mode	Spontaneous -CM	Spontaneous -CM	Spontaneous -CM	Spontaneous -CM

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
DI	Interface, Device In	—
CM	Colleen M Meffert, PAA	06/17/18 - 11/09/18



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Adm: 6/17/2018, D/C: 6/21/2018

**Flowsheet Notes**

**Significant Event by Jonathan Murray, RN at 6/21/2018 1:51 PM**

Author: Jonathan Murray, RN  
Filed: 6/21/2018 2:06 PM  
Editor: Jonathan Murray, RN (Registered Nurse)

Service: —  
Date of Service: 6/21/2018 1:51 PM

Author Type: Registered Nurse  
Status: Signed

**Attended Discharge Center:**

1. Reviewed AVS.
2. Reviewed RX and offered retail pharmacy assistance.
3. Offered f/u appointment assistance.
4. Offered MyChart registration assistance.
5. Education Reinforced - pt verbalized understanding.

Electronically Signed by Jonathan Murray, RN on 6/21/2018 2:06 PM

**Encounter-Level E-Signatures:**

No documentation.

**Procedures - Orders and Results**

**CASE REQUEST OPERATING ROOM [751027207]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1215**  
Ordering user: Michelle M Lovett, NP 06/18/18 1215  
Authorized by: Aasim M Sheikh, MD  
Cosigning events  
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering  
Quantity: 1

Ordering provider: Michelle M Lovett, NP  
Ordering mode: Standard

Status: **Completed**

Instance released by: Michelle M Lovett, NP (auto-released) 6/18/2018 12:15 PM

**Questionnaire**

Question	Answer
Case Classification	Class E - <24H Non-Urgent
Add on case?	Yes
Diagnosis codes	Anemia

**CRITICAL CARE [751503324]**

Electronically signed by: **Douglas E Krug, MD on 06/22/18 0900**  
Ordering user: Douglas E Krug, MD 06/22/18 0900  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: Douglas E Krug, MD 6/22/2018 9:00 AM  
Order comments: This order was created via procedure documentation

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**CRITICAL CARE [751503324]**

Resulted: 06/17/18 1506, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/22/18 0900  
Filed by: Douglas E Krug, MD 06/22/18 0902  
Narrative:  
Douglas E Krug, MD 6/22/2018 9:02 AM  
Critical Care  
Performed by: KRUG, DOUGLAS E  
Authorized by: KRUG, DOUGLAS E  
Total critical care time: 47 minutes  
Critical care time was exclusive of separately billable procedures and treating other patients.  
Critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: cardiac failure, circulatory failure, renal failure and sepsis.  
Critical care was time spent personally by me on the following activities: discussions with consultants, evaluation of patient's response to treatment, obtaining history from patient or surrogate, ordering and review of laboratory studies, pulse oximetry, review of old charts, development of treatment plan with patient or surrogate, interpretation of cardiac output measurements, examination of patient, ordering and

Order status: **Completed**  
Result details



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Maurice, Eugene George  
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Adm: 6/17/2018, D/C: 6/21/2018

**Procedures - Orders and Results (continued)**

performing treatments and interventions, ordering and review of radiographic studies and re-evaluation of patient's condition.

**Procedures Performed**

**Chargeables**

PR CRITICAL CARE, E/M 30-74 MINUTES [99291]

**EKG SCAN [751503329]**

Electronically signed by: **Interface, Transcription Incoming on 06/25/18 2055**  
Ordering user: **Interface, Transcription Incoming 06/25/18 2055**  
Authorized by: **Provider Scan**  
Frequency: -  
Lab status: **Final result**

Ordering provider: **Provider Scan**  
Ordering mode: **Standard**  
Quantity: **1**

Status: **Completed**

Scan on 6/25/2018 8:55 PM (below)

**EKG SCAN [751503329]**

Resulted: 06/25/18 2055, Result status: Final result

Ordering provider: **Provider Scan 06/25/18 2055**  
Filed by: **Interface, Transcription Incoming 06/25/18 2058**

Order status: **Completed**  
Result details

**Nursing - Orders and Results**

**VITAL SIGNS [750930100]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1613**  
Ordering user: **Douglas E Krug, MD 06/17/18 1613**  
Authorized by: **Douglas E Krug, MD**  
Frequency: **STAT PRN 06/17/18 1612 - Until Specified**  
Discontinued by: **Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]**  
Acknowledged: **Brian J Rooney, RN 06/17/18 1616 for Placing Order**

Ordering provider: **Douglas E Krug, MD**  
Ordering mode: **Standard**  
Quantity: **1**

Status: **Discontinued**

**VITAL SIGNS [750930106]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1613**  
Ordering user: **Douglas E Krug, MD 06/17/18 1613**  
Authorized by: **Douglas E Krug, MD**  
Quantity: **1**

Ordering provider: **Douglas E Krug, MD**  
Ordering mode: **Standard**  
Instance released by: **Douglas E Krug, MD (auto-released) 6/17/2018 4:13 PM**

Status: **Completed**

**NURSING COMMUNICATION [750930112]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1613**  
Ordering user: **Douglas E Krug, MD 06/17/18 1613**  
Authorized by: **Douglas E Krug, MD**  
Quantity: **1**

Ordering provider: **Douglas E Krug, MD**  
Ordering mode: **Standard**  
Instance released by: **Douglas E Krug, MD (auto-released) 6/17/2018 4:13 PM**

Status: **Completed**

**VITAL SIGNS [750930119]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1650**  
Ordering user: **Douglas E Krug, MD 06/17/18 1650**  
Authorized by: **Douglas E Krug, MD**  
Frequency: **STAT PRN 06/17/18 1650 - Until Specified**  
Discontinued by: **Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]**  
Acknowledged: **Brian J Rooney, RN 06/17/18 1652 for Placing Order**

Ordering provider: **Douglas E Krug, MD**  
Ordering mode: **Standard**  
Quantity: **1**

Status: **Discontinued**

**VITAL SIGNS [750930122]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1650**  
Ordering user: **Douglas E Krug, MD 06/17/18 1650**  
Authorized by: **Douglas E Krug, MD**  
Quantity: **1**

Ordering provider: **Douglas E Krug, MD**  
Ordering mode: **Standard**  
Instance released by: **Douglas E Krug, MD (auto-released) 6/17/2018 4:50 PM**

Status: **Completed**



WS Kennestone Hospital  
677 Church Street  
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Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Nursing - Orders and Results (continued)**

**UP WITH ASSISTANCE [750940192]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Frequency: Routine PRN 06/17/18 2224 - Until Specified  
Released by: Amy Feltz, RN 06/17/18 2224  
Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Discontinued**

Quantity: 1  
Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

**MEASURE HEIGHT AND LENGTH [750942923]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**MEASURE WEIGHT [750942924]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**MAINTAIN IV ACCESS [750942926]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Nega B Gebremariam, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Discontinued**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**PLACE SEQUENTIAL COMPRESSION DEVICE [750942928]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**MAINTAIN SEQUENTIAL COMPRESSION DEVICE [750942929]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]  
Order comments: Remove SCDs for 30 minutes every shift.

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Discontinued**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**VITAL SIGNS [750942931]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Discontinued**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM





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Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
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**Nursing - Orders and Results (continued)**

**TELEMETRY- 24 HOURS [750942932]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

**Questionnaire**

Question	Answer
Class III - Reason for Telemetry Monitoring	Cardiac Enzymes ordered

**ACTIVITY AS TOLERATED [750942933]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

**INITIATE ELECTROLYTE REPLACEMENT PROTOCOL [750942935]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

**PROVIDE PATIENT EDUCATION MATERIALS [750942936]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Order comments: Initiate disease specific education

**NOTIFY PHYSICIAN (SPECIFY) [750969660]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1721** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1721 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

**Questionnaire**

Question	Answer
If blood glucose is greater than	400 mg/dL
If blood glucose is less than	70 mg/dL
Of	Hypoglycemic event

**NURSING COMMUNICATION [750969661]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1721** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1721 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]  
 Order comments: Monitor and document total nutritional intake % of meal eaten including snacks.



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Anesthesia Report

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**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [750969661] (continued)**

**HYPOGLYCEMIA PROTOCOL [750969662]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1721**  
Ordering user: Naomi W Muhia, NP 06/17/18 1721  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Questionnaire**

Question	Answer
Nursing:	Open and implement the Hypoglycemia Protocol order set as appropriate.

Order comments: Initiate Hypoglycemia Protocol when blood glucose less than 70 mg/dL.

**NURSING COMMUNICATION [750969663]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1721**  
Ordering user: Naomi W Muhia, NP 06/17/18 1721  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Discontinued**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**VITAL SIGNS [750969666]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724**  
Ordering user: Naomi W Muhia, NP 06/17/18 1724  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

Order comments: Baseline VS within 30 minutes of transfusion initiation; 15 minutes after initiation; hourly (+/- 15 minutes); and within 30 minutes of unit completion

**CALL DOCTOR [750969667]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724**  
Ordering user: Naomi W Muhia, NP 06/17/18 1724  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Discontinued**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

Order comments: 1) Patient complains of chills, abdominal / flank pain. 2) Shortness of breath. 3) Chest pain. 4) Restlessness. 5) Infusion site pain. 6) Sudden changes in vital signs.

**NURSING COMMUNICATION [750969668]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724**  
Ordering user: Naomi W Muhia, NP 06/17/18 1724  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**ASSESS [750969669]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724**  
Ordering user: Naomi W Muhia, NP 06/17/18 1724  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

Order comments: 1) Stop transfusion. Keep IV line open with normal saline at 20 ml/hr. 2) Complete transfusion reaction form. 3) Notify blood bank of reaction. 4) Draw blood for STAT hemoglobin, haptoglobin, LDH, indirect bilirubin and send to blood bank with blood products. 5) Contact ordering physician.



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Anesthesia Report

Maurice, Eugene George  
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**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [750969670]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724** Status: **Discontinued**  
Ordering user: Naomi W Muhia, NP 06/17/18 1724 Ordering provider: Naomi W Muhia, NP  
Authorized by: Charu G Prakash, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]  
Order comments: RNS, please draw hemoglobin two hours post PRBCs transfusion.

**VERIFY INFORMED CONSENT [750969671]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724** Status: **Completed**  
Ordering user: Naomi W Muhia, NP 06/17/18 1724 Ordering provider: Naomi W Muhia, NP  
Authorized by: Charu G Prakash, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
Order comments: Blood Product Administration

**NURSING COMMUNICATION [751296216]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
Authorized by: Grace S Kim, MD Ordering mode: Standard  
Quantity: 1 Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Order comments: May be applied for temperature less than less than 36 °C (97 °F), or if patient is symptomatic. Core body temp equivalents (patients are hypothermic if temperature less than or equal to these readings): 1. Oral temperature equal to 35.8 °C (96.4 °F). (Temporal temperature equivalent to oral values if temporal thermometer is labeled Arterial/Oral). 2. Bladder temperature less than or equal to 36.3 °C (97.3 °F). 3. Axillary temperature equal to 34.5 °C (94.1 °F), PACU (only)

**NOTIFY PHYSICIAN (SPECIFY) [751296217]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
Authorized by: Grace S Kim, MD Ordering mode: Standard  
Quantity: 1 Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]

**NOTIFY PHYSICIAN (SPECIFY) [751296218]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
Authorized by: Grace S Kim, MD Ordering mode: Standard  
Quantity: 1 Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Order comments: Call physician/surgeon if hemoglobin is less than 7.0

**NOTIFY PHYSICIAN (SPECIFY) [751296219]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
Authorized by: Grace S Kim, MD Ordering mode: Standard  
Quantity: 1 Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Order comments: For symptomatic bradycardia

**NOTIFY PHYSICIAN (SPECIFY) [751296220]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
Authorized by: Grace S Kim, MD Ordering mode: Standard  
Quantity: 1 Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Order comments: Notify physician for pulse less than 50 or greater than 120, respiratory rate less than 8 or greater than 25, temperature greater than 38.5, urinary output less than 30 mL/kg/hr, systolic BP less than 90 or greater than 160, diastolic BP less than 60 or greater than 100.

**VITAL SIGNS [751296221]**



WS Kennestone Hospital  
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Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Nursing - Orders and Results (continued)**

**VITAL SIGNS [751296221] (continued)**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
Ordering user: Grace S Kim, MD 06/19/18 1042  
Authorized by: Grace S Kim, MD  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Order comments: To include continuous pulse oximetry and cardiac monitoring  
Ordering provider: Grace S Kim, MD  
Ordering mode: Standard  
Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

**MAINTAIN IV ACCESS [751296223]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
Ordering user: Grace S Kim, MD 06/19/18 1042  
Authorized by: Grace S Kim, MD  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Ordering provider: Grace S Kim, MD  
Ordering mode: Standard  
Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

**NOTIFY PHYSICIAN (SPECIFY) [751296225]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
Ordering user: Grace S Kim, MD 06/19/18 1042  
Authorized by: Grace S Kim, MD  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Order comments: Notify physician for pulse less than 60 or greater than 120, respiratory rate less than 12 or greater than 25, temperature greater than 38.5, urinary output less than 30 mL/kg/hr, systolic BP less than 90 or greater than 140, diastolic BP less than 60 or greater than 90  
Ordering provider: Grace S Kim, MD  
Ordering mode: Standard  
Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

**VITAL SIGNS [751296226]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
Ordering user: Grace S Kim, MD 06/19/18 1042  
Authorized by: Grace S Kim, MD  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Ordering provider: Grace S Kim, MD  
Ordering mode: Standard  
Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

**NURSING COMMUNICATION [751296227]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1215** Status: **Discontinued**  
Ordering user: Michelle M Lovett, NP 06/18/18 1215  
Authorized by: Aasim M Sheikh, MD  
Cosigning events  
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Ordering provider: Michelle M Lovett, NP  
Ordering mode: Standard  
Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

**NURSING COMMUNICATION [751296228]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1215** Status: **Discontinued**  
Ordering user: Michelle M Lovett, NP 06/18/18 1215  
Authorized by: Aasim M Sheikh, MD  
Cosigning events  
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Order comments: This was discussed with the patient and/or patient representative.  
Ordering provider: Michelle M Lovett, NP  
Ordering mode: Standard  
Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

**NURSING COMMUNICATION [751296229]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1215** Status: **Discontinued**  
Ordering user: Michelle M Lovett, NP 06/18/18 1215  
Authorized by: Aasim M Sheikh, MD  
Cosigning events  
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
Order comments: Nurse to check with primary physician for diabetic medication adjustment.  
Ordering provider: Michelle M Lovett, NP  
Ordering mode: Standard  
Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

**NURSING COMMUNICATION [751296230]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1215** Status: **Discontinued**



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**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [751296230] (continued)**

Ordering user: Michelle M Lovett, NP 06/18/18 1215	Ordering provider: Michelle M Lovett, NP
Authorized by: Aasim M Sheikh, MD	Ordering mode: Standard
Cosigning events	
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering	
Quantity: 1	Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]	
Order comments: 1) Nurse to verify the following labs are available PRE-PROCEDURE: CBC, INR (if on coumadin), potassium 2) Call surgeon with abnormal results.	

**NURSING COMMUNICATION [751296231]**

Electronically signed by: Michelle M Lovett, NP on 06/18/18 1215	Status: <b>Discontinued</b>
Ordering user: Michelle M Lovett, NP 06/18/18 1215	Ordering provider: Michelle M Lovett, NP
Authorized by: Aasim M Sheikh, MD	Ordering mode: Standard
Cosigning events	
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering	
Quantity: 1	Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]	
Order comments: Patient to discontinue aspirin and Plavix 5-7 days, COUMADIN/warfarin 3-5 days, Lovenox 12 hours, and Heparin 4 hours prior to scheduled invasive-type Medical Imaging exam. If patient is taking COUMADIN/warfarin within 72 hours of exam, have INR drawn prior to appointment.	

**VERIFY INFORMED CONSENT [751296232]**

Electronically signed by: Michelle M Lovett, NP on 06/18/18 1215	Status: <b>Discontinued</b>
Ordering user: Michelle M Lovett, NP 06/18/18 1215	Ordering provider: Michelle M Lovett, NP
Authorized by: Aasim M Sheikh, MD	Ordering mode: Standard
Cosigning events	
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering	
Quantity: 1	Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]	

**MAINTAIN IV ACCESS [751296234]**

Electronically signed by: Michelle M Lovett, NP on 06/18/18 1215	Status: <b>Discontinued</b>
Ordering user: Michelle M Lovett, NP 06/18/18 1215	Ordering provider: Michelle M Lovett, NP
Authorized by: Aasim M Sheikh, MD	Ordering mode: Standard
Cosigning events	
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering	
Quantity: 1	Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]	

**Code Status - Orders and Results**

**FULL CODE [750942930]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1719	Status: <b>Discontinued</b>
Ordering user: Naomi W Muhia, NP 06/17/18 1719	Ordering provider: Naomi W Muhia, NP
Authorized by: Charu G Prakash, MD	Ordering mode: Standard
Cosigning events	
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering	
Quantity: 1	Code status: Full Code
Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM	Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

**Consult - Orders and Results**

**CONSULT TO MEDICATION HISTORY SPECIALIST [750930117]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1642	Status: <b>Completed</b>
Ordering user: Naomi W Muhia, NP 06/17/18 1642	Ordering provider: Naomi W Muhia, NP
Authorized by: Charu G Prakash, MD	Ordering mode: Standard
Cosigning events	
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering	
Quantity: 1	Instance released by: Naomi W Muhia, NP (auto-released) 6/17/2018 4:42 PM

**Questionnaire**

Question	Answer
Reason for Consult?	Med Hx Intake w/Patient
Consult Tracking:	Consult Completed



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Consult - Orders and Results (continued)**

**CONSULT TO MEDICATION HISTORY SPECIALIST [750930117] (continued)**

**IP CONSULT TO CARDIOLOGY [750942937]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Questionnaire**

Question	Answer
Reason for Consult?	elevated Troponin
Did you contact the consulting MD?	Yes

**IP CONSULT TO GASTROENTEROLOGY [750942938]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Discontinued by: Monique Walcott V, MD 06/18/18 0744

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Discontinued**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Questionnaire**

Question	Answer
Reason for Consult?	GI bleed
Did you contact the consulting MD?	No

**IP CONSULT TO DIABETES EDUCATOR [750969665]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1721**  
Ordering user: Naomi W Muhia, NP 06/17/18 1721  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Discontinued**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Questionnaire**

Question	Answer
Reason for Consult ?	Needs Basic Self Management Skills

**IP CONSULT TO CARE COORDINATOR [750969687]**

Electronically signed by: **Charu G Prakash, MD on 07/05/18 1310**  
Mode: Ordering in Per protocol: cosign required mode  
Ordering user: Renata Marques-Bryant, RN 06/18/18 0137  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

Communicated by: Renata Marques-Bryant, RN  
Ordering provider: Charu G Prakash, MD  
Ordering mode: Per protocol: cosign required

Status: **Discontinued**

Instance released by: Renata Marques-Bryant, RN (auto-released) 6/18/2018 1:37 AM

**Questionnaire**

Question	Answer
Reason for Consult?	Discharge Planning

**IP CONSULT TO CARE COORDINATOR [750969688]**

Electronically signed by: **Charu G Prakash, MD on 07/05/18 1310**  
Mode: Ordering in Per protocol: cosign required mode  
Ordering user: Renata Marques-Bryant, RN 06/18/18 0137

Communicated by: Renata Marques-Bryant, RN  
Ordering provider: Charu G Prakash, MD

Status: **Discontinued**



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Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Consult - Orders and Results (continued)**

**IP CONSULT TO CARE COORDINATOR [750969688] (continued)**

Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering mode: Per protocol: cosign required

Instance released by: Renata Marques-Bryant, RN (auto-released) 6/18/2018 1:37 AM

Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

**Questionnaire**

Question	Answer
Reason for Consult?	Discharge Planning

**IP CONSULT TO GASTROENTEROLOGY [750969695]**

Electronically signed by: **Monique Walcott V, MD on 06/18/18 0744**  
Ordering user: Monique Walcott V, MD 06/18/18 0744  
Authorized by: Monique Walcott V, MD  
Quantity: 1

Ordering provider: Monique Walcott V, MD

Status: **Completed**

Ordering mode: Standard

Instance released by: Monique Walcott V, MD (auto-released) 6/18/2018 7:44 AM

**Questionnaire**

Question	Answer
Reason for Consult?	GI bleed
Did you contact the consulting MD?	No
Group Preference?	GI Specialist - Dr Sheikh

**IP CONSULT TO ELECTROPHYSIOLOGY [750969698]**

Electronically signed by: **Dhaval G Patel, MD on 06/18/18 0825**  
Ordering user: Dhaval G Patel, MD 06/18/18 0825  
Authorized by: Dhaval G Patel, MD  
Quantity: 1

Ordering provider: Dhaval G Patel, MD

Status: **Completed**

Ordering mode: Standard

Instance released by: Dhaval G Patel, MD (auto-released) 6/18/2018 8:25 AM

**Questionnaire**

Question	Answer
Reason for Consult?	sotalol rx in setting of Cr 1.98 and bradycardia - ? other AAD rx
Did you contact the consulting MD?	No

**IP CONSULT TO ENT [751503297]**

Electronically signed by: **Dhaval G Patel, MD on 06/20/18 0906**  
Ordering user: Dhaval G Patel, MD 06/20/18 0906  
Authorized by: Dhaval G Patel, MD  
Quantity: 1

Ordering provider: Dhaval G Patel, MD

Status: **Completed**

Ordering mode: Standard

Instance released by: Dhaval G Patel, MD (auto-released) 6/20/2018 9:06 AM

**Questionnaire**

Question	Answer
Reason for Consult?	Episaxis - severe anemia; requires long term AC
Did you contact the consulting MD?	No
Group Preference?	Dr. Parks, etc
Name of Person spoke with:	Perfect Served
Date:	6/20/2018
Time:	4:27 PM

Order comments: Consult to WellStar ENT ordered by Cardiovascular Medicine. Consult request sent through Perfect Serve 6/20/18 @ 16:27-Dr. Timothy Wong on-call for WellStar ENT.

**Point of Care Testing - Orders and Results**

**POCT OCCULT BLOOD STOOL-SCREEN [750930087]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1606**  
Ordering user: Douglas E Krug, MD 06/17/18 1606  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 4:06 PM

Ordering provider: Douglas E Krug, MD

Status: **Completed**

Ordering mode: Standard

Lab status: Final result

**Specimen Information**



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Point of Care Testing - Orders and Results (continued)**

**POCT OCCULT BLOOD STOOL-SCREEN [750930087] (continued)**

Type	Source	Collected By
Stool	—	KRUG, DOUGLAS E 06/17/18 1607

**POCT OCCULT BLOOD STOOL-SCREEN [750930087] (Abnormal)**

Resulted: 06/17/18 1607, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1606  
Filed by: Douglas E Krug, MD 06/17/18 1608  
Result details

Order status: Completed  
Resulting lab: WELLSTAR

**Specimen Information**

Type	Source	Collected By
Stool	—	KRUG, DOUGLAS E 06/17/18 1607

**Components**

Component	Value	Reference Range	Flag	Lab
Fecal Occult Blood	Positive	Negative	A †	Wellstar
FOB Positive Control Blue Check	Yes	Yes	—	Wellstar
FOB Negative Control Background Clear	Yes	Yes	—	Wellstar
FOB Lot Number	119	—	—	Wellstar
FOB Expiration Date	10/31/2018	mm/dd/yyyy	—	Wellstar
Employee ID	22806	—	—	Wellstar

**POCT GLUCOSE [750942895]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1721

Status: Discontinued

Ordering user: Naomi W Muhia, NP 06/17/18 1721

Ordering provider: Naomi W Muhia, NP

Authorized by: Sohail Asfandiyar, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering

Frequency: STAT PRN 06/17/18 2224 - Until Specified

Quantity: 1

Released by: Amy Feltz, RN 06/17/18 2224

Discontinued by: Samina Fakh, MD 06/20/18 1054

Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for D/C

Order

Order comments: Check blood glucose STAT if patient exhibits any symptom of hypoglycemia that may include sweating, headache, increased HR, blurred vision, hunger, lethargy, confusion, increased or decreased BP, nausea or nervousness.

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1054	Samina Fakh, MD	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Charu G Prakash, MD	Amy Feltz, RN
06/17/18 1721	Naomi W Muhia, NP	Charu G Prakash, MD	Naomi W Muhia, NP

**ECG - Orders and Results**

**EKG, 12-LEAD [750930075]**

Electronically signed by: Diana Wambui on 06/17/18 1507

Status: Completed

Ordering user: Diana Wambui 06/17/18 1507

Ordering provider: Douglas E Krug, MD

Authorized by: Douglas E Krug, MD

Ordering mode: Per Written Order

Quantity: 1

Lab status: Final result

Instance released by: Diana Wambui (auto-released) 6/17/2018 3:07 PM

**Questionnaire**

Question	Answer
Reason for Exam:	Chest pain
What time was the EKG completed?	2:47 PM

Order comments: EKG ALREADY DONE

**Specimen Information**

Type	Source	Collected By
—	—	06/17/18 1447





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Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**ECG - Orders and Results (continued)**

**EKG, 12-LEAD [750930075] (continued)**

**EKG, 12-LEAD [750930075]**

Resulted: 06/17/18 1537, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1507  
Resulted by: Sarita Kansal, MD  
Resulting lab: MUSE  
External ID: 1447587

Order status: Completed  
Filed by: Interface, Muse 06/17/18 1537  
Lab Technician: 53526  
Result details

Impression:  
SINUS BRADYCARDIA  
LEFT AXIS DEVIATION  
NON-SPECIFIC INTRA-VENTRICULAR CONDUCTION BLOCK  
T WAVE ABNORMALITY, CONSIDER INFERIOR ISCHEMIA  
T WAVE ABNORMALITY, CONSIDER ANTEROLATERAL ISCHEMIA  
ABNORMAL ECG  
WHEN COMPARED WITH ECG OF 01-NOV-2017 07:25,  
T WAVE INVERSION NOW EVIDENT IN ANTEROLATERAL LEADS  
QT HAS LENGTHENED  
CONFIRMED BY KANSAL MD, SARITA (1032) ON 6/17/2018 3:37:03 PM

**Specimen Information**

Type	Source	Collected By
---	---	06/17/18 1447

**Components**

Component	Value	Reference Range	Flag	Lab
VENT RATE	55	BPM	---	Muse
Atrial Rate	55	BPM	---	Muse
PR Interval	178	MS	---	Muse
QRS Duration	140	MS	---	Muse
QT Interval	530	MS	---	Muse
QTC Calculation	507	MS	---	Muse
P Axis	54	DEGREES	---	Muse
R Axis	-43	DEGREES	---	Muse
T Wave Axis	175	DEGREES	---	Muse

View Image (below)

**Microbiology - Orders and Results**

**CULTURE,BLOOD [750930107]**

Electronically signed by: Douglas E Krug, MD on 06/17/18 1613  
Ordering user: Douglas E Krug, MD 06/17/18 1613  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 4:13 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

Status: Completed

**Specimen Information**

Type	Source	Collected By
Other	Blood	125 06/17/18 1630

**CULTURE,BLOOD [750930107]**

Resulted: 06/22/18 0821, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1613  
Filed by: Interface, Lab In Sunquest 06/22/18 0822  
External ID: X13473155  
Acknowledged by: Samina Fakhr, MD on 06/22/18 0904

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Blood	125 06/17/18 1630

**Components**



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Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Microbiology - Orders and Results (continued)**

Component	Value	Reference Range	Flag	Lab
SOURCE	BLOOD	---	---	KHLAB
SPECIAL REQUEST	NONE	---	---	KHLAB
Culture	NO GROWTH OF BACTERIA OR YEAST DAY 5	---	---	KHLAB

**CULTURE,BLOOD [750930108]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1613** Status: **Completed**  
 Ordering user: Douglas E Krug, MD 06/17/18 1613  
 Authorized by: Douglas E Krug, MD  
 Quantity: 1  
 Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 4:13 PM  
 Ordering provider: Douglas E Krug, MD  
 Ordering mode: Standard  
 Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Blood	36863 06/17/18 1637

**CULTURE,BLOOD [750930108]**

Resulted: 06/22/18 0821, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1613  
 Filed by: Interface, Lab In Sunquest 06/22/18 0822  
 External ID: X13473157  
 Acknowledged by: Samina Fakhr, MD on 06/22/18 0904  
 Order status: Completed  
 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 Result details

**Specimen Information**

Type	Source	Collected By
Other	Blood	36863 06/17/18 1637

**Components**

Component	Value	Reference Range	Flag	Lab
SOURCE	BLOOD	---	---	KHLAB
SPECIAL REQUEST	NONE	---	---	KHLAB
Culture	NO GROWTH OF BACTERIA OR YEAST DAY 5	---	---	KHLAB

**CULTURE,URINE,CLEAN CATCH [750930115]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1639** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1639  
 Authorized by: Charu G Prakash, MD  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1  
 Instance released by: Naomi W Muhia, NP (auto-released) 6/17/2018 4:39 PM  
 Ordering provider: Naomi W Muhia, NP  
 Ordering mode: Standard  
 Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Urine, Clean Catch	125 06/17/18 1640

**CULTURE,URINE,CLEAN CATCH [750930115]**

Resulted: 06/19/18 0613, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 1639  
 Filed by: Interface, Lab In Sunquest 06/19/18 0613  
 External ID: X13473416  
 Order status: Completed  
 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 Result details

**Specimen Information**

Type	Source	Collected By
Other	Urine, Clean Catch	125 06/17/18 1640



WS Kennestone Hospital  
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Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Microbiology - Orders and Results (continued)**

**Components**

Component	Value	Reference Range	Flag	Lab
SOURCE	URINE, CLEAN CATCH	---	---	KHLAB
SPECIAL REQUEST	NONE	---	---	KHLAB
Culture	NO GROWTH LESS THAN 24 HRS	---	---	KHLAB

**CULTURE,BLOOD [750969655]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Discontinued by: Interface, Lab In Sunquest 06/18/18 1422 [Duplicate Order (DUPLICATE REQUEST)]

**Specimen Information**

Type	Source	Collected By
Other	Blood	06/17/18 2225

**CULTURE,BLOOD [750969656]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Discontinued by: Interface, Lab In Sunquest 06/18/18 1422 [Duplicate Order (DUPLICATE REQUEST)]

**Specimen Information**

Type	Source	Collected By
Other	Blood	06/17/18 2230

**CULTURE,URINE,CLEAN CATCH [750969658]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Lab status: Final result  
 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Specimen Information**

Type	Source	Collected By
Other	Urine, Clean Catch	63501 06/18/18 0100

**CULTURE,URINE,CLEAN CATCH [750969658]**

Resulted: 06/19/18 0625, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/19/18 0626 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: X13475998 Result details

**Specimen Information**

Type	Source	Collected By
Other	Urine, Clean Catch	63501 06/18/18 0100

**Components**

Component	Value	Reference Range	Flag	Lab
SOURCE	URINE, CLEAN CATCH	---	---	KHLAB



WS Kennestone Hospital  
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 Anesthesia Report

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Microbiology - Orders and Results (continued)**

SPECIAL REQUEST	NONE	—	—	KHLAB
Culture	NO GROWTH	—	—	KHLAB

**Blood Bank - Orders and Results**

**TYPE AND SCREEN\* [749935531]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1505**  
 Ordering user: Douglas E Krug, MD 06/17/18 1505  
 Authorized by: Douglas E Krug, MD  
 Quantity: 1  
 Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Ordering provider: Douglas E Krug, MD  
 Ordering mode: Standard  
 Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
—	Blood	54558 06/17/18 1514

**TYPE AND SCREEN\* [749935531]**

Resulted: 06/19/18 0824, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1506  
 Filed by: Interface, Lab In Sunquest 06/19/18 0824  
 External ID: X13472628

Order status: Completed  
 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 Result details

**Specimen Information**

Type	Source	Collected By
—	Blood	54558 06/17/18 1514

**Components**

Component	Value	Reference Range	Flag	Lab
Ordered Product Component	RED CELLS	—	—	KHLAB
UNITS ORDERED	3	—	—	KHLAB
ABO/RH(D)	O POSITIVE	—	—	KHLAB
ANTIBODY SCREEN	NEGATIVE	—	—	KHLAB
ARM BAND NUMBER	R90803	—	—	KHLAB
BLOOD BANK COMMENT	BLOOD PRODUCTS AVAILABLE AND CALLED TO	—	—	KHLAB
BLOOD BANK COMMENT	BRIAN AT 1700 ON 6/17/18	—	—	KHLAB
Unit Number	W200318246426	—	—	KHLAB
BLOOD COMPONENT TYPE	AS-1 RED BLOOD CELLS, LEUKOCYTES REDUCED (FILTRATION)	—	—	KHLAB
UNIT DIVISION	00	—	—	KHLAB
STATUS OF UNIT	ISSUED,FINAL	—	—	KHLAB
	Comment: ISSUED FINAL 20180617 1709			
TRANSFUSION STATUS	OK TO TRANSFUSE	—	—	KHLAB
CROSSMATCH RESULT	Compatible	—	—	KHLAB
Unit Number	W208418565987	—	—	KHLAB
BLOOD COMPONENT TYPE	AS-1 RED BLOOD CELLS, LEUKOCYTES REDUCED (FILTRATION)	—	—	KHLAB
UNIT DIVISION	00	—	—	KHLAB
STATUS OF UNIT	ISSUED,FINAL	—	—	KHLAB
	Comment: ISSUED FINAL 20180618 0003			
TRANSFUSION STATUS	OK TO TRANSFUSE	—	—	KHLAB
CROSSMATCH RESULT	Compatible	—	—	KHLAB



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Marietta GA 30060-1101  
Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Blood Bank - Orders and Results (continued)**

Unit Number	W20061801496 4	—	—	KHLAB
BLOOD COMPONENT TYPE	AS-1 RED BLOOD CELLS, LEUKOCYTES REDUCED (FILTRATION)	---	---	KHLAB
UNIT DIVISION	00	---	---	KHLAB
STATUS OF UNIT	ISSUED,FINAL	---	---	KHLAB
	Comment: ISSUED FINAL 20180618 0003			
TRANSFUSION STATUS	OK TO TRANSFUSE	---	---	KHLAB
CROSSMATCH RESULT	Compatible	---	---	KHLAB

**PREPARE RBC [750930098]**

Electronically signed by: **Douglas E Krug, MD** on 06/17/18 1611  
Ordering user: Douglas E Krug, MD 06/17/18 1611  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 4:11 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Questionnaire**

Question	Answer
Number of leukoreduced units of RBC's	1
Transfusion Indications	Hgb < 7
Has consent been obtained?	Designated staff to obtain
Has the patient been transfused within the past 90 days?	No

**Specimen Information**

Type	Source	Collected By
---	---	06/17/18 1611

**PREPARE RBC [750930098]**

Resulted: 06/17/18 1657, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1611  
Filed by: Interface, Lab In Sunquest 06/17/18 1657  
External ID: X13473103

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
---	---	06/17/18 1611

**Components**

Component	Value	Reference Range	Flag	Lab
ARM BAND NUMBER	R90803	---	---	KHLAB
Special Unit Requirements	NONE	---	---	KHLAB

**BLOOD GROUP AND RH TYPE\* [750940177]**

Electronically signed by: **Interface, Lab In Sunquest** on 06/17/18 1640  
Ordering user: Interface, Lab In Sunquest 06/17/18 1640  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: (auto-released) 6/17/2018 4:53 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Serum	36863 06/17/18 1640

**BLOOD GROUP AND RH TYPE\* [750940177]**

Resulted: 06/17/18 1658, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1640  
Filed by: Interface, Lab In Sunquest 06/17/18 1658

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Blood Bank - Orders and Results (continued)**

External ID: X13473561

Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	36863 06/17/18 1640

**Components**

Component	Value	Reference Range	Flag	Lab
ABO/RH(D)	O POSITIVE	—	—	KHLAB

**TYPE AND SCREEN\* [750969672]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724**

Status: **Discontinued**

Ordering user: Naomi W Muhia, NP 06/17/18 1724

Ordering provider: Naomi W Muhia, NP

Authorized by: Charu G Prakash, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

Quantity: 1

Discontinued by: Interface, Lab In Sunquest 06/18/18 0416 [Duplicate Order (DUPLICATE REQUEST)]

**Specimen Information**

Type	Source	Collected By
Blood	Blood	06/17/18 2225

**PREPARE RBC [750969673]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724**

Status: **Completed**

Ordering user: Naomi W Muhia, NP 06/17/18 1724

Ordering provider: Naomi W Muhia, NP

Authorized by: Charu G Prakash, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering

Lab status: Final result

Quantity: 1

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Questionnaire**

Question	Answer
Transfusion Indications	Hgb < 7
Has consent been obtained?	Designated staff to obtain
Has the patient been transfused within the past 90 days?	No

**Specimen Information**

Type	Source	Collected By
—	—	06/17/18 2225

**PREPARE RBC [750969673]**

Resulted: 06/17/18 2227, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224

Order status: Completed

Filed by: Interface, Lab In Sunquest 06/17/18 2227

Resulting lab: WS KENNESTONE HOSPITAL LAB

External ID: X13475925

Result details

**Specimen Information**

Type	Source	Collected By
—	—	06/17/18 2225

**Components**

Component	Value	Reference Range	Flag	Lab
ARM BAND NUMBER	R90803	—	—	KHLAB
Special Unit Requirements	NONE	—	—	KHLAB



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Blood Bank - Orders and Results (continued)**

**IV - Orders and Results**

**INSERT PERIPHERAL IV [749935534]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1505**  
Ordering user: Douglas E Krug, MD 06/17/18 1505  
Authorized by: Douglas E Krug, MD  
Quantity: 1

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Status: **Completed**

**INT [750930073]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1505**  
Ordering user: Douglas E Krug, MD 06/17/18 1505  
Authorized by: Douglas E Krug, MD  
Quantity: 1

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Status: **Completed**

**INSERT PERIPHERAL IV [750930095]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1611**  
Ordering user: Douglas E Krug, MD 06/17/18 1611  
Authorized by: Douglas E Krug, MD  
Quantity: 1

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 4:11 PM

Status: **Completed**

**INT [750930096]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1611**  
Ordering user: Douglas E Krug, MD 06/17/18 1611  
Authorized by: Douglas E Krug, MD  
Quantity: 1

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 4:11 PM

Status: **Completed**

**INSERT PERIPHERAL IV [750942925]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

Status: **Completed**

**INT [750942927]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

Status: **Completed**

**INSERT PERIPHERAL IV [751296222]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042**  
Ordering user: Grace S Kim, MD 06/19/18 1042  
Authorized by: Grace S Kim, MD  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]

Ordering provider: Grace S Kim, MD  
Ordering mode: Standard  
Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

Status: **Discontinued**

**INT [751296224]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042**  
Ordering user: Grace S Kim, MD 06/19/18 1042  
Authorized by: Grace S Kim, MD  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]

Ordering provider: Grace S Kim, MD  
Ordering mode: Standard  
Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

Status: **Discontinued**

**INSERT PERIPHERAL IV [751296233]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1215**  
Ordering user: Michelle M Lovett, NP 06/18/18 1215  
Authorized by: Aasim M Sheikh, MD

Ordering provider: Michelle M Lovett, NP  
Ordering mode: Standard

Status: **Discontinued**



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**IV - Orders and Results (continued)**

**INSERT PERIPHERAL IV [751296233] (continued)**

Cosigning events  
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]

Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

**INT [751296235]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1215** Status: **Discontinued**  
Ordering user: Michelle M Lovett, NP 06/18/18 1215  
Authorized by: Aasim M Sheikh, MD  
Ordering provider: Michelle M Lovett, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]

Instance released by: Pamela Y Mott, RN (auto-released) 6/19/2018 11:25 AM

**Admission - Orders and Results**

**ADMIT AS INPATIENT [750940222]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Instance released by: Naomi W Muhia, NP (auto-released) 6/17/2018 5:19 PM

**Questionnaire**

Question	Answer
Diagnosis	GI bleed
Attending Provider	PRAKASH, CHARU G
Bed Type	IMCU
Estimated inpatient length of stay?	3-4 days
Certification	I certify that inpatient services are reasonable and necessary and have been ordered appropriately. I believe the patient needs to stay at least 2 Midnights. Please see clinical documentation for reason for admission and plans for post hospital care.
Hospital Area	WS Kennestone Hospital
Reason for admission?	gi bleed
Admitting Provider	PRAKASH, CHARU G

**Transfer - Orders and Results**

**TRANSFER PATIENT [751503299]**

Electronically signed by: **Samina Fakhr, MD on 06/20/18 1029** Status: **Completed**  
Ordering user: Samina Fakhr, MD 06/20/18 1029  
Authorized by: Samina Fakhr, MD  
Quantity: 1  
Ordering provider: Samina Fakhr, MD  
Ordering mode: Standard  
Instance released by: Samina Fakhr, MD (auto-released) 6/20/2018 10:29 AM

**Questionnaire**

Question	Answer
Attending Provider	FAKHR, SAMINA
Bed Type	Cardiac Telemetry
Hospital Area	WS Kennestone Hospital

**Discharge - Orders and Results**

**DISCHARGE PATIENT [751503318]**

Electronically signed by: **Samina Fakhr, MD on 06/21/18 1055** Status: **Completed**  
Ordering user: Samina Fakhr, MD 06/21/18 1055  
Authorized by: Samina Fakhr, MD  
Quantity: 1  
Ordering provider: Samina Fakhr, MD  
Ordering mode: Standard  
Instance released by: Samina Fakhr, MD (auto-released) 6/21/2018 10:55 AM





WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Discharge - Orders and Results (continued)**

**Imaging - Orders and Results**

**XR CHEST PORTABLE - (1 VIEW) [749935533]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1505**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Douglas E Krug, MD 06/17/18 1505

Authorized by: Douglas E Krug, MD

Quantity: 1

Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Ordering provider: Douglas E Krug, MD

Ordering mode: Standard

Lab status: Final result

**Questionnaire**

Question	Answer
Reason for Exam:	SOB
Mode of Transport?	Portable - Bedside(In Patient Room)

**XR CHEST PORTABLE - (1 VIEW) [749935533]**

Resulted: 06/17/18 1605, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1506

Order status: Completed

Resulted by: Mark R Parson, MD

Filed by: Interface, Rad Powerscribe 06/17/18 1606

Performed: 06/17/18 1535 - 06/17/18 1540

Accession number: 29705474

Result details

Narrative:

EXAM: KH XR CHEST PORTABLE - (1 VIEW)

CLINICAL INDICATION:

SOB

COMPARISON: 6/15/2018

FINDINGS: The heart remains upper limits normal size with changes of median sternotomy and CABG. The lungs are fully expanded demonstrating increased edema, unchanged tiny pleural effusions. No pneumothorax is seen.

Impression:

Increased pulmonary edema.

Released By: MARK PARSON, MD 6/17/2018 4:05 PM

**XR CHEST PORTABLE - (1 VIEW) [751027221]**

Electronically signed by: **Monique Walcott V, MD on 06/18/18 2211**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Monique Walcott V, MD 06/18/18 2211

Ordering provider: Monique Walcott V, MD

Authorized by: Monique Walcott V, MD

Ordering mode: Standard

Quantity: 1

Lab status: Final result

Instance released by: Monique Walcott V, MD (auto-released) 6/18/2018 10:11 PM

**Questionnaire**

Question	Answer
Reason for Exam:	Pulmonary edema

**XR CHEST PORTABLE - (1 VIEW) [751027221]**

Resulted: 06/18/18 2255, Result status: Final result

Ordering provider: Monique Walcott V, MD 06/18/18 2211

Order status: Completed

Resulted by: Christopher C Oh, MD

Filed by: Interface, Rad Powerscribe 06/18/18 2256

Performed: 06/18/18 2240 - 06/18/18 2245

Accession number: 29711418

Result details

Narrative:

EXAM: KH XR CHEST PORTABLE - (1 VIEW)

CLINICAL INDICATION:

Pulmonary edema

COMPARISON: 06/17/2018 1536 hours

FINDINGS: Sternotomy wires and surgical clips overlie the mediastinum. Mild pulmonary vascular congestion is likely present. Mild hazy airspace opacity at the left lung base may represent asymmetric edema or pneumonia, unchanged. Trace bilateral pleural effusions are suspected. Cardiac silhouette is magnified by AP technique but felt to be mildly enlarged. No acute osseous abnormality.



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Imaging - Orders and Results (continued)**

Released By: CHRISTOPHER OH, MD 6/18/2018 10:55 PM

**Pathology and Cytology - Orders and Results**

**SURGICAL PATHOLOGY-KH [751296243]**

Electronically signed by: **Interface, Lab In Copath on 06/19/18 1432**  
Ordering user: Interface, Lab In Copath 06/19/18 1432  
Authorized by: Provider Unknown  
Quantity: 1  
Instance released by: (auto-released) 6/19/2018 2:33 PM  
Order comments: Ordered by an unspecified provider

Ordering provider: Provider Unknown  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
		06/19/18 1431
Comment: DUODENUM, BIOPSY&GASTRIC BIOPSY		

**SURGICAL PATHOLOGY-KH [751296243]**

Resulted: 06/20/18 1206, Result status: Final result

Ordering provider: Provider Unknown 06/19/18 1432  
Filed by: Interface, Lab In Copath 06/20/18 1207  
Result details  
Acknowledged by: Monique Walcott V, MD on 06/20/18 1514

Order status: Completed  
Resulting lab: WELLSTAR

**Specimen Information**

Type	Source	Collected By
		06/19/18 1431
Comment: DUODENUM, BIOPSY&GASTRIC BIOPSY		

**Components**

Component	Value	Reference Range	Flag	Lab
SURGICAL PATHOLOGY-KH				Wellstar
Comment: WellStar Kennestone Hospital 677 Church Street Marietta, Georgia 30060 Phone Number: (770) 793-5505 Fax Number: (770) 793-7919      David Schlosnagle, M.D., Laboratory Director Patient Name: MAURICE, EUGENE G Accession #: KS18-9844 Patient #: 2089533789/561253820/1151 MRN. #: 561253820 Sex: M Location: G351-01 DOB/Age: 1/2/1949 (Age: 69) Location: 3WK (KH) Client: Wellstar Kennestone Hospital Received: 6/19/2018 Admitting Date: 6/17/2018 Collected: 6/19/2018 Final Report: 6/20/2018 12:06 Order Physician: SOHAIL ASFANDIYAR Admit MD: CHARU G PRAKASH Other Inst: <Not Provided> Copy To: MONIQUE V WALCOTT SURGICAL PATHOLOGY-KH REPORT Pre-Operative Diagnosis: GI bleed  Post-Operative Diagnosis: Same Clinical History: <Not Provided> Specimen: 1. Bx 2nd portion duodenum 2. Bx antrum and body Gross Description: 1. Maurice, labeled "bx second portion duodenum" Specimen fixative: Formalin. Specimen description: Two fragment(s) of tan soft tissue. Specimen size: 0.6 x 0.3 x 0.2 cm Ink: Hematoxylin Entirely submitted as: 1A 2. Maurice, labeled "bx antrum and body" Specimen fixative: Formalin. Specimen description: Two fragment(s) of tan soft tissue. Specimen size: 0.7 x 0.2 x 0.1 cm				

**Pathology and Cytology - Orders and Results (continued)**

Ink: Hematoxylin  
Entirely submitted as: 2A  
CS/kit 6/19/18

Microscopic Description:

1. Microscopic examination of the material identified as above has been performed and the histologic findings incorporated into the final diagnosis.
2. Microscopic examination of the material identified as above has been performed and the histologic findings incorporated into the final diagnosis. A Giemsa stain is negative for Helicobacter-like organisms. Appropriate controls were performed, reviewed, and found to exhibit the expected reactivity. HL/ch 6/20/18

Final Diagnosis:

1. DUODENUM, SECOND PORTION, BIOPSY:  
DUODENAL MUCOSA, NO SPECIFIC PATHOLOGIC CHANGES.
2. STOMACH, ANTRUM AND BODY, BIOPSY:  
GASTRIC ANTRAL AND OXYNTIC-TYPE MUCOSA WITH MINIMAL CHRONIC INFLAMMATION AND MILD REGENERATIVE CHANGES.  
NO H. PYLORI-LIKE MICROORGANISMS IDENTIFIED WITH GIEMSA STAINING.

Electronically Signed Out By Haohai Liang, MD  
HL 6/20/2018

Haohai

Liang, MD  
CPT: 1: 88305  
2: 88305, 88312

[View Image \(below\)](#)



WS Kennestone Hospital  
 677 Church Street  
 Marietta GA 30060-1101  
 Anesthesia Report

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Pathology and Cytology - Orders and Results (continued)**

**WellStar Kennestone Hospital**  
 677 Church Street  
 Marietta, Georgia 30060

Phone Number: (770) 793-5505  
 Fax Number: (770) 793-7919

David Schlosnagle, M.D., Laboratory Director

Patient Name:	<b>MAURICE, EUGENE G</b>	MRN. #:	561253820	Accession #:	<b>KS18-9844</b>
Patient #:	2089533789/561253820(115)	DOB/Age:	1/2/1949 (Age: 69)	Sex:	M
Location:	G351-01	Client:	Wellstar Kennestone Hospital	Received:	6/19/2018
Location:	3WK (KH)	Collected:	6/19/2018	Final Report:	6/20/2018 12:06
Admitting Date:	6/17/2018	Admit MD:	CHARU G PRAKASH	Other Inst:	<Not Provided>
Order Physician:	SOHAIL ASFANDIYAR	Copy To:	MONIQUE V WALCOTT		

**SURGICAL PATHOLOGY-KH REPORT**

**Pre-Operative Diagnosis:**  
 GI bleed

**Post-Operative Diagnosis:**  
 Same

**Clinical History:**  
 <Not Provided>

**Specimen:**  
 1. Bx 2<sup>nd</sup> portion duodenum  
 2. Bx antrum and body

**Gross Description:**  
 1. Maurice, labeled "bx second portion duodenum"  
 Specimen fixative: Formalin.  
 Specimen description: Two fragment(s) of tan soft tissue.  
 Specimen size: 0.6 x 0.3 x 0.2 cm  
 Ink: Hematoxylin  
 Entirely submitted as: 1A

2. Maurice, labeled "bx antrum and body"  
 Specimen fixative: Formalin.  
 Specimen description: Two fragment(s) of tan soft tissue.  
 Specimen size: 0.7 x 0.2 x 0.1 cm  
 Ink: Hematoxylin  
 Entirely submitted as: 2A  
 CS/kit 6/19/18

**Microscopic Description:**  
 1. Microscopic examination of the material identified as above has been performed and the histologic findings incorporated into the final diagnosis.  
 2. Microscopic examination of the material identified as above has been performed and the histologic findings incorporated into the final diagnosis. A Giemsa stain is negative for Helicobacter-like organisms. Appropriate controls were performed, reviewed, and found to exhibit the expected reactivity. HL/ch 6/20/18

**Final Diagnosis:**  
 1. DUODENUM, SECOND PORTION, BIOPSY:

MAURICE, EUGENE G	SURGICAL PATHOLOGY-KH REPORT	KS18-9844
Page 1 of 2		
561253820		



WS Kennestone Hospital  
 677 Church Street  
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 Anesthesia Report

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Pathology and Cytology - Orders and Results (continued)**

**WellStar Kennestone Hospital**

Phone Number: (770) 793-5505      677 Church Street  
 Fax Number: (770) 793-7919      Marietta, Georgia 30060      David Schlosnagle, M.D., Laboratory Director

DUODENAL MUCOSA, NO SPECIFIC PATHOLOGIC CHANGES.

- 2. STOMACH, ANTRUM AND BODY, BIOPSY:  
 GASTRIC ANTRAL AND OXYNTIC-TYPE MUCOSA WITH MINIMAL CHRONIC INFLAMMATION AND MILD REGENERATIVE CHANGES.  
 NO H. PYLORI-LIKE MICROORGANISMS IDENTIFIED WITH GIEMSA STAINING.

\*\*\*\*Electronically Signed Out By Haohai Liang, MD\*\*\*\*  
 Haohai Liang, MD

HL 6/20/2018

CPT: 1: 88305  
 2: 88305, 88312

MAURICE, EUGENE G  
 of 2  
 561253820

**SURGICAL PATHOLOGY-KH REPORT**

KS18-9844 Page 2

END OF REPORT

**Nursing Transfusion - Orders and Results**

**TRANSFUSE RED BLOOD CELLS [750940178]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1611**  
 Ordering user: Douglas E Krug, MD 06/17/18 1611  
 Authorized by: Douglas E Krug, MD  
 Quantity: 1  
 Instance released by: Brian J Rooney, RN 6/17/2018 5:18 PM

Ordering provider: Douglas E Krug, MD  
 Ordering mode: Standard  
 Lab status: Final result

Status: **Completed**



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Nursing Transfusion - Orders and Results (continued)**

**TRANSFUSE RED BLOOD CELLS [750940178] (continued)**

**Questionnaire**

Question	Answer
Has consent been obtained?	Designated staff to obtain
Transfusion duration per unit (hrs):	1

**TRANSFUSE RED BLOOD CELLS [750940178]**

Resulted: 09/12/18 2326, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1718  
Filed on: 09/12/18 2326  
Order status: Completed  
Result details

**TRANSFUSE RED BLOOD CELLS [750969675]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1724  
Ordering user: Naomi W Muhia, NP 06/17/18 1724  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Instance released by: Renata Marques-Bryant, RN 6/17/2018 11:02 PM

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: Completed

Lab status: Final result

**Questionnaire**

Question	Answer
Has consent been obtained?	Designated staff to obtain
Transfusion duration per unit (hrs):	3

**TRANSFUSE RED BLOOD CELLS [750969675]**

Resulted: 06/18/18 0330, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2302  
Filed on: 06/18/18 0330  
Order status: Completed  
Result details

**TRANSFUSE RED BLOOD CELLS [750969676]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1724  
Ordering user: Naomi W Muhia, NP 06/17/18 1724  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Instance released by: Renata Marques-Bryant, RN 6/17/2018 11:02 PM

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: Completed

Lab status: Final result

**Questionnaire**

Question	Answer
Has consent been obtained?	Designated staff to obtain
Transfusion duration per unit (hrs):	3

**TRANSFUSE RED BLOOD CELLS [750969676]**

Resulted: 06/18/18 0640, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2302  
Filed on: 06/18/18 0640  
Order status: Completed  
Result details

**CORE MEASURES - Orders and Results**

**REASON FOR NO VTE PROPHYLAXIS AT ADMISSION [750969659]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1719  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: Completed



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**CORE MEASURES - Orders and Results (continued)**

**REASON FOR NO VTE PROPHYLAXIS AT ADMISSION [750969659] (continued)**

Quantity: 1

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Questionnaire**

Question	Answer
Reason for no pharm VTE prophylaxis at admission?	Risk for bleeding

**Point of Care Testing-Docked Device - Orders and Results**

**POCT CHEM 8, ISTAT [749935526]**

Electronically signed by: Douglas E Krug, MD on 06/17/18 1505  
Ordering user: Douglas E Krug, MD 06/17/18 1505  
Authorized by: Douglas E Krug, MD  
Quantity: 1

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Status: **Completed**

**POCT TROPONIN ISTAT [749935527]**

Electronically signed by: Douglas E Krug, MD on 06/17/18 1505  
Ordering user: Douglas E Krug, MD 06/17/18 1505  
Authorized by: Douglas E Krug, MD  
Quantity: 1

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Status: **Completed**

**POCT BNP ISTAT [749935528]**

Electronically signed by: Douglas E Krug, MD on 06/17/18 1505  
Ordering user: Douglas E Krug, MD 06/17/18 1505  
Authorized by: Douglas E Krug, MD  
Quantity: 1

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Status: **Completed**

**POCT BNP ISTAT [750930083]**

Electronically signed by: Interface, Lab In Sunquest on 06/17/18 1514  
Ordering user: Interface, Lab In Sunquest 06/17/18 1514  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: (auto-released) 6/17/2018 3:27 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/17/18 1514

**POCT BNP ISTAT [750930083] (Abnormal)**

Resulted: 06/17/18 1527, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1514  
Filed by: Interface, Lab In Sunquest 06/17/18 1528  
External ID: X13472721

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/17/18 1514

**Components**

Component	Value	Reference Range	Flag	Lab
POC-BNP	2.307	0 - 99 ng/mL	H ^	KHLAB
Comment: Note: Correct units are pg/mL and not ng/mL. Reference range is 0-99 pg/mL.				
POC-OPERATOR'S ID	54558	—	—	KHLAB

**POCT TROPONIN ISTAT [750930085]**

Electronically signed by: Interface, Lab In Sunquest on 06/17/18 1514

Status: **Completed**



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Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Point of Care Testing-Docked Device - Orders and Results (continued)**

**POCT TROPONIN ISTAT [750930085] (continued)**

Ordering user: Interface, Lab In Sunquest 06/17/18 1514  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: (auto-released) 6/17/2018 3:32 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/17/18 1514

**POCT TROPONIN ISTAT [750930085] (Abnormal)**

Resulted: 06/17/18 1532, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1514  
Filed by: Interface, Lab In Sunquest 06/17/18 1533  
External ID: X13472758

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/17/18 1514

**Components**

Component	Value	Reference Range	Flag	Lab
POC TROPONIN Comment: POC Critical Value	0.09	<0.09 ng/mL	H	KHLAB
POC-COMMENT	Notification value. Physician notified.	---	---	KHLAB
POC-OPERATOR'S ID	54558	---	---	KHLAB

**POCT CHEM 8, ISTAT [750930081]**

Electronically signed by: Interface, Lab In Sunquest on 06/17/18 1515  
Ordering user: Interface, Lab In Sunquest 06/17/18 1515  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: (auto-released) 6/17/2018 3:21 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/17/18 1515

**POCT CHEM 8, ISTAT [750930081] (Abnormal)**

Resulted: 06/17/18 1521, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1515  
Filed by: Interface, Lab In Sunquest 06/17/18 1521  
External ID: X13472692

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/17/18 1515

**Components**

Component	Value	Reference Range	Flag	Lab
POC-SODIUM	135	136 - 145 mmol/L	L	KHLAB
POC-POTASSIUM Comment: HEMOLYSIS, IF PRESENT, MAY AFFECT RESULTS	4.9	3.5 - 5.1 mmol/L	---	KHLAB
POC-CHLORIDE	99	95 - 110 mmol/L	---	KHLAB
POC-GLUCOSE	111	70 - 99 mg/dL	H	KHLAB
POC-BUN	56	7 - 21 mg/dL	H	KHLAB
POC-IONIZED CALCIUM	1.01	1.09 - 1.29 mmol/L	L	KHLAB
POC-CO2	18	20 - 28 mmol/L	L	KHLAB
POC-AGAP	24	15 - 23	H	KHLAB
POC-CREATININE	2.2	0.64 - 1.27 mg/dL	H	KHLAB





WS Kennestone Hospital  
677 Church Street  
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Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
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**Point of Care Testing-Docked Device - Orders and Results (continued)**

GFR Non-Afric Amer	30	>59 ml/min/1.73 m2	L v	KHLAB
GFR AFRICAN AMER	36	>59 ml/min/1.73 m2	L v	KHLAB
POC-OPERATOR'S ID	54558	---	---	KHLAB

**POC FINGER STICK GLUCOSE [751027187]**

Electronically signed by: **Interface, Lab In Sunquest on 06/18/18 0831**  
Ordering user: Interface, Lab In Sunquest 06/18/18 0831  
Authorized by: Monique Walcott V, MD  
Quantity: 1  
Instance released by: (auto-released) 6/18/2018 8:35 AM

Ordering provider: Monique Walcott V, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0831

**POC FINGER STICK GLUCOSE [751027187] (Abnormal)**

Resulted: 06/18/18 0835, Result status: Final result

Ordering provider: Monique Walcott V, MD 06/18/18 0831  
Filed by: Interface, Lab In Sunquest 06/18/18 0835  
External ID: M15297058

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0831

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	112	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	58077	---	---	KHLAB

**POC FINGER STICK GLUCOSE [751027209]**

Electronically signed by: **Interface, Lab In Sunquest on 06/18/18 1229**  
Ordering user: Interface, Lab In Sunquest 06/18/18 1229  
Authorized by: Monique Walcott V, MD  
Quantity: 1  
Instance released by: (auto-released) 6/18/2018 12:32 PM

Ordering provider: Monique Walcott V, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 1229

**POC FINGER STICK GLUCOSE [751027209] (Abnormal)**

Resulted: 06/18/18 1232, Result status: Final result

Ordering provider: Monique Walcott V, MD 06/18/18 1229  
Filed by: Interface, Lab In Sunquest 06/18/18 1233  
External ID: M15301142

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 1229

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	162	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	58077	---	---	KHLAB



WS Kennestone Hospital  
677 Church Street  
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Anesthesia Report

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Point of Care Testing-Docked Device - Orders and Results (continued)**

**POC FINGER STICK GLUCOSE [751027211]**

Electronically signed by: **Interface, Lab In Sunquest on 06/18/18 1727**  
Ordering user: Interface, Lab In Sunquest 06/18/18 1727  
Authorized by: Monique Walcott V, MD  
Quantity: 1  
Instance released by: (auto-released) 6/18/2018 5:30 PM

Status: **Completed**

Ordering provider: Monique Walcott V, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 1727

**POC FINGER STICK GLUCOSE [751027211] (Abnormal)**

Resulted: 06/18/18 1730, Result status: Final result

Ordering provider: Monique Walcott V, MD 06/18/18 1727  
Filed by: Interface, Lab In Sunquest 06/18/18 1730  
External ID: M15305497

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 1727

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	171	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	58077	---	---	KHLAB

**POC FINGER STICK GLUCOSE [751027219]**

Electronically signed by: **Interface, Lab In Sunquest on 06/18/18 1941**  
Ordering user: Interface, Lab In Sunquest 06/18/18 1941  
Authorized by: Monique Walcott V, MD  
Quantity: 1  
Instance released by: (auto-released) 6/18/2018 8:12 PM

Status: **Completed**

Ordering provider: Monique Walcott V, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 1941

**POC FINGER STICK GLUCOSE [751027219] (Abnormal)**

Resulted: 06/18/18 2012, Result status: Final result

Ordering provider: Monique Walcott V, MD 06/18/18 1941  
Filed by: Interface, Lab In Sunquest 06/18/18 2013  
External ID: M15306860

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 1941

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	214	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	57638	---	---	KHLAB

**POC FINGER STICK GLUCOSE [751027223]**

Electronically signed by: **Interface, Lab In Sunquest on 06/19/18 0754**  
Ordering user: Interface, Lab In Sunquest 06/19/18 0754  
Authorized by: Monique Walcott V, MD  
Quantity: 1  
Instance released by: (auto-released) 6/19/2018 8:16 AM

Status: **Completed**

Ordering provider: Monique Walcott V, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**



WS Kennestone Hospital  
 677 Church Street  
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 Anesthesia Report

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Point of Care Testing-Docked Device - Orders and Results (continued)**

**POC FINGER STICK GLUCOSE [751027223] (continued)**

Type	Source	Collected By
Other	Serum	06/19/18 0754

**POC FINGER STICK GLUCOSE [751027223] (Abnormal)**

Resulted: 06/19/18 0817, Result status: Final result

Ordering provider: Monique Walcott V, MD 06/19/18 0754  
 Filed by: Interface, Lab in Sunquest 06/19/18 0817  
 External ID: T15478758

Order status: Completed  
 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/19/18 0754

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	125	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	63908	—	—	KHLAB



WS Kennestone Hospital  
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Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Point of Care Testing-Docked Device - Orders and Results**

**POC FINGER STICK GLUCOSE [751296241]**

Electronically signed by: **Interface, Lab In Sunquest on 06/19/18 1418**  
Ordering user: Interface, Lab In Sunquest 06/19/18 1418  
Authorized by: Samina Fakh, MD  
Quantity: 1  
Instance released by: (auto-released) 6/19/2018 2:23 PM

Status: **Completed**

Ordering provider: Samina Fakh, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/19/18 1418

**POC FINGER STICK GLUCOSE [751296241] (Abnormal)**

Resulted: 06/19/18 1423, Result status: Final result

Ordering provider: Samina Fakh, MD 06/19/18 1418  
Filed by: Interface, Lab In Sunquest 06/19/18 1424  
External ID: T15484736

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/19/18 1418

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	107	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	70635	---	---	KHLAB

**POC FINGER STICK GLUCOSE [751296247]**

Electronically signed by: **Interface, Lab In Sunquest on 06/19/18 1634**  
Ordering user: Interface, Lab In Sunquest 06/19/18 1634  
Authorized by: Samina Fakh, MD  
Quantity: 1  
Instance released by: (auto-released) 6/19/2018 4:42 PM

Status: **Completed**

Ordering provider: Samina Fakh, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/19/18 1634

**POC FINGER STICK GLUCOSE [751296247] (Abnormal)**

Resulted: 06/19/18 1642, Result status: Final result

Ordering provider: Samina Fakh, MD 06/19/18 1634  
Filed by: Interface, Lab In Sunquest 06/19/18 1642  
External ID: T15486844

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/19/18 1634

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	241	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	65132	---	---	KHLAB

**POC FINGER STICK GLUCOSE [751296249]**

Electronically signed by: **Interface, Lab In Sunquest on 06/19/18 2234**  
Ordering user: Interface, Lab In Sunquest 06/19/18 2234  
Authorized by: Samina Fakh, MD  
Quantity: 1  
Instance released by: (auto-released) 6/19/2018 10:38 PM

Status: **Completed**

Ordering provider: Samina Fakh, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Point of Care Testing-Docked Device - Orders and Results (continued)**

**POC FINGER STICK GLUCOSE [751296249] (continued)**

Type	Source	Collected By
Other	Serum	06/19/18 2234

POC FINGER STICK GLUCOSE [751296249] (Abnormal) Resulted: 06/19/18 2238, Result status: Final result  
 Ordering provider: Samina Fakh, MD 06/19/18 2234 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/19/18 2238 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: T15490302 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/19/18 2234

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	135	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	72988	—	—	KHLAB

**POC FINGER STICK GLUCOSE [751296257]**

Electronically signed by: Interface, Lab In Sunquest on 06/20/18 0734 Status: Completed  
 Ordering user: Interface, Lab In Sunquest 06/20/18 0734 Ordering provider: Samina Fakh, MD  
 Authorized by: Samina Fakh, MD Ordering mode: Standard  
 Quantity: 1 Lab status: Final result  
 Instance released by: (auto-released) 6/20/2018 7:38 AM

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/20/18 0734

POC FINGER STICK GLUCOSE [751296257] (Abnormal) Resulted: 06/20/18 0738, Result status: Final result  
 Ordering provider: Samina Fakh, MD 06/20/18 0734 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/20/18 0738 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: W15391241 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/20/18 0734

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	119	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	71054	—	—	KHLAB

**POC FINGER STICK GLUCOSE [751503302]**

Electronically signed by: Interface, Lab In Sunquest on 06/20/18 1237 Status: Completed  
 Ordering user: Interface, Lab In Sunquest 06/20/18 1237 Ordering provider: Samina Fakh, MD  
 Authorized by: Samina Fakh, MD Ordering mode: Standard  
 Quantity: 1 Lab status: Final result  
 Instance released by: (auto-released) 6/20/2018 12:49 PM

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/20/18 1237

POC FINGER STICK GLUCOSE [751503302] (Abnormal) Resulted: 06/20/18 1249, Result status: Final result  
 Ordering provider: Samina Fakh, MD 06/20/18 1237 Order status: Completed



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677 Church Street  
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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Point of Care Testing-Docked Device - Orders and Results (continued)**

Filed by: Interface, Lab In Sunquest 06/20/18 1249  
External ID: W15396459

Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/20/18 1237

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	196	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	77314	—	—	KHLAB

**POC FINGER STICK GLUCOSE [751503311]**

Electronically signed by: Interface, Lab In Sunquest on 06/20/18 1752  
Ordering user: Interface, Lab In Sunquest 06/20/18 1752  
Authorized by: Samina Fakh, MD  
Quantity: 1  
Instance released by: (auto-released) 6/21/2018 7:33 AM

Ordering provider: Samina Fakh, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/20/18 1752

**POC FINGER STICK GLUCOSE [751503311] (Abnormal)**

Resulted: 06/21/18 0733, Result status: Final result

Ordering provider: Samina Fakh, MD 06/20/18 1752  
Filed by: Interface, Lab In Sunquest 06/21/18 0734  
External ID: W15403755

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/20/18 1752

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	171	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	81323	—	—	KHLAB

**POC FINGER STICK GLUCOSE [751503309]**

Electronically signed by: Interface, Lab In Sunquest on 06/20/18 2103  
Ordering user: Interface, Lab In Sunquest 06/20/18 2103  
Authorized by: Samina Fakh, MD  
Quantity: 1  
Instance released by: (auto-released) 6/20/2018 9:23 PM

Ordering provider: Samina Fakh, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/20/18 2103

**POC FINGER STICK GLUCOSE [751503309] (Abnormal)**

Resulted: 06/20/18 2123, Result status: Final result

Ordering provider: Samina Fakh, MD 06/20/18 2103  
Filed by: Interface, Lab In Sunquest 06/20/18 2124  
External ID: W15402636

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/20/18 2103



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Point of Care Testing-Docked Device - Orders and Results (continued)**

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	160	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	57003	---	---	KHLAB

**POC FINGER STICK GLUCOSE [751503313]**

Electronically signed by: **Interface, Lab In Sunquest on 06/21/18 0735**  
Ordering user: Interface, Lab In Sunquest 06/21/18 0735  
Authorized by: Samina Fakhr, MD  
Quantity: 1  
Instance released by: (auto-released) 6/21/2018 7:55 AM

Status: **Completed**

Ordering provider: Samina Fakhr, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/21/18 0735

**POC FINGER STICK GLUCOSE [751503313] (Abnormal)**

Resulted: 06/21/18 0754, Result status: Final result

Ordering provider: Samina Fakhr, MD 06/21/18 0735  
Filed by: Interface, Lab In Sunquest 06/21/18 0755  
External ID: H15330360

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/21/18 0735

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	120	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	77322	---	---	KHLAB

**POC FINGER STICK GLUCOSE [751503322]**

Electronically signed by: **Interface, Lab In Sunquest on 06/21/18 1153**  
Ordering user: Interface, Lab In Sunquest 06/21/18 1153  
Authorized by: Samina Fakhr, MD  
Quantity: 1  
Instance released by: (auto-released) 6/21/2018 12:28 PM

Status: **Completed**

Ordering provider: Samina Fakhr, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/21/18 1153

**POC FINGER STICK GLUCOSE [751503322] (Abnormal)**

Resulted: 06/21/18 1228, Result status: Final result

Ordering provider: Samina Fakhr, MD 06/21/18 1153  
Filed by: Interface, Lab In Sunquest 06/21/18 1228  
External ID: H15334958

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/21/18 1153

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	186	70 - 99 mg/dL	H ^	KHLAB
POC-OPERATOR'S ID	77322	---	---	KHLAB

Point of Care Testing-Docked Device - Orders and Results (continued)

Lab - Orders and Results

**CBC WITH DIFFERENTIAL [749935525]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1505**  
Ordering user: Douglas E Krug, MD 06/17/18 1505  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Edited Result - FINAL

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Blood	125 06/17/18 1514

**CBC WITH DIFFERENTIAL [749935525] (Abnormal)**

Resulted: 06/17/18 1631, Result status: Edited Result - FINAL

Ordering provider: Douglas E Krug, MD 06/17/18 1506  
Filed by: Interface, Lab In Sunquest 06/17/18 1632  
External ID: X13472627

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Blood	125 06/17/18 1514

**Components**

Component	Value	Reference Range	Flag	Lab
WBC COUNT	12.3	3.5 - 10.5 10E9/L	H ^	KHLAB
RBC Count	2.31	4.32 - 5.72 10E12/L	L v	KHLAB
HGB	5.6	13.5 - 17.5 g/dL		KHLAB
Comment: NOTIFICATION VALUE CALLED READ BACK AND CONFIRMED TO K.KYWISE,RN AT 1608 ON 06/17/2018 NOTIFICATION VALUE CALLED READ BACK AND CONFIRMED TO K.WISE,RN AT 1608 ON 06/17/2018				
Hematocrit	19	39 - 50 %		KHLAB
Comment: NOTIFICATION VALUE CALLED READ BACK AND CONFIRMED TO K.KYWISE,RN AT 1608 ON 06/17/2018 NOTIFICATION VALUE CALLED READ BACK AND CONFIRMED TO K.WISE,RN AT 1608 ON 06/17/2018				
MCV	82	81 - 95 fL	—	KHLAB
MCH	24	26 - 34 pg	L v	KHLAB
MCHC	30	32 - 36 g/dL	L v	KHLAB
RDW	19.5	11.8 - 15.6 %	H ^	KHLAB
PLATELET	97	150 - 450 10E9/L	L v	KHLAB
MPV	10.7	9.4 - 12.4 fL	—	KHLAB
% NEUTROPHILS	66	%	—	KHLAB
% Lymphs	12	%	—	KHLAB
% Monos	20	%	—	KHLAB
% EOS	1	%	—	KHLAB
% BASOS	1	%	—	KHLAB
Absolute Neutrophils	8.1	1.7 - 7.0 10E9/L	H ^	KHLAB
Absolute Lymphs	1.5	1.5 - 4.0 10E9/L	—	KHLAB
Absolute Monos	2.5	0.3 - 0.9 10E9/L	H ^	KHLAB
Absolute EOS	0.1	0.1 - 0.5 10E9/L	—	KHLAB
Absolute Baso	0.1	0.0 - 0.3 10E9/L	—	KHLAB
PLATELET ESTIMATE	DECREASED	—	—	KHLAB
ANISOCYTOSIS	2+	—	—	KHLAB
HYPOCHROMIA	3+	—	—	KHLAB
POIKILOCYTOSIS	2+	—	—	KHLAB





WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

**PARTIAL THROMBOPLASTIN TIME (PTT) [749935529]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1505**  
Ordering user: Douglas E Krug, MD 06/17/18 1505  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Plasma	125 06/17/18 1514

**PARTIAL THROMBOPLASTIN TIME (PTT) [749935529]**

Resulted: 06/17/18 1614, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1506  
Filed by: Interface, Lab In Sunquest 06/17/18 1614  
External ID: X13472627

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Plasma	125 06/17/18 1514

**Components**

Component	Value	Reference Range	Flag	Lab
PTT	30	25 - 38 SEC	—	KHLAB

**PROTHROMBIN TIME-INR [749935530]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1505**  
Ordering user: Douglas E Krug, MD 06/17/18 1505  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Plasma	125 06/17/18 1514

**PROTHROMBIN TIME-INR [749935530] (Abnormal)**

Resulted: 06/17/18 1614, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1506  
Filed by: Interface, Lab In Sunquest 06/17/18 1614  
External ID: X13472627

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Plasma	125 06/17/18 1514

**Components**

Component	Value	Reference Range	Flag	Lab
PT	46.0	9.3 - 12.5 SEC	H ^	KHLAB
INR	4.07	0.85 - 1.15 RATIO	H H	KHLAB

Comment:  
NOTIFICATION VALUE CALLED  
READ BACK AND CONFIRMED  
TO K. WISE RN @ 1614 ON 06/17/18



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

**URINALYSIS,AUTOMATED [749935532]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1505**  
Ordering user: Douglas E Krug, MD 06/17/18 1505  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:06 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Urine	125 06/17/18 1514

**URINALYSIS,AUTOMATED [749935532] (Abnormal)**

Resulted: 06/17/18 1610, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1506  
Filed by: Interface, Lab in Sunquest 06/17/18 1611  
External ID: X13472629

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Urine	125 06/17/18 1514

**Components**

Component	Value	Reference Range	Flag	Lab
URINE COLOR	YELLOW	YELLOW	—	KHLAB
URINE APPEARANCE	CLOUDY	CLEAR	A †	KHLAB
URINE SPEC GRAVITY	1.005	1.001 - 1.040	—	KHLAB
Urine pH	5.0	5.0 - 8.0	—	KHLAB
Urine Protein	2+	NEGATIVE	A †	KHLAB
URINE GLUCOSE,Iris	NEGATIVE	NEGATIVE	—	KHLAB
URINE KETONES	NEGATIVE	NEGATIVE	—	KHLAB
URINE BILIRUBIN	NEGATIVE	NEGATIVE	—	KHLAB
URINE BLOOD	1+	NEGATIVE	A †	KHLAB
URINE NITRITES	NEGATIVE	NEGATIVE	—	KHLAB
URINE LEUK ESTERASE	TRACE	NEGATIVE	A †	KHLAB
URINE PRESERVATIVE	NO	—	—	KHLAB
URINE RBC	9	0 - 1 /HPF	H ^	KHLAB
URINE WBC	29	0 - 5 /HPF	H ^	KHLAB
URINE BACTERIA	RARE	NONE SEEN	A †	KHLAB
Urine Amorphous Crystals	RARE	REFERENCE RANGE NOT ESTABLISHED	A †	KHLAB
URINE SQUAMOUS EPI CELLS	3	0 - 3 /HPF	—	KHLAB
HYALINE CASTS	1	0 - 1 /LPF	—	KHLAB

**MAGNESIUM BLOOD [750930079]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1510**  
Ordering user: Douglas E Krug, MD 06/17/18 1510  
Authorized by: Douglas E Krug, MD  
Quantity: 1  
Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 3:10 PM

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Serum	125 06/17/18 1514

**MAGNESIUM BLOOD [750930079]**

Resulted: 06/17/18 1618, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1510  
Filed by: Interface, Lab in Sunquest 06/17/18 1618  
External ID: X13472629

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
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**Lab - Orders and Results (continued)**

Other Serum 125 06/17/18 1514

**Components**

Component	Value	Reference Range	Flag	Lab
Magnesium	2.3	1.6 - 2.6 mg/dL	—	KHLAB

**LACTIC ACID ASSAY [750930109]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1613** Status: **Completed**  
 Ordering user: Douglas E Krug, MD 06/17/18 1613 Ordering provider: Douglas E Krug, MD  
 Authorized by: Douglas E Krug, MD Ordering mode: Standard  
 Quantity: 1 Lab status: Final result  
 Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 4:13 PM  
 Order comments: If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician

**Specimen Information**

Type	Source	Collected By
Other	Plasma	36863 06/17/18 1637

**LACTIC ACID ASSAY [750930109] (Abnormal)**

Resulted: 06/17/18 1744, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1613 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/17/18 1744 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: X13473158 Result details

**Specimen Information**

Type	Source	Collected By
Other	Plasma	36863 06/17/18 1637

**Components**

Component	Value	Reference Range	Flag	Lab
LACTIC ACID	8.3	0.5 - 2.2 mmol/L	HH	KHLAB

Comment:  
 NO VISIBLE HEMOLYSIS  
 NOTE REFERENCE RANGE IS FOR VENOUS SPECIMENS  
 NOTIFICATION VALUE CALLED  
 READ BACK AND CONFIRMED  
 TO RN B.ROONEY @1743 ON 6/17/18

**LACTIC ACID ASSAY [750930110]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1613** Status: **Completed**  
 Ordering user: Douglas E Krug, MD 06/17/18 1613 Ordering provider: Douglas E Krug, MD  
 Authorized by: Douglas E Krug, MD Ordering mode: Standard  
 Quantity: 1 Lab status: Final result  
 Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 4:13 PM  
 Order comments: If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician

**Specimen Information**

Type	Source	Collected By
Other	Plasma	06/17/18 2030

**LACTIC ACID ASSAY [750930110] (Abnormal)**

Resulted: 06/17/18 2125, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1613 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/17/18 2125 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: X13474606 Result details

**Specimen Information**

Type	Source	Collected By
Other	Plasma	06/17/18 2030

**Lab - Orders and Results (continued)**

**Components**

Component	Value	Reference Range	Flag	Lab
LACTIC ACID	6.8	0.5 - 2.2 mmol/L		KHLAB
Comment: NOTE REFERENCE RANGE IS FOR VENOUS SPECIMENS PREVIOUSLY NOTIFIED				

**LACTIC ACID ASSAY [750930111]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1613** Status: **Completed**  
 Ordering user: Douglas E Krug, MD 06/17/18 1613 Ordering provider: Douglas E Krug, MD  
 Authorized by: Douglas E Krug, MD Ordering mode: Standard  
 Quantity: 1 Lab status: Final result  
 Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 4:13 PM  
 Order comments: If initial lactic acid is <2.0 may cancel additional lactic acid orders after consult with ED physician

**Specimen Information**

Type	Source	Collected By
Other	Plasma	06/18/18 0030

**LACTIC ACID ASSAY [750930111] (Abnormal)**

Resulted: 06/18/18 0158, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1613 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/18/18 0158 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: X13476001 Result details

**Specimen Information**

Type	Source	Collected By
Other	Plasma	06/18/18 0030

**Components**

Component	Value	Reference Range	Flag	Lab
LACTIC ACID	5.5	0.5 - 2.2 mmol/L		KHLAB
Comment: NO VISIBLE HEMOLYSIS NOTE REFERENCE RANGE IS FOR VENOUS SPECIMENS PREVIOUSLY NOTIFIED				

**COMPREHENSIVE METABOLIC PANEL [750942939]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Lab status: Final result  
 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0500

**COMPREHENSIVE METABOLIC PANEL [750942939] (Abnormal)**

Resulted: 06/18/18 0632, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/18/18 0633 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: M15294515 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0500

**Lab - Orders and Results (continued)**

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium,S	139	136 - 145 mmol/L	—	KHLAB
Potassium	4.0	3.5 - 5.1 mmol/L	—	KHLAB
Chloride	99	98 - 107 mmol/L	—	KHLAB
Co2	21	22 - 29 mmol/L	L v	KHLAB
Glucose	116	70 - 99 mg/dL	H ^	KHLAB
BUN	58	8 - 23 mg/dL	H ^	KHLAB
CREATININE,S	1.98	0.7 - 1.2 mg/dL	H ^	KHLAB
PROTEIN,TOTAL	5.9	6.4 - 8.3 g/dL	L v	KHLAB
ALBUMIN,S	3.2	3.5 - 5.2 g/dL	L v	KHLAB
CALCIUM,TOTAL	8.1	8.8 - 10.2 mg/dL	L v	KHLAB
BILIRUBIN, TOTAL	1.4	0.0 - 1.2 mg/dL	H ^	KHLAB
ALKALINE PHOS	137	40 - 129 IU/L	H ^	KHLAB
AST (SGOT)	723	0 - 40 IU/L	H ^	KHLAB
ALT (SGPT)	1,072	0 - 41 IU/L	H ^	KHLAB
GLOBULIN	2.7	2.4 - 4.0 g/dL	—	KHLAB
ANION GAP	23	12 - 20	H ^	KHLAB
GFR Non-Afric Amer	34	>59 ml/min/1.73 m2	L v	KHLAB
GFR AFRICAN AMER	41	>59 ml/min/1.73 m2	L v	KHLAB

**LIPID PANEL [750942940]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719  
 Authorized by: Charu G Prakash, MD  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1  
 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Order comments: Standard fasting

Ordering provider: Naomi W Muhia, NP  
 Ordering mode: Standard

Status: **Completed**

Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0500

**LIPID PANEL [750942940] (Abnormal)**

Resulted: 06/18/18 0623, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224  
 Filed by: Interface, Lab in Sunquest 06/18/18 0623  
 External ID: M15294515

Order status: Completed  
 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0500

**Components**

Component	Value	Reference Range	Flag	Lab
CHOLESTEROL,TOTAL	57	<200 mg/dL	—	KHLAB
Comment: Interpretive Values: Desirable: <200 mg/dL Borderline High: 200-239 mg/dL High: >or=240 mg/dL				
Triglycerides	77	<150 mg/dL	—	KHLAB
Comment: Interpretive Values: Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: >or=500 mg/dL				



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

HDL CHOLESTEROL	13	>39 mg/dL	L ▼	KHLAB
Comment: Interpretive Values: Males: >or=40 mg/dL Females: >or=50 mg/dL				
LDL	29	<100 mg/dl	---	KHLAB
Comment: Interpretive Values: Optimal: <100 mg/dL Near or Above Optimal: 100-129 mg/dL Borderline High: 130-159 mg/dL High: 160-189 mg/dL Very High: >or=190 mg/dL				
CHOLE/HDL RATIO	4.4	0.0 - 5.5 Ratio	---	KHLAB
NON-HDL CHOLESTEROL	44	<130 mg/dL	---	KHLAB
Comment: Interpretive Values: Desirable: <130 mg/dL Above Desirable: 130-159 mg/dL Borderline High: 160-189 mg/dL High: 190-219 mg/dL Very High: >or=220 mg/dL				

**TSH [750942941]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719  
 Authorized by: Charu G Prakash, MD Ordering provider: Naomi W Muhia, NP  
 Cosigning events Ordering mode: Standard  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Discontinued by: Interface, Lab In Sunquest 06/21/18 0431 [Specimen Not Received (Cancelled by Lab Specimen was not received)]

**Specimen Information**

Type	Source	Collected By
Blood	Blood	06/17/18 2225

**VITAMIN B12 ASSAY [750942942]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719  
 Authorized by: Charu G Prakash, MD Ordering provider: Naomi W Muhia, NP  
 Cosigning events Ordering mode: Standard  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Lab status: Final result  
 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**VITAMIN B12 ASSAY [750942942] (Abnormal)**

Resulted: 06/18/18 0409, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/18/18 0409 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: X13475994 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**Components**

Component	Value	Reference Range	Flag	Lab
Vitamin B12	>2,000	232 - 1,245 pg/mL	H ^	KHLAB



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

Comment:  
HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY

**FOLATE ASSAY [750942943]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719  
 Authorized by: Charu G Prakash, MD Ordering provider: Naomi W Muhia, NP  
 Cosigning events Ordering mode: Standard  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Lab status: Final result  
 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**FOLATE ASSAY [750942943]**

Resulted: 06/18/18 0347, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/18/18 0347 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: X13475994 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**Components**

Component	Value	Reference Range	Flag	Lab
Folate	17.6	4.8 - 24.2 ng/mL	—	KHLAB

Comment:  
HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY

**HEMOGLOBIN A1C WITH EAG [750942944]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719  
 Authorized by: Charu G Prakash, MD Ordering provider: Naomi W Muhia, NP  
 Cosigning events Ordering mode: Standard  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Lab status: Final result  
 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Specimen Information**

Type	Source	Collected By
Other	Blood	63501 06/18/18 0500

**HEMOGLOBIN A1C WITH EAG [750942944] (Abnormal)**

Resulted: 06/18/18 1029, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/18/18 1029 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: M15294515 Result details

**Specimen Information**

Type	Source	Collected By
Other	Blood	63501 06/18/18 0500

**Components**

Component	Value	Reference Range	Flag	Lab
HEMOGLOBIN A1C	6.0	4.8 - 5.6 %	H ^	KHLAB

Comment:  
Disease processes which shorten erythrocyte half life will decrease HbA1C values. Some hemoglobin variants may interfere with this method. Interpret result accordingly.



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

Prediabetes 5.7% to 6.4%  
Diabetes >/=6.5%  
Per ADA Recommendations.  
PLEASE NOTE NEW REFERENCE RANGE EFFECTIVE 04/20/2018.

Estimated Average Glucose 126 <115 mg/dL H ^ KHLAB  
Comment: PLEASE NOTE NEW REFERENCE RANGE EFFECTIVE 04/20/2018.

**MAGNESIUM BLOOD [750942945]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
Authorized by: Charu G Prakash, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1 Lab status: Final result  
Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**MAGNESIUM BLOOD [750942945]**

Resulted: 06/18/18 0328, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224 Order status: Completed  
Filed by: Interface, Lab In Sunquest 06/18/18 0328 Resulting lab: WS KENNESTONE HOSPITAL LAB  
External ID: X13475994 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**Components**

Component	Value	Reference Range	Flag	Lab
Magnesium	2.1	1.6 - 2.6 mg/dL	---	KHLAB

**CK [750969648]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
Authorized by: Charu G Prakash, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1 Lab status: Final result  
Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**CK [750969648]**

Resulted: 06/18/18 0328, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224 Order status: Completed  
Filed by: Interface, Lab In Sunquest 06/18/18 0328 Resulting lab: WS KENNESTONE HOSPITAL LAB  
External ID: X13475994 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**Components**

Component	Value	Reference Range	Flag	Lab
CK	192	39 - 308 IU/L	---	KHLAB





WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

**CK [750969649]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: **Naomi W Muhia, NP 06/17/18 1719**  
Authorized by: **Charu G Prakash, MD**  
Cosigning events  
Electronically cosigned by **Charu G Prakash, MD 06/18/18 0958** for Ordering  
Quantity: 1  
Instance released by: **Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM**

Ordering provider: **Naomi W Muhia, NP**  
Ordering mode: **Standard**

Status: **Completed**

Lab status: **Final result**

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0500

**CK [750969649]**

Resulted: 06/18/18 0623, Result status: Final result

Ordering provider: **Naomi W Muhia, NP 06/17/18 2224**  
Filed by: **Interface, Lab In Sunquest 06/18/18 0623**  
External ID: **M15294515**

Order status: **Completed**  
Resulting lab: **WS KENNESTONE HOSPITAL LAB**  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0500

**Components**

Component	Value	Reference Range	Flag	Lab
CK	186	39 - 308 IU/L	—	KHLAB

**CREATINE KINASE (CK), MB [750969650]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: **Naomi W Muhia, NP 06/17/18 1719**  
Authorized by: **Charu G Prakash, MD**  
Cosigning events  
Electronically cosigned by **Charu G Prakash, MD 06/18/18 0958** for Ordering  
Quantity: 1  
Instance released by: **Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM**

Ordering provider: **Naomi W Muhia, NP**  
Ordering mode: **Standard**

Status: **Completed**

Lab status: **Final result**

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**CREATINE KINASE (CK), MB [750969650]**

Resulted: 06/18/18 0209, Result status: Final result

Ordering provider: **Naomi W Muhia, NP 06/17/18 2224**  
Filed by: **Interface, Lab In Sunquest 06/18/18 0209**  
External ID: **X13475994**

Order status: **Completed**  
Resulting lab: **WS KENNESTONE HOSPITAL LAB**  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**Components**

Component	Value	Reference Range	Flag	Lab
CK-MB (QUANT)	2.7	0 - 10.4 ng/mL	—	KHLAB

Comment:  
HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

**CREATINE KINASE (CK), MB [750969651]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Lab status: Final result  
 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0500

**CREATINE KINASE (CK), MB [750969651]**

Resulted: 06/18/18 0623, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/18/18 0623 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: M15294515 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0500

**Components**

Component	Value	Reference Range	Flag	Lab
CK-MB (QUANT)	2.6	0 - 10.4 ng/mL	—	KHLAB
Comment: HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY				

**TROPONIN T [750969652]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Lab status: Final result  
 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**TROPONIN T [750969652] (Abnormal)**

Resulted: 06/18/18 0328, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224 Order status: Completed  
 Filed by: Interface, Lab In Sunquest 06/18/18 0328 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: X13475994 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	06/18/18 0030

**Components**

Component	Value	Reference Range	Flag	Lab
Troponin T	0.05	<0.03 ng/mL		KHLAB
Comment: HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY NOTIFICATION VALUE CALLED READ BACK AND CONFIRMED TO KELSEY BRYANT RN @0328 06/18/2018				

**Lab - Orders and Results (continued)**

**TROPONIN T [750969653]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0500

**TROPONIN T [750969653] (Abnormal)**

Resulted: 06/18/18 0623, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224  
Filed by: Interface, Lab In Sunquest 06/18/18 0623  
External ID: M15294515

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0500

**Components**

Component	Value	Reference Range	Flag	Lab
Troponin T	0.05	<0.03 ng/mL	<b>H H</b>	KHLAB

Comment:  
HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY PREVIOUSLY NOTIFIED

**CBC WITH DIFFERENTIAL [750969654]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Lab status: Edited Result - FINAL

**Specimen Information**

Type	Source	Collected By
Other	Blood	63501 06/18/18 0500

**CBC WITH DIFFERENTIAL [750969654] (Abnormal)**

Resulted: 06/18/18 0742, Result status: Edited Result - FINAL

Ordering provider: Naomi W Muhia, NP 06/17/18 2224  
Filed by: Interface, Lab In Sunquest 06/18/18 0743  
External ID: M15294515

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Blood	63501 06/18/18 0500

**Components**

Component	Value	Reference Range	Flag	Lab
WBC COUNT	10.0	3.5 - 10.5 10E9/L	---	KHLAB
RBC Count	2.55	4.32 - 5.72 10E12/L	L ▼	KHLAB
HGB	6.3	13.5 - 17.5 g/dL	L ▼	KHLAB
Hematocrit	21	39 - 50 %	L ▼	KHLAB
MCV	81	81 - 95 fL	---	KHLAB
MCH	25	26 - 34 pg	L ▼	KHLAB

**Lab - Orders and Results (continued)**

MCHC	31	32 - 36 g/dL	L v	KHLAB
RDW	18.0	11.8 - 15.6 %	H ^	KHLAB
PLATELET	64	150 - 450 10E9/L	L v	KHLAB
MPV	10.2	9.4 - 12.4 fL	—	KHLAB
% NEUTROPHILS	73	%	—	KHLAB
% Lymphs	5	%	—	KHLAB
% Monos	14	%	—	KHLAB
% EOS	3	%	—	KHLAB
% BASOS	1	%	—	KHLAB
% BANDS	4	0 - 10 %	—	KHLAB
Absolute Neutrophils	7.7	1.7 - 7.0 10E9/L	H ^	KHLAB
Absolute Lymphs	0.5	1.5 - 4.0 10E9/L	L v	KHLAB
Absolute Monos	1.4	0.3 - 0.9 10E9/L	H ^	KHLAB
Absolute EOS	0.3	0.1 - 0.5 10E9/L	—	KHLAB
Absolute Baso	0.1	0.0 - 0.3 10E9/L	—	KHLAB
NRBCS	2	REFERENCE RANGE NOT ESTABLISHED /100 WBC	A †	KHLAB
PLATELET ESTIMATE	DECREASED	—	—	KHLAB
ANISOCYTOSIS	2+	—	—	KHLAB
HYPOCHROMIA	1+	—	—	KHLAB
MICROCYTOSIS	2+	—	—	KHLAB
POIKILOCYTOSIS	1+	—	—	KHLAB
POLYCHROMASIA	1+	—	—	KHLAB
GIANT PLATELETS	PRESENT	—	—	KHLAB

**PROTHROMBIN TIME-INR [750969657]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719  
 Authorized by: Charu G Prakash, MD  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1  
 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Order comments: upon arrival to the unit

Ordering provider: Naomi W Muhia, NP  
 Ordering mode: Standard

Status: **Completed**

Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Plasma	63501 06/18/18 0500

**PROTHROMBIN TIME-INR [750969657] (Abnormal)**

Resulted: 06/18/18 0602, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224  
 Filed by: Interface, Lab in Sunquest 06/18/18 0602  
 External ID: M15294515

Order status: Completed  
 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 Result details

**Specimen Information**

Type	Source	Collected By
Other	Plasma	63501 06/18/18 0500

**Components**

Component	Value	Reference Range	Flag	Lab
PT	34.6	9.3 - 12.5 SEC	H ^	KHLAB
INR	3.06	0.85 - 1.15 RATIO	H ^	KHLAB

Comment:  
 NOTIFICATION VALUE CALLED  
 READ BACK AND CONFIRMED  
 TO R.BRYANT, RN @ 0601 06/18/2018



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

**HEMOGLOBIN A1C WITH EAG [750969664]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1721**  
Ordering user: Naomi W Muhia, NP 06/17/18 1721  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Completed**

Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Blood	06/18/18 0030

**HEMOGLOBIN A1C WITH EAG [750969664]**

Resulted: 06/18/18 0216, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/17/18 2224  
Filed by: Interface, Lab In Sunquest 06/18/18 0217  
External ID: X13475994

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Blood	06/18/18 0030

**Components**

Component	Value	Reference Range	Flag	Lab
HEMOGLOBIN A1C	5.5	4.8 - 5.6 %	---	KHLAB
Comment: Disease processes which shorten erythrocyte half life will decrease HbA1C values. Some hemoglobin variants may interfere with this method. Interpret result accordingly. Prediabetes 5.7% to 6.4% Diabetes >=6.5% Per ADA Recommendations. PLEASE NOTE NEW REFERENCE RANGE EFFECTIVE 04/20/2018.				
Estimated Average Glucose	111	<115 mg/dL	---	KHLAB
Comment: PLEASE NOTE NEW REFERENCE RANGE EFFECTIVE 04/20/2018.				

**HEMOGLOBIN AND HEMATOCRIT\* [750969674]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1749**  
Ordering user: Naomi W Muhia, NP 06/17/18 1749  
Authorized by: Charu G Prakash, MD  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
Quantity: 1  
Discontinued by: Samina Fakhri, MD 06/20/18 1113

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Status: **Discontinued**

Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM

**Specimen Information**

Type	Source	Collected By
Blood	Blood	---

**LACTIC ACID ASSAY [750969680]**

Electronically signed by: **Charu G Prakash, MD on 06/18/18 0010**  
Ordering user: Charu G Prakash, MD 06/18/18 0010  
Authorized by: Charu G Prakash, MD  
Quantity: 1  
Instance released by: Charu G Prakash, MD (auto-released) 6/18/2018 12:10 AM

Ordering provider: Charu G Prakash, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Plasma	63501 06/18/18 0500

**LACTIC ACID ASSAY [750969680] (Abnormal)**

Resulted: 06/18/18 0611, Result status: Final result

Ordering provider: Charu G Prakash, MD 06/18/18 0010  
Filed by: Interface, Lab In Sunquest 06/18/18 0611

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

External ID: M15293950

Result details

**Specimen Information**

Type	Source	Collected By
Other	Plasma	63501 06/18/18 0500

**Components**

Component	Value	Reference Range	Flag	Lab
LACTIC ACID	2.8	0.5 - 2.2 mmol/L	H ^	KHLAB

Comment: NOTE REFERENCE RANGE IS FOR VENOUS SPECIMENS

**LACTIC ACID ASSAY [750969681]**

Electronically signed by: Charu G Prakash, MD on 06/18/18 0010

Status: Discontinued

Ordering user: Charu G Prakash, MD 06/18/18 0010

Ordering provider: Charu G Prakash, MD

Authorized by: Charu G Prakash, MD

Ordering mode: Standard

Quantity: 1

Instance released by: Charu G Prakash, MD (auto-released) 6/18/2018 12:10 AM

Discontinued by: Interface, Lab In Sunquest 06/22/18 0431 [Specimen Not Received (Cancelled by Lab Specimen was not received)]

**Specimen Information**

Type	Source	Collected By
Blood	Blood	06/18/18 0203

**LACTIC ACID ASSAY [750969682]**

Electronically signed by: Charu G Prakash, MD on 06/18/18 0010

Status: Discontinued

Ordering user: Charu G Prakash, MD 06/18/18 0010

Ordering provider: Charu G Prakash, MD

Authorized by: Charu G Prakash, MD

Ordering mode: Standard

Quantity: 1

Instance released by: Charu G Prakash, MD (auto-released) 6/18/2018 12:10 AM

Discontinued by: Interface, Lab In Sunquest 06/22/18 0431 [Specimen Not Received (Cancelled by Lab Specimen was not received)]

**Specimen Information**

Type	Source	Collected By
Blood	Blood	06/18/18 0403

**TSH [750969686]**

Electronically signed by: Interface, Lab In Sunquest on 06/18/18 0030

Status: Completed

Ordering user: Interface, Lab In Sunquest 06/18/18 0030

Ordering provider: Charu G Prakash, MD

Authorized by: Charu G Prakash, MD

Ordering mode: Standard

Quantity: 1

Lab status: Final result

Instance released by: (auto-released) 6/18/2018 1:37 AM

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0030

**TSH [750969686]**

Resulted: 06/18/18 0219, Result status: Final result

Ordering provider: Charu G Prakash, MD 06/18/18 0030

Order status: Completed

Filed by: Interface, Lab In Sunquest 06/18/18 0219

Resulting lab: WS KENNESTONE HOSPITAL LAB

External ID: X13475994

Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/18/18 0030

**Components**

Component	Value	Reference Range	Flag	Lab
Tsh	2.67	0.27 - 4.20 uIU/mL	---	KHLAB

Comment:

HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

**CK [750969689]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Lab status: Final result  
 Instance released by: Amy Feltz, RN (auto-released) 6/18/2018 2:25 AM

**Specimen Information**

Type	Source	Collected By
Other	Serum	70635 06/18/18 1005

**CK [750969689]**

Resulted: 06/18/18 1109, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/18/18 0225 Order status: Completed  
 Filed by: Interface, Lab in Sunquest 06/18/18 1109 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: M15296088 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	70635 06/18/18 1005

**Components**

Component	Value	Reference Range	Flag	Lab
CK	196	39 - 308 IU/L	—	KHLAB

**CREATINE KINASE (CK), MB [750969690]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Lab status: Final result  
 Instance released by: Amy Feltz, RN (auto-released) 6/18/2018 2:25 AM

**Specimen Information**

Type	Source	Collected By
Other	Serum	70635 06/18/18 1005

**CREATINE KINASE (CK), MB [750969690]**

Resulted: 06/18/18 1109, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/18/18 0225 Order status: Completed  
 Filed by: Interface, Lab in Sunquest 06/18/18 1109 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: M15296088 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	70635 06/18/18 1005

**Components**

Component	Value	Reference Range	Flag	Lab
CK-MB (QUANT)	2.7	0 - 10.4 ng/mL	—	KHLAB

Comment:  
HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY

**TROPONIN T [750969691]**



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

**TROPONIN T [750969691] (continued)**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Completed**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Charu G Prakash, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1 Lab status: Final result  
 Instance released by: Amy Feltz, RN (auto-released) 6/18/2018 2:25 AM

**Specimen Information**

Type	Source	Collected By
Other	Serum	70635 06/18/18 1005

**TROPONIN T [750969691] (Abnormal)**

Resulted: 06/18/18 1109, Result status: Final result

Ordering provider: Naomi W Muhia, NP 06/18/18 0225 Order status: Completed  
 Filed by: Interface, Lab in Sunquest 06/18/18 1109 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: M15296088 Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	70635 06/18/18 1005

**Components**

Component	Value	Reference Range	Flag	Lab
Troponin T	0.05	<0.03 ng/mL		KHLAB
Comment: HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY PREVIOUSLY NOTIFIED				

**HEMOGLOBIN AND HEMATOCRIT\* [750969693]**

Electronically signed by: **Charu G Prakash, MD on 07/05/18 1310** Status: **Completed**  
 Mode: Ordering in Per protocol: cosign required mode  
 Ordering user: Renata Marques-Bryant, RN 06/18/18 0648 Communicated by: Renata Marques-Bryant, RN  
 Authorized by: Charu G Prakash, MD Ordering provider: Charu G Prakash, MD  
 Quantity: 1 Ordering mode: Per protocol: cosign required  
 Lab status: Final result  
 Instance released by: Renata Marques-Bryant, RN (auto-released) 6/18/2018 6:48 AM

**Specimen Information**

Type	Source	Collected By
Other	Blood	70635 06/18/18 1005

**HEMOGLOBIN AND HEMATOCRIT\* [750969693] (Abnormal)**

Resulted: 06/18/18 1036, Result status: Final result

Ordering provider: Charu G Prakash, MD 06/18/18 0648 Order status: Completed  
 Filed by: Interface, Lab in Sunquest 06/18/18 1036 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 External ID: M15296095 Result details

**Specimen Information**

Type	Source	Collected By
Other	Blood	70635 06/18/18 1005

**Components**

Component	Value	Reference Range	Flag	Lab
HGB	7.6	13.5 - 17.5 g/dL	L	KHLAB
Hematocrit	25	39 - 50 %	L	KHLAB

**BASIC METABOLIC PANEL (7) [751027212]**

Electronically signed by: **Dhaval G Patel, MD on 06/18/18 0856** Status: **Discontinued**





WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

**BASIC METABOLIC PANEL (7) [751027212] (continued)**

Ordering user: Dhaval G Patel, MD 06/18/18 0856  
Authorized by: Dhaval G Patel, MD  
Quantity: 1  
Discontinued by: Interface, Lab In Sunquest 06/19/18 0240 [Duplicate (Cancelled Duplicate)]

Ordering provider: Dhaval G Patel, MD  
Ordering mode: Standard  
Instance released by: Dhaval G Patel, MD (auto-released) 6/18/2018 8:00 PM

**Specimen Information**

Type	Source	Collected By
Blood	Blood	06/19/18 0400

**MAGNESIUM BLOOD [751027213]**

Electronically signed by: Dhaval G Patel, MD on 06/18/18 0856  
Ordering user: Dhaval G Patel, MD 06/18/18 0856  
Authorized by: Dhaval G Patel, MD  
Quantity: 1  
Instance released by: Dhaval G Patel, MD (auto-released) 6/18/2018 8:00 PM

Ordering provider: Dhaval G Patel, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/19/18 0445

**MAGNESIUM BLOOD [751027213]**

Resulted: 06/19/18 0626, Result status: Final result

Ordering provider: Dhaval G Patel, MD 06/18/18 2000  
Filed by: Interface, Lab In Sunquest 06/19/18 0626  
External ID: T15476442

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/19/18 0445

**Components**

Component	Value	Reference Range	Flag	Lab
Magnesium	2.3	1.6 - 2.6 mg/dL	—	KHLAB

**PROBNP N TERMINAL [751027214]**

Electronically signed by: Dhaval G Patel, MD on 06/18/18 0856  
Ordering user: Dhaval G Patel, MD 06/18/18 0856  
Authorized by: Dhaval G Patel, MD  
Quantity: 1  
Instance released by: Dhaval G Patel, MD (auto-released) 6/18/2018 8:00 PM

Ordering provider: Dhaval G Patel, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Plasma	63501 06/19/18 0445

**PROBNP N TERMINAL [751027214] (Abnormal)**

Resulted: 06/19/18 0626, Result status: Final result

Ordering provider: Dhaval G Patel, MD 06/18/18 2000  
Filed by: Interface, Lab In Sunquest 06/19/18 0626  
External ID: T15476442

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Plasma	63501 06/19/18 0445

**Components**

Component	Value	Reference Range	Flag	Lab
ProBNP N Terminal	3,440	0 - 300 pg/mL	H ^	KHLAB

Comment:

Age dependent cut points for acute heart failure:



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

<50 years old 450 pg/mL  
50-75 years old 900 pg/mL  
>75 years old 1800 pg/mL

Values below 300 pg/mL have a high negative predictive value to exclude acute heart failure.  
Values above the age range cut points have a high positive predictive value to rule in acute heart failure in the absence of renal failure.  
Values falling between these cut points represent an indeterminant range.  
HIGH DOSES OF BIOTIN TAKEN WITHIN 8 HOURS OF BLOOD COLLECTION MAY INTERFERE WITH THE RESULTS OF THIS ASSAY

**CBC W/O DIFFERENTIAL [751027215]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1214** Status: **Completed**  
Ordering user: Michelle M Lovett, NP 06/18/18 1214  
Authorized by: Aasim M Sheikh, MD  
Ordering provider: Michelle M Lovett, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering  
Quantity: 1  
Lab status: Final result  
Instance released by: Michelle M Lovett, NP (auto-released) 6/18/2018 8:00 PM

**Specimen Information**

Type	Source	Collected By
Other	Blood	63501 06/19/18 0445

**CBC W/O DIFFERENTIAL [751027215] (Abnormal)**

Resulted: 06/19/18 0602, Result status: Final result

Ordering provider: Michelle M Lovett, NP 06/18/18 2000  
Filed by: Interface, Lab In Sunquest 06/19/18 0603  
External ID: T15476442  
Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Blood	63501 06/19/18 0445

**Components**

Component	Value	Reference Range	Flag	Lab
WBC COUNT	11.5	3.5 - 10.5 10E9/L	H ^	KHLAB
RBC Count	3.03	4.32 - 5.72 10E12/L	L v	KHLAB
HGB	7.6	13.5 - 17.5 g/dL	L v	KHLAB
Hematocrit	24	39 - 50 %	L v	KHLAB
MCV	81	81 - 95 fL	—	KHLAB
MCH	25	26 - 34 pg	L v	KHLAB
MCHC	31	32 - 36 g/dL	L v	KHLAB
RDW	18.3	11.8 - 15.6 %	H ^	KHLAB
PLATELET	67	150 - 450 10E9/L	L v	KHLAB
MPV	10.7	9.4 - 12.4 fL	—	KHLAB

**COMPREHENSIVE METABOLIC PANEL [751027216]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1214** Status: **Completed**  
Ordering user: Michelle M Lovett, NP 06/18/18 1214  
Authorized by: Aasim M Sheikh, MD  
Ordering provider: Michelle M Lovett, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering  
Quantity: 1  
Lab status: Final result  
Instance released by: Michelle M Lovett, NP (auto-released) 6/18/2018 8:00 PM

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/19/18 0445



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

COMPREHENSIVE METABOLIC PANEL [751027216] (Abnormal)

Resulted: 06/19/18 0657, Result status: Final result

Ordering provider: Michelle M Lovett, NP 06/18/18 2000  
Filed by: Interface, Lab In Sunquest 06/19/18 0657  
External ID: T15476442

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/19/18 0445

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium,S	139	136 - 145 mmol/L	---	KHLAB
Potassium	3.7	3.5 - 5.1 mmol/L	---	KHLAB
Chloride	102	98 - 107 mmol/L	---	KHLAB
Co2	20	22 - 29 mmol/L	L v	KHLAB
Glucose	116	70 - 99 mg/dL	H ^	KHLAB
BUN	47	8 - 23 mg/dL	H ^	KHLAB
CREATININE,S	1.84	0.7 - 1.2 mg/dL	H ^	KHLAB
PROTEIN,TOTAL	5.9	6.4 - 8.3 g/dL	L v	KHLAB
ALBUMIN,S	2.9	3.5 - 5.2 g/dL	L v	KHLAB
CALCIUM,TOTAL	8.0	8.8 - 10.2 mg/dL	L v	KHLAB
BILIRUBIN, TOTAL	1.4	0.0 - 1.2 mg/dL	H ^	KHLAB
ALKALINE PHOS	127	40 - 129 IU/L	---	KHLAB
AST (SGOT)	406	0 - 40 IU/L	H ^	KHLAB
ALT (SGPT)	830	0 - 41 IU/L	H ^	KHLAB
GLOBULIN	3.0	2.4 - 4.0 g/dL	---	KHLAB
ANION GAP	21	12 - 20	H ^	KHLAB
GFR Non-Afric Amer	37	>59 ml/min/1.73 m2	L v	KHLAB
GFR AFRICAN AMER	44	>59 ml/min/1.73 m2	L v	KHLAB

**ACUTE HEPATITIS PROFILE [751027217]**

Electronically signed by: Michelle M Lovett, NP on 06/18/18 1214  
Ordering user: Michelle M Lovett, NP 06/18/18 1214  
Authorized by: Aasim M Sheikh, MD  
Cosigning events  
Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering  
Quantity: 1  
Instance released by: Michelle M Lovett, NP (auto-released) 6/18/2018 8:00 PM

Ordering provider: Michelle M Lovett, NP  
Ordering mode: Standard

Status: Completed

Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/19/18 0445

**ACUTE HEPATITIS PROFILE [751027217]**

Resulted: 06/19/18 1310, Result status: Final result

Ordering provider: Michelle M Lovett, NP 06/18/18 2000  
Filed by: Interface, Lab In Sunquest 06/19/18 1311  
External ID: T15476443

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	63501 06/19/18 0445

**Components**

Component	Value	Reference Range	Flag	Lab
HEPATITIS A (IGM) AB	NON-REACTIVE	NON-REACTIVE	---	CHLAB
Comment: A negative result does not exclude the possibility of exposure to Hepatitis A virus.				
HEP B SURFACE AG WITH CONF	NON-	NON-REACTIVE	---	CHLAB



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Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
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Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

Hepatitis B Core (IgM) Ab	REACTIVE NON-REACTIVE	NON-REACTIVE	—	CHLAB
Comment: IgM antibodies to HBc were not detected. This does not exclude the possibility of exposure to HBV.				
HEPATITIS C AB	NON-REACTIVE	NON-REACTIVE	—	CHLAB
Comment: PERFORMED: WHS COBB HOSP 3950 AUSTELL RD. AUSTELL, GA. 30106 DIRECTOR: MARLA J. FRANKS, M.D.				

**CBC W/O DIFFERENTIAL [751296252]**

Electronically signed by: **Samina Fakhr, MD on 06/19/18 2241** Status: **Completed**  
 Ordering user: Samina Fakhr, MD 06/19/18 2241  
 Authorized by: Samina Fakhr, MD  
 Quantity: 1  
 Instance released by: Samina Fakhr, MD (auto-released) 6/19/2018 10:41 PM  
 Ordering provider: Samina Fakhr, MD  
 Ordering mode: Standard  
 Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Blood	48186 06/20/18 0400

**CBC W/O DIFFERENTIAL [751296252] (Abnormal)**

Resulted: 06/20/18 0424, Result status: Final result

Ordering provider: Samina Fakhr, MD 06/19/18 2241  
 Filed by: Interface, Lab In Sunquest 06/20/18 0424  
 External ID: W15389252  
 Order status: Completed  
 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 Result details

**Specimen Information**

Type	Source	Collected By
Other	Blood	48186 06/20/18 0400

**Components**

Component	Value	Reference Range	Flag	Lab
WBC COUNT	11.8	3.5 - 10.5 10E9/L	H ^	KHLAB
RBC Count	2.94	4.32 - 5.72 10E12/L	L v	KHLAB
HGB	7.4	13.5 - 17.5 g/dL	L v	KHLAB
Hematocrit	24	39 - 50 %	L v	KHLAB
MCV	82	81 - 95 fL	—	KHLAB
MCH	25	26 - 34 pg	L v	KHLAB
MCHC	31	32 - 36 g/dL	L v	KHLAB
RDW	18.4	11.8 - 15.6 %	H ^	KHLAB
PLATELET	66	150 - 450 10E9/L	L v	KHLAB
MPV	10.2	9.4 - 12.4 fL	—	KHLAB

**COMPREHENSIVE METABOLIC PANEL [751296253]**

Electronically signed by: **Samina Fakhr, MD on 06/19/18 2241** Status: **Completed**  
 Ordering user: Samina Fakhr, MD 06/19/18 2241  
 Authorized by: Samina Fakhr, MD  
 Quantity: 1  
 Instance released by: Samina Fakhr, MD (auto-released) 6/19/2018 10:41 PM  
 Ordering provider: Samina Fakhr, MD  
 Ordering mode: Standard  
 Lab status: Final result

**Specimen Information**

Type	Source	Collected By
Other	Serum	48186 06/20/18 0400

**COMPREHENSIVE METABOLIC PANEL [751296253] (Abnormal)**

Resulted: 06/20/18 0447, Result status: Final result

Ordering provider: Samina Fakhr, MD 06/19/18 2241  
 Filed by: Interface, Lab In Sunquest 06/20/18 0447  
 External ID: W15389252  
 Order status: Completed  
 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 Result details

**Lab - Orders and Results (continued)**

**Specimen Information**

Type	Source	Collected By
Other	Serum	48186 06/20/18 0400

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium,S	139	136 - 145 mmol/L	---	KHLAB
Potassium	3.4	3.5 - 5.1 mmol/L	L v	KHLAB
Chloride	103	98 - 107 mmol/L	---	KHLAB
Co2	22	22 - 29 mmol/L	---	KHLAB
Glucose	113	70 - 99 mg/dL	H ^	KHLAB
BUN	35	8 - 23 mg/dL	H ^	KHLAB
CREATININE,S	1.43	0.7 - 1.2 mg/dL	H ^	KHLAB
PROTEIN,TOTAL	5.5	6.4 - 8.3 g/dL	L v	KHLAB
ALBUMIN,S	2.8	3.5 - 5.2 g/dL	L v	KHLAB
CALCIUM,TOTAL	7.3	8.8 - 10.2 mg/dL	L v	KHLAB
BILIRUBIN, TOTAL	1.5	0.0 - 1.2 mg/dL	H ^	KHLAB
ALKALINE PHOS	109	40 - 129 IU/L	---	KHLAB
AST (SGOT)	189	0 - 40 IU/L	H ^	KHLAB
ALT (SGPT)	592	0 - 41 IU/L	H ^	KHLAB
GLOBULIN	2.7	2.4 - 4.0 g/dL	---	KHLAB
ANION GAP	17	12 - 20	---	KHLAB
GFR Non-Afric Amer	49	>59 ml/min/1.73 m2	L v	KHLAB
GFR AFRICAN AMER	59	>59 ml/min/1.73 m2	L v	KHLAB

**LACTIC ACID ASSAY [751296255]**

Electronically signed by: **Samina Fakhr, MD on 06/19/18 2242**  
 Ordering user: Samina Fakhr, MD 06/19/18 2242  
 Authorized by: Samina Fakhr, MD  
 Quantity: 1  
 Instance released by: Samina Fakhr, MD (auto-released) 6/19/2018 10:42 PM

Ordering provider: Samina Fakhr, MD  
 Ordering mode: Standard  
 Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
Other	Plasma	48186 06/20/18 0400

**LACTIC ACID ASSAY [751296255]**

Resulted: 06/20/18 0442, Result status: Final result

Ordering provider: Samina Fakhr, MD 06/19/18 2242  
 Filed by: Interface, Lab in Sunquest 06/20/18 0442  
 External ID: W15389272

Order status: Completed  
 Resulting lab: WS KENNESTONE HOSPITAL LAB  
 Result details

**Specimen Information**

Type	Source	Collected By
Other	Plasma	48186 06/20/18 0400

**Components**

Component	Value	Reference Range	Flag	Lab
LACTIC ACID	1.3	0.5 - 2.2 mmol/L	---	KHLAB

Comment: NOTE REFERENCE RANGE IS FOR VENOUS SPECIMENS

**CBC W/O DIFFERENTIAL [751503306]**

Electronically signed by: **Samina Fakhr, MD on 06/20/18 1714**  
 Ordering user: Samina Fakhr, MD 06/20/18 1714  
 Authorized by: Samina Fakhr, MD  
 Quantity: 1

Ordering provider: Samina Fakhr, MD  
 Ordering mode: Standard  
 Lab status: Final result

Status: **Completed**



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

**CBC W/O DIFFERENTIAL [751503306] (continued)**

Instance released by: Samina Fakh, MD (auto-released) 6/20/2018 8:01 PM

**Specimen Information**

Type	Source	Collected By
Other	Blood	62052 06/21/18 0439

**CBC W/O DIFFERENTIAL [751503306] (Abnormal)**

Resulted: 06/21/18 0550, Result status: Final result

Ordering provider: Samina Fakh, MD 06/20/18 2001  
Filed by: Interface, Lab In Sunquest 06/21/18 0550  
External ID: H15326873

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Blood	62052 06/21/18 0439

**Components**

Component	Value	Reference Range	Flag	Lab
WBC COUNT	11.5	3.5 - 10.5 10E9/L	H ^	KHLAB
RBC Count	2.98	4.32 - 5.72 10E12/L	L v	KHLAB
HGB	7.4	13.5 - 17.5 g/dL	L v	KHLAB
Hematocrit	24	39 - 50 %	L v	KHLAB
MCV	82	81 - 95 fL	—	KHLAB
MCH	25	26 - 34 pg	L v	KHLAB
MCHC	30	32 - 36 g/dL	L v	KHLAB
RDW	18.5	11.8 - 15.6 %	H ^	KHLAB
PLATELET	81	150 - 450 10E9/L	L v	KHLAB
MPV	10.5	9.4 - 12.4 fL	—	KHLAB

**BASIC METABOLIC PANEL (7) [751503307]**

Electronically signed by: Samina Fakh, MD on 06/20/18 1714  
Ordering user: Samina Fakh, MD 06/20/18 1714  
Authorized by: Samina Fakh, MD  
Quantity: 1  
Instance released by: Samina Fakh, MD (auto-released) 6/20/2018 8:01 PM

Ordering provider: Samina Fakh, MD  
Ordering mode: Standard  
Lab status: Final result

Status: Completed

**Specimen Information**

Type	Source	Collected By
Other	Serum	62052 06/21/18 0439

**BASIC METABOLIC PANEL (7) [751503307] (Abnormal)**

Resulted: 06/21/18 0635, Result status: Final result

Ordering provider: Samina Fakh, MD 06/20/18 2001  
Filed by: Interface, Lab In Sunquest 06/21/18 0635  
External ID: H15326873

Order status: Completed  
Resulting lab: WS KENNESTONE HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
Other	Serum	62052 06/21/18 0439

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium,S	138	136 - 145 mmol/L	—	KHLAB
Potassium	3.5	3.5 - 5.1 mmol/L	—	KHLAB
Chloride	102	98 - 107 mmol/L	—	KHLAB
Co2	23	22 - 29 mmol/L	—	KHLAB
Glucose	123	70 - 99 mg/dL	H ^	KHLAB
BUN	26	8 - 23 mg/dL	H ^	KHLAB
CREATININE,S	1.17	0.7 - 1.2 mg/dL	—	KHLAB



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Lab - Orders and Results (continued)**

ANION GAP	17	12 - 20	—	KHLAB
CALCIUM, TOTAL	7.7	8.8 - 10.2 mg/dL	L ▼	KHLAB
GFR Non-Afric Amer	>60	>59 ml/min/1.73 m2	—	KHLAB
GFR AFRICAN AMER	>60	>59 ml/min/1.73 m2	—	KHLAB

**LABORATORY RESULTS [751503330]**

Electronically signed by: **Interface, Transcription Incoming on 06/25/18 2055** Status: **Completed**  
 Ordering user: Interface, Transcription Incoming 06/25/18 2055  
 Authorized by: Provider Scan  
 Frequency: -  
 Lab status: Final result

Ordering provider: Provider Scan  
 Ordering mode: Standard  
 Quantity: 1

Scan on 6/25/2018 8:55 PM (below)

**LABORATORY RESULTS [751503330]**

Resulted: 06/25/18 2055, Result status: Final result

Ordering provider: Provider Scan 06/25/18 2055  
 Filed by: Interface, Transcription Incoming 06/25/18 2058

Order status: Completed  
 Result details

**Documentation - Orders and Results**

**EKG ED DOCUMENTATION [750930077]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1507** Status: **Completed**  
 Ordering user: Douglas E Krug, MD 06/17/18 1507  
 Authorized by: Douglas E Krug, MD  
 Quantity: 1  
 Instance released by: Douglas E Krug, MD 6/17/2018 3:07 PM  
 Order comments: This order was created via procedure documentation

Ordering provider: Douglas E Krug, MD  
 Ordering mode: Standard  
 Lab status: Final result

**EKG ED DOCUMENTATION [750930077]**

Resulted: 06/17/18 1506, Result status: Final result

Ordering provider: Douglas E Krug, MD 06/17/18 1507  
 Filed by: Douglas E Krug, MD 06/22/18 0902

Order status: Completed  
 Result details

Narrative:  
 Douglas E Krug, MD 6/22/2018 9:02 AM  
 ECG 12 Lead

Date/Time: 6/17/2018 3:07 PM  
 Performed by: KRUG, DOUGLAS E  
 Authorized by: KRUG, DOUGLAS E  
 Interpreted by ED physician  
 Comparison: compared with previous ECG from 3/28/2018  
 Rhythm: sinus bradycardia  
 Rate: bradycardic  
 QRS axis: left  
 ST Depression: I, II, aVL, V2, V3, V4 and V6  
 T depression: I, aVL, II, V2, V3, V4, V5 and V6  
 Clinical impression: abnormal ECG

Acknowledged by: Samina Fakhr, MD on 06/22/18 0903

**Diet - Orders and Results**

**DIET, NPO [750930097]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1611** Status: **Discontinued**  
 Ordering user: Douglas E Krug, MD 06/17/18 1611  
 Authorized by: Douglas E Krug, MD  
 Quantity: 1  
 Instance released by: Douglas E Krug, MD (auto-released) 6/17/2018 4:11 PM

Ordering provider: Douglas E Krug, MD  
 Ordering mode: Standard  
 Diet: NPO  
 Discontinued by: Naomi W Muhia, NP 06/17/18 2224



WS Kennestone Hospital  
677 Church Street  
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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Diet - Orders and Results (continued)**

**DIET, NPO [750930097] (continued)**

**DIET, CARDIAC [750942934]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719  
 Authorized by: Nega B Gebremariam, MD  
 Ordering provider: Naomi W Muhia, NP  
 Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0958 for Ordering  
 Quantity: 1  
 Instance released by: Amy Feltz, RN (auto-released) 6/17/2018 10:24 PM  
 Diet: Cardiac  
 Discontinued by: Automatic Discharge Provider 06/21/18 1558 [Patient Discharge]

**DIET, NPO [751027198]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1215** Status: **Discontinued**  
 Ordering user: Michelle M Lovett, NP 06/18/18 1215  
 Authorized by: Aasim M Sheikh, MD  
 Ordering provider: Michelle M Lovett, NP  
 Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Ordering  
 Frequency: Routine Effective Midnight 06/20/18 - Until Specified  
 Diet: NPO  
 Quantity: 1  
 Discontinued by: Automatic Transfer Provider 06/19/18 1410 [Patient Transfer]  
 Released by: Pamela Y Mott, RN 06/19/18 1125  
 Acknowledged: Pamela Y Mott, RN 06/19/18 1125 for Placing Order Janet Ian, RN 06/19/18 1410 for D/C Order

**Questionnaire**

Question	Answer
Medications Allowed?	Whole with sips of water

**Medications - Orders and Results**

**sodium chloride 0.9% (NS) infusion [749935521]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1505** Status: **Discontinued**  
 Ordering user: Douglas E Krug, MD 06/17/18 1505  
 Authorized by: Douglas E Krug, MD  
 Ordering provider: Douglas E Krug, MD  
 Ordering mode: Standard  
 Frequency: STAT Continuous 06/17/18 1515 - 06/18/18 2208  
 Discontinued by: Monique Walcott V, MD 06/18/18 2208  
 Acknowledged: Raquel Gil-Trani, RN 06/17/18 1510 for Placing Order Renata Marques-Bryant, RN 06/18/18 2223 for D/C Order  
 Package: 0409-7983-09  
 Status  
 Raquel Gil-Trani, RN 06/17/18 1533 (End: Until discontinued to 06/18/18 2208)

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/18/18 2208	Monique Walcott V, MD	Monique Walcott V, MD	Monique Walcott V, MD
06/17/18 1505	Douglas E Krug, MD	Douglas E Krug, MD	Douglas E Krug, MD

**sodium chloride 0.9 % (NS) flush [749935524]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1505** Status: **Discontinued**  
 Ordering user: Douglas E Krug, MD 06/17/18 1505  
 Authorized by: Nega B Gebremariam, MD  
 Ordering provider: Douglas E Krug, MD  
 Ordering mode: Standard  
 PRN reasons: line care  
 Frequency: Routine Q1 min PRN 06/17/18 1505 - 06/21/18 1553  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Raquel Gil-Trani, RN 06/17/18 1510 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order  
 Admin instructions: INT Flush  
 Package: 8290-306547

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Douglas E Krug, MD	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Douglas E Krug, MD	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Douglas E Krug, MD	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 1505	Douglas E Krug, MD	Douglas E Krug, MD	Douglas E Krug, MD





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**Medications - Orders and Results (continued)**

**sodium chloride 0.9 % (NS) flush [750930090]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1611**  
Ordering user: Douglas E Krug, MD 06/17/18 1611  
Authorized by: Nega B Gebremariam, MD  
PRN reasons: line care  
Frequency: Routine Q1 min PRN 06/17/18 1610 - 06/21/18 1553

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]

Acknowledged: Brian J Rooney, RN 06/17/18 1616 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order  
Morgan Stull, RN 06/20/18 1528 for Placing Order  
Admin instructions: INT Flush  
Package: 8290-306547

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Douglas E Krug, MD	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Douglas E Krug, MD	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Douglas E Krug, MD	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 1611	Douglas E Krug, MD	Douglas E Krug, MD	Douglas E Krug, MD

**diphtheria-pertussis (acell)-tetanus (BOOSTRIX) IM suspension [750930092]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1611**  
Ordering user: Douglas E Krug, MD 06/17/18 1611  
Authorized by: Douglas E Krug, MD  
Frequency: Routine Once at 10AM 06/18/18 1000 - 1 occurrence  
Acknowledged: Brian J Rooney, RN 06/17/18 1616 for Placing Order Brian J Rooney, RN 06/17/18 1616 for D/C Order  
Admin instructions: \*\*Adult and adolescent use only\*\*  
Package: 58160-842-11

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard  
Discontinued by: Douglas E Krug, MD 06/17/18 1613

Status: **Discontinued**

**piperacillin-tazobactam (ZOSYN) 4.5 g in NS 100 mL IVPB (w/adaptor) [750930101]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1613**  
Ordering user: Douglas E Krug, MD 06/17/18 1613  
Authorized by: Douglas E Krug, MD  
Frequency: STAT Once 06/17/18 1615 - 1 occurrence  
Acknowledged: Brian J Rooney, RN 06/17/18 1616 for Placing Order

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard

Status: **Completed**

**Questionnaire**

Question	Answer
Reason for Ordering Antimicrobial:	Other - Required to state in comments *** Comment - ED DOSE
Expected days of therapy:	1

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
piperacillin-tazobactam (ZOSYN)	4.5 g	4.5 g
sodium chloride (NS) 0.9 %	100 mL	100 mL

Admin instructions: Use adaptor to add medication vial(s) to IV bag  
Package: 0781-3114-91, 0409-7984-23

**vancomycin (VANCOCIN) 1,500 mg in NS 250 mL IVPB [750930102]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1613**  
Ordering user: Douglas E Krug, MD 06/17/18 1613  
Authorized by: Douglas E Krug, MD  
Frequency: STAT Once 06/17/18 1615 - 1 occurrence  
Acknowledged: Brian J Rooney, RN 06/17/18 1616 for Placing Order

Ordering provider: Douglas E Krug, MD  
Ordering mode: Standard

Status: **Completed**

**Questionnaire**

Question	Answer
Reason for Ordering Antimicrobial:	Other - Required to state in comments *** Comment - ED DOSE
Expected days of therapy:	1

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
vancomycin (VANCOCIN)	1,500 mg	1,500 mg
sodium chloride (NS) 0.9 %	250 mL	250 mL

Admin instructions: Enter ancillary consult for pharmacy to dose.



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**Medications - Orders and Results (continued)**

**vancomycin (VANCOGIN) 1,500 mg in NS 250 mL IVPB [750930102] (continued)**

Package: 67457-340-01, 0409-7983-02  
Status  
Jenna S Jewett, RPH 06/17/18 1624 (Rate: 125 mL/hr to 83.3 mL/hr)

**pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % (NS) injection [750930113]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1615** Status: **Completed**  
Ordering user: Douglas E Krug, MD 06/17/18 1615 Ordering provider: Douglas E Krug, MD  
Authorized by: Douglas E Krug, MD Ordering mode: Standard  
Frequency: Routine Once 06/17/18 1630 - 1 occurrence  
Acknowledged: Brian J Rooney, RN 06/17/18 1616 for Placing Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
pantoprazole (PROTONIX)	40 mg	40 mg
sodium chloride 0.9 % (PF) (NS)	10 mL	10 mL

Admin instructions: Dilute each 40mg vial with 10 mL 0.9 % NaCl and give IV over 2 minutes.  
Package: 55150-202-00, 63323-186-10

**pantoprazole (PROTONIX) 80 mg in sodium chloride 0.9 % (NS) injection [750930120]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1650** Status: **Completed**  
Ordering user: Douglas E Krug, MD 06/17/18 1650 Ordering provider: Douglas E Krug, MD  
Authorized by: Douglas E Krug, MD Ordering mode: Standard  
Frequency: STAT Once 06/17/18 1700 - 1 occurrence  
Acknowledged: Brian J Rooney, RN 06/17/18 1652 for Placing Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
pantoprazole (PROTONIX)	80 mg	80 mg
sodium chloride 0.9 % (PF) (NS)	20 mL	20 mL

Admin instructions: Administer IV push over at least 2 minutes.  
Dilute each 40mg vial with 10 mL 0.9 % NaCl and give IV over 2 minutes.  
Package: 0008-0923-51, 63323-186-10

**pantoprazole (PROTONIX) in NS 40 mg/100 mL NS (0.4 mg/mL) infusion (w/adapter) [750930121]**

Electronically signed by: **Douglas E Krug, MD on 06/17/18 1650** Status: **Discontinued**  
Ordering user: Douglas E Krug, MD 06/17/18 1650 Ordering provider: Douglas E Krug, MD  
Authorized by: Douglas E Krug, MD Ordering mode: Standard  
Frequency: STAT Continuous 06/17/18 1700 - 06/19/18 1411 Discontinued by: Sohail Asfandiyar, MD 06/19/18 1411 [(Patient Transfer - Internal Use Only)]  
Acknowledged: Brian J Rooney, RN 06/17/18 1652 for Placing Order Janet Ian, RN 06/19/18 1411 for D/C Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
pantoprazole (PROTONIX)	40 mg	40 mg
sodium chloride (NS) 0.9 %	100 mL	100 mL

Admin instructions: Use the "pantoprazole" IV pump entry -- defaults to 8 mg/hr starting dose.  
Package: 0008-0941-01, 0409-7984-23

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/19/18 1411	Sohail Asfandiyar, MD	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 1650	Douglas E Krug, MD	Douglas E Krug, MD	Douglas E Krug, MD

**cyanocobalamin, vitamin B-12, (VITAMIN B12 ORAL) [750942921] Patient-reported historical medication**

Ordering date: 06/17/18 1734 Authorized by: Historical Provider, MD  
Ordering mode: Standard  
Frequency: Routine Daily - Until Discontinued

**acetaminophen (TYLENOL) tablet [750940212]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**



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**Medications - Orders and Results (continued)**

**acetaminophen (TYLENOL) tablet [750940212] (continued)**

Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Nega B Gebremariam, MD  
PRN reasons: mild pain (1-3) headaches fever  
PRN Comment: fever greater than 101 degrees F.  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
Frequency: Routine Q6H PRN 06/17/18 2224 - 06/21/18 1553  
Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
Admin instructions: Maximum dose of acetaminophen per 24 hours in adults: 3 grams  
Package: 0904-1982-80

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Released by: Amy Feltz, RN 06/17/18 2224

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1719	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [750940213]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1719  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Nega B Gebremariam, MD  
PRN reasons: moderate pain (4-7)  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
Frequency: Routine Q6H PRN 06/17/18 2224 - 06/21/18 1553  
Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
Admin instructions: Maximum dose of acetaminophen per 24 hours for adults: 3 grams.  
Document pain score assessment before & after administering medication.  
Package: 0904-6567-61

Status: **Discontinued**

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Released by: Amy Feltz, RN 06/17/18 2224

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1719	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**morphine syringe 2 mg/mL [750940214]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1719  
Ordering user: Naomi W Muhia, NP 06/17/18 1719  
Authorized by: Nega B Gebremariam, MD  
PRN reasons: severe pain (8-10)  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
Frequency: Routine Q3H PRN 06/17/18 2224 - 06/21/18 1553  
Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
Admin instructions: Caution: Sound alike/look alike medication.  
Document pain score assessment before & after administering medication.  
Package: 0000-0054-70

Status: **Discontinued**

Ordering provider: Naomi W Muhia, NP  
Ordering mode: Standard

Released by: Amy Feltz, RN 06/17/18 2224

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1719	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP



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**Medications - Orders and Results (continued)**

**morphine syringe 2 mg/mL [750940214] (continued)**

**ondansetron (ZOFTRAN-ODT) disintegrating tablet [750940216]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 PRN reasons: nausea vomiting  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine Q8H PRN 06/17/18 2224 - 06/21/18 1553 Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Package: 0378-7732-93

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1719	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**calcium carbonate (TUMS) chewable tablet [750940218]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 PRN reasons: indigestion heartburn  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine TID PRN 06/17/18 2224 - 06/21/18 1553 Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Admin instructions: **\*\*Dosed in Calcium carbonate/tablet = 200 mg elemental Calcium\*\***  
 Package: 66553-004-01

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1719	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**dextrose 40% (GLUTOSE) 40 % gel [750942896]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1721** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1721 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 PRN reasons: low blood sugar  
 PRN Comment: less than 70 mg/dL if patient is awake and able to swallow per hypoglycemia protocol.  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine Q15 Min PRN 06/17/18 2224 - 06/21/18 1553 Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Admin instructions: Treat per hypoglycemia protocol for blood glucose less than 70mg/dL.  
 If blood glucose 50 - 69 mg/dL, give 1 tube.  
 If blood glucose below 50 mg/dL, give 2 tubes.  
 Package: 0574-0070-30

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN



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**Medications - Orders and Results (continued)**

**dextrose 40% (GLUCOSE) 40 % gel [750942896] (continued)**

06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1721	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**dextrose 50 % in water (D50W) IV syringe [750942897]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1721** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1721 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 PRN reasons: low blood sugar  
 PRN Comment: less than 70 mg/dL if patient NPO, unresponsive or unable to swallow AND has IV access per hypoglycemia protocol.  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine Q15 Min PRN 06/17/18 2224 - 06/21/18 1553 Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Admin instructions: Treat per hypoglycemia protocol for blood glucose less than 70mg/dL.  
 Administer at 3 mL/minute based on BBG value. Use formula: (100 - BBG) x 0.4 = mL of D50W.  
 Package: 0409-7517-16

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1721	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**glucagon (GLUCAGEN) injection 1 mg/mL [750942898]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1721** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1721 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 PRN Comment: blood glucose less than 70 mg/dL if patient is NPO, unresponsive or unable to swallow AND no IV access per hypoglycemia protocol.  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine Once PRN 06/17/18 2224 - 1 occurrence Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Admin instructions: Treat per hypoglycemia protocol for blood glucose less than 70mg/dL.  
 Position patient on side after administering to prevent aspiration. DO NOT REPEAT GLUCAGON WITHOUT PHYSICIAN ORDER. Immediately establish IV access.  
 Package: 55390-004-01

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1721	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**insulin lispro (HumaLOG) injection [750942900]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1721** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1721 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine AC&HS 06/18/18 0730 - 06/21/18 1553 Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Admin instructions: Average - Medium insulin resistance defined as BMI 25 - 30 and/or patient on 50 - 90 units insulin per day



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Inpatient Record

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**Medications - Orders and Results (continued)**

**insulin lispro (HumaLOG) injection [750942900] (continued)**

DO NOT HOLD IF NPO. GIVE HALF OF CORRECTION DOSE BETWEEN 2100 and 0500.

POCT Glucose (BBG) Range: 141 - 160 mg/dL = 1 unit

POCT Glucose (BBG) Range: 161 - 200 mg/dL = 2 units

POCT Glucose (BBG) Range: 201 - 250 mg/dL = 4 units

POCT Glucose (BBG) Range: 251 - 300 mg/dL = 6 units

POCT Glucose (BBG) Range: 301 - 350 mg/dL = 8 units

POCT Glucose (BBG) Range: 351 - 400 mg/dL = 10 units

If POCT Glucose greater than 400mg/dL, repeat POCT Glucose. If repeat POCT

Glucose remains greater than 400mg/dL, notify physician & obtain lab

specimen for confirmation. Once confirmed as greater than 400 mg/dL give

12 units.

For sub-Q use only (into the abdominal wall, thigh, or upper arm); should

not be administered IV.

Place waste in BLACK hazardous container.

Package: 0002-7510-17

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakhr, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1721	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**furosemide (LASIX) injection 10 mg/mL [750942911]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724**

Ordering user: Naomi W Muhia, NP 06/17/18 1724

Authorized by: Naomi W Muhia, NP

Cosigning events

Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering

Frequency: Routine Once 06/17/18 2300 - 1 occurrence

Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order

Admin instructions: Administer after transfusion of first unit.

Package: 0409-6102-36

Ordering provider: Naomi W Muhia, NP

Ordering mode: Standard

Status: **Completed**

Released by: Amy Feltz, RN 06/17/18 2224

**acetaminophen (TYLENOL) tablet [750942912]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724**

Ordering user: Naomi W Muhia, NP 06/17/18 1724

Authorized by: Naomi W Muhia, NP

Cosigning events

Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering

Frequency: Routine PreMed 06/17/18 2300 - 1 occurrence

Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order

Admin instructions: Give once prior to transfusion.

Maximum dose of acetaminophen per 24 hours in adults: 3 grams

Package: 0904-1982-61

Ordering provider: Naomi W Muhia, NP

Ordering mode: Standard

Status: **Completed**

Released by: Amy Feltz, RN 06/17/18 2224

**diphenhydramine (BENADRYL) injection 50 mg/mL [750942913]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1724**

Ordering user: Naomi W Muhia, NP 06/17/18 1724

Authorized by: Naomi W Muhia, NP

Cosigning events

Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering

Frequency: Routine PreMed 06/17/18 2300 - 1 occurrence

Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order

Admin instructions: Give once prior to transfusion.

\*\*Caution: Sound alike/look alike medication\*\*

Package: 63323-664-01

Ordering provider: Naomi W Muhia, NP

Ordering mode: Standard

Status: **Completed**

Released by: Amy Feltz, RN 06/17/18 2224

**carvedilol (COREG) tablet [750942914]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1730**

Ordering user: Naomi W Muhia, NP 06/17/18 1730

Authorized by: Naomi W Muhia, NP

Cosigning events

Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering

Frequency: Routine BID w/ meals 06/18/18 0800 - 06/17/18 2354

Ordering provider: Naomi W Muhia, NP

Ordering mode: Standard

Status: **Discontinued**

Released by: Amy Feltz, RN 06/17/18 2224



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**Medications - Orders and Results (continued)**

**carvedilol (COREG) tablet [750942914] (continued)**

Discontinued by: Charu G Prakash, MD 06/17/18 2354  
Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Renata Marques-Bryant, RN 06/18/18 0010 for D/C Order  
Admin instructions: Hold for Sbp < 110 or HR < 50  
Package: 0904-6302-61  
Reordered from: carvedilol (COREG) 6.25 MG tablet [746564152]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/17/18 2354	Charu G Prakash, MD	Charu G Prakash, MD	Charu G Prakash, MD
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1730	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**atorvastatin (LIPITOR) tablet [750942915]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1730 Status: **Discontinued**  
Ordering user: Naomi W Muhia, NP 06/17/18 1730 Ordering provider: Naomi W Muhia, NP  
Authorized by: Naomi W Muhia, NP Ordering mode: Standard  
Cosigning events  
1. Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
2. Electronically cosigned by Aasim M Sheikh, MD 06/19/18 2354 for Discontinuing  
Frequency: Routine Nightly 06/17/18 2300 - 06/18/18 1214 Released by: Amy Feltz, RN 06/17/18 2224  
Discontinued by: Michelle M Lovett, NP 06/18/18 1214  
Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/18/18 1232 for D/C Order  
Admin instructions: Concurrent use of atorvastatin (LIPITOR) and GRAPEFRUIT JUICE may result in increased bioavailability of atorvastatin resulting in an increased risk of myopathy or rhabdomyolysis.  
Package: 50268-096-11  
Reordered from: atorvastatin (LIPITOR) 80 MG tablet [720826907]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/18/18 1214	Michelle M Lovett, NP	Michelle M Lovett, NP	Michelle M Lovett, NP
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1730	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**furosemide (LASIX) tablet [750942918]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1730 Status: **Discontinued**  
Ordering user: Naomi W Muhia, NP 06/17/18 1730 Ordering provider: Naomi W Muhia, NP  
Authorized by: Naomi W Muhia, NP Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
Frequency: Routine BID 06/17/18 2300 - 06/17/18 2347 Released by: Amy Feltz, RN 06/17/18 2224  
Discontinued by: Charu G Prakash, MD 06/17/18 2347  
Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Renata Marques-Bryant, RN 06/18/18 0010 for D/C Order Morgan Stull, RN 06/20/18 1358 for D/C Order  
Package: 51079-072-01  
Reordered from: furosemide (LASIX) 20 MG tablet [746564149]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/17/18 2347	Charu G Prakash, MD	Charu G Prakash, MD	Charu G Prakash, MD
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1730	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**isosorbide mononitrate (IMDUR) 24 hr tablet [750942919]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1730 Status: **Discontinued**  
Ordering user: Naomi W Muhia, NP 06/17/18 1730 Ordering provider: Naomi W Muhia, NP  
Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
Frequency: Routine BID 06/17/18 2300 - 06/21/18 1553 Released by: Amy Feltz, RN 06/17/18 2224  
Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
Package: 68084-592-11  
Reordered from: isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet [720826911]



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**Medications - Orders and Results (continued)**

**isosorbide mononitrate (IMDUR) 24 hr tablet [750942919] (continued)**

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakhr, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1730	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**nitroglycerin (NITROSTAT) SL tablet [750942920]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1730** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1730 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 PRN reasons: chest pain  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine Q5 Min PRN 06/17/18 2224 - 06/21/18 1553 Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Admin instructions: x 3 doses. Notify MD if no relief after 3 doses.  
 Package: 0071-0418-13  
 Reordered from: nitroglycerin (NITROSTAT) 0.4 MG SL tablet [717984945]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakhr, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1730	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**sodium chloride 0.9 % (NS) flush [750940184]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 PRN reasons: line care  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine Q1 min PRN 06/17/18 2224 - 06/21/18 1553 Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Admin instructions: INT Flush  
 Package: 8290-306547

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakhr, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1719	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**polyethylene glycol (GLYCOLAX,MIRALAX) packet [750940215]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 PRN reasons: constipation  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine Daily PRN 06/17/18 2224 - 06/21/18 1553 Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing





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**Medications - Orders and Results (continued)**

**polyethylene glycol (GLYCOLAX,MIRALAX) packet [750940215] (continued)**

Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
Admin instructions: Mix with 8 ounces of water.  
Package: 11523-7234-1

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakhr, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1719	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**ondansetron (PF) (ZOFTRAN) injection 2 mg/mL [750940217]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 PRN reasons: nausea vomiting  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine Q8H PRN 06/17/18 2224 - 06/21/18 1553 Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Package: 36000-012-25

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Naomi W Muhia, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Naomi W Muhia, NP	Samina Fakhr, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1719	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**pantoprazole (PROTONIX) in NS 40 mg/100 mL NS (0.4 mg/mL) infusion (w/adaptor) [750940220]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Naomi W Muhia, NP Ordering mode: Standard  
 Cosigning events  
 Administratively closed for Charu G Prakash, MD for Ordering  
 Cosign requirement was administratively closed by Dipen B Patel, RPH on 06/17/18 2228. Reason - See Medication Cancel Reason Category  
 Frequency: Routine Continuous 06/17/18 2300 - 06/17/18 2228 Released by: Amy Feltz, RN 06/17/18 2224  
 Discontinued by: Dipen B Patel, RPH 06/17/18 2228 [Duplicate order - will NOT appear as Stop Taking on the Office Visit AVS ]  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Renata Marques-Bryant, RN 06/17/18 2233 for D/C Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
pantoprazole (PROTONIX)	40 mg	40 mg
sodium chloride (NS) 0.9 %	100 mL	100 mL

Admin instructions: Use the "pantoprazole" IV pump entry -- defaults to 8 mg/hr starting dose.

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/17/18 2228	Charu G Prakash, MD	Charu G Prakash, MD	Dipen B Patel, RPH
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1719	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**piperacillin-tazobactam (ZOSYN) 4.5 g in NS 100 mL IVPB (w/adaptor) [750940221]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1719** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1719 Ordering provider: Naomi W Muhia, NP  
 Authorized by: Sohail Asfandiyar, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine Q8H 06/18/18 0200 - 06/19/18 1533 Released by: Amy Feltz, RN 06/17/18 2224



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**Medications - Orders and Results (continued)**

**piperacillin-tazobactam (ZOSYN) 4.5 g in NS 100 mL IVPB (w/adaptor) [750940221] (continued)**

Discontinued by: Brian Tucker, RPH 06/19/18 1533 [Alternate medication prescribed]

Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Janet Ian, RN 06/19/18 1538 for D/C Order

**Questionnaire**

Question	Answer
Reason for Ordering Antimicrobial:	UTI - Urinary Tract Infection
Expected days of therapy:	7

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
piperacillin-tazobactam (ZOSYN)	4.5 g	4.5 g
sodium chloride (NS) 0.9 %	100 mL	100 mL

Admin instructions: Use adaptor to add medication vial(s) to IV bag

Package: 25021-166-48, 0409-7984-37

Status

Dipen B Patel, RPH 06/17/18 2229 (Start: 06/17/18 2300 to 06/18/18 0200)

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/19/18 1533	Sohail Asfandiyar, MD	Sohail Asfandiyar, MD	Brian Tucker, RPH
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1719	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**sodium chloride 0.9% (NS) bolus 250 mL [750942907]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1724

Status: **Discontinued**

Ordering user: Naomi W Muhia, NP 06/17/18 1724

Ordering provider: Naomi W Muhia, NP

Authorized by: Sohail Asfandiyar, MD

Ordering mode: Standard

PRN Comment: blood transfusion

Cosigning events

Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering

Released by: Amy Feltz, RN 06/17/18 2224

Frequency: Routine PRN 06/17/18 2224 - 06/20/18 1054

Discontinued by: Samina Fakh, MD 06/20/18 1054

Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for D/C

Order

Package: 0409-7983-02

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1054	Samina Fakh, MD	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1411	Naomi W Muhia, NP	Sohail Asfandiyar, MD	Janet Ian, RN
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1724	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**ramipril (ALTACE) capsule [750942916]**

Electronically signed by: Naomi W Muhia, NP on 06/17/18 1730

Status: **Discontinued**

Ordering user: Naomi W Muhia, NP 06/17/18 1730

Ordering provider: Naomi W Muhia, NP

Authorized by: Naomi W Muhia, NP

Ordering mode: Standard

Cosigning events

Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering

Released by: Amy Feltz, RN 06/17/18 2224

Frequency: Routine BID 06/17/18 2300 - 06/18/18 1028

Discontinued by: Dhaval G Patel, MD 06/18/18 1028

Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/18/18 1029 for D/C Order

Admin instructions: Hold for Sbp < 120

Package: 68084-267-11

Reordered from: ramipril (ALTACE) 10 MG capsule [720826912]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/18/18 1028	Dhaval G Patel, MD	Dhaval G Patel, MD	Dhaval G Patel, MD
06/18/18 1028	Naomi W Muhia, NP	Dhaval G Patel, MD	Dhaval G Patel, MD
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1730	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP



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**Medications - Orders and Results (continued)**

**sotalol (BETAPACE) tablet 80 mg [750942917]**

Electronically signed by: **Naomi W Muhia, NP on 06/17/18 1730** Status: **Discontinued**  
 Ordering user: Naomi W Muhia, NP 06/17/18 1730  
 Authorized by: Naomi W Muhia, NP  
 Ordering provider: Naomi W Muhia, NP  
 Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Charu G Prakash, MD 06/18/18 0959 for Ordering  
 Frequency: Routine BID 06/17/18 2300 - 06/18/18 0824  
 Discontinued by: Dhaval G Patel, MD 06/18/18 0824  
 Released by: Amy Feltz, RN 06/17/18 2224  
 Acknowledged: Renata Marques-Bryant, RN 06/17/18 2233 for Placing Order Janet Ian, RN 06/18/18 0841 for D/C Order  
 Admin instructions: Contraindicated for CrCl less than 40.  
 Package: 68084-654-11  
 Reordered from: sotalol (BETAPACE) 80 MG tablet [733317879]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/18/18 0824	Dhaval G Patel, MD	Dhaval G Patel, MD	Dhaval G Patel, MD
06/17/18 2224	Naomi W Muhia, NP	Naomi W Muhia, NP	Amy Feltz, RN
06/17/18 1730	Naomi W Muhia, NP	Naomi W Muhia, NP	Naomi W Muhia, NP

**furosemide (LASIX) injection 10 mg/mL [750969677]**

Electronically signed by: **Charu G Prakash, MD on 06/17/18 2347** Status: **Discontinued**  
 Ordering user: Charu G Prakash, MD 06/17/18 2347  
 Authorized by: Charu G Prakash, MD  
 Ordering provider: Charu G Prakash, MD  
 Ordering mode: Standard  
 Frequency: Routine BID: 0900 1700 06/18/18 0900 - 06/18/18 0856  
 Discontinued by: Dhaval G Patel, MD 06/18/18 0856  
 Acknowledged: Renata Marques-Bryant, RN 06/18/18 0010 for Placing Order Janet Ian, RN 06/18/18 0903 for D/C Order  
 Package: 63323-280-04

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/18/18 0856	Dhaval G Patel, MD	Dhaval G Patel, MD	Dhaval G Patel, MD
06/17/18 2347	Charu G Prakash, MD	Charu G Prakash, MD	Charu G Prakash, MD

**carvedilol (COREG) tablet [750969678]**

Electronically signed by: **Charu G Prakash, MD on 06/17/18 2354** Status: **Discontinued**  
 Ordering user: Charu G Prakash, MD 06/17/18 2354  
 Authorized by: Charu G Prakash, MD  
 Ordering provider: Charu G Prakash, MD  
 Ordering mode: Standard  
 Frequency: Routine BID w/ meals 06/18/18 0800 - 06/18/18 0850  
 Discontinued by: Dhaval G Patel, MD 06/18/18 0850  
 Acknowledged: Renata Marques-Bryant, RN 06/18/18 0010 for Placing Order Janet Ian, RN 06/18/18 0903 for D/C Order  
 Admin instructions: Hold for Sbp < 110 or HR < 50  
 Package: 51079-930-01  
 Modified from: carvedilol (COREG) tablet [750942914]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/18/18 0850	Dhaval G Patel, MD	Dhaval G Patel, MD	Dhaval G Patel, MD
06/17/18 2354	Charu G Prakash, MD	Charu G Prakash, MD	Charu G Prakash, MD

**sotalol (BETAPACE) tablet 40 mg [750969696]**

Electronically signed by: **Dhaval G Patel, MD on 06/18/18 0824** Status: **Discontinued**  
 Ordering user: Dhaval G Patel, MD 06/18/18 0824  
 Authorized by: Nega B Gebremariam, MD  
 Ordering provider: Dhaval G Patel, MD  
 Ordering mode: Standard  
 Frequency: Routine BID 06/18/18 0900 - 06/21/18 1553  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Janet Ian, RN 06/18/18 0841 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Admin instructions: Contraindicated for CrCl less than 40.  
 Package: 68084-654-11  
 Modified from: sotalol (BETAPACE) tablet 80 mg [750942917]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Dhaval G Patel, MD	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Dhaval G Patel, MD	Samina Fakhri, MD	Carrie E Walker, NP
06/19/18 1411	Dhaval G Patel, MD	Sohail Asfandiyar, MD	Janet Ian, RN
06/18/18 0824	Dhaval G Patel, MD	Dhaval G Patel, MD	Dhaval G Patel, MD



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**Medications - Orders and Results (continued)**

**sotalol (BETAPACE) tablet 40 mg [750969696] (continued)**

**sodium chloride (NS) 0.9 % infusion [751027191]**

Electronically signed by: **Interface, Ads Dispense on 06/18/18 0856** Status: **Discontinued**  
 Ordering user: Interface, Ads Dispense 06/18/18 0856 Ordering mode: Standard  
 Frequency: 06/18/18 0856 - 1 occurrence Discontinued by: Monique Walcott V, MD 06/18/18 2208  
 Acknowledged: Renata Marques-Bryant, RN 06/18/18 2223 for D/C Order  
 Admin instructions: Gervase, Dee: cabinet override  
 Medication comments: Gervase, Dee: cabinet override

**sodium chloride 0.9% (NS) infusion [751027230]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
 Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 PRN reasons: other  
 PRN Comment: IV maintenance  
 Frequency: Routine Continuous PRN 06/19/18 1125 - 06/21/18 1553 Released by: Pamela Y Mott, RN 06/19/18 1125  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Pamela Y Mott, RN 06/19/18 1125 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Admin instructions: Does not need to be on IV pump.  
 Package: 0409-7983-09

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Grace S Kim, MD	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Grace S Kim, MD	Samina Fakhr, MD	Carrie E Walker, NP
06/19/18 1125	Grace S Kim, MD	Grace S Kim, MD	Pamela Y Mott, RN
06/19/18 1042	Grace S Kim, MD	Grace S Kim, MD	Grace S Kim, MD

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [751027231]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
 Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
 Authorized by: Grace S Kim, MD Ordering mode: Standard  
 PRN reasons: severe pain (8-10)  
 Frequency: Routine Q10 Min PRN 06/19/18 1125 - 4 occurrences Released by: Pamela Y Mott, RN 06/19/18 1125  
 Discontinued by: Automatic Transfer Provider 06/19/18 1410 [(Patient Transfer - Internal Use Only)]  
 Acknowledged: Pamela Y Mott, RN 06/19/18 1125 for Placing Order Janet Ian, RN 06/19/18 1410 for D/C Order  
 Admin instructions: If ineffective (VAS greater than 7) after 4 doses, progress to hydromorphone (Dilaudid) for Severe Pain (8-10) or contact MD.  
 Caution: Sound alike/look alike medication.  
 Document pain score assessment before & after administering medication.  
 Package: 0000-0055-28

**ondansetron (PF) (ZOFTRAN) injection 2 mg/mL [751027233]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
 Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
 Authorized by: Grace S Kim, MD Ordering mode: Standard  
 PRN reasons: nausea  
 PRN Comment: If not given in OR  
 Frequency: Routine Once PRN 06/19/18 1125 - 1 occurrence Released by: Pamela Y Mott, RN 06/19/18 1125  
 Discontinued by: Automatic Transfer Provider 06/19/18 1410 [(Patient Transfer - Internal Use Only)]  
 Acknowledged: Pamela Y Mott, RN 06/19/18 1125 for Placing Order Janet Ian, RN 06/19/18 1410 for D/C Order  
 Admin instructions: May give one dose if not given in OR. If given in OR and nausea continues, proceed to promethazine (Phenergan).  
 Package: 36000-012-25



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**Medications - Orders and Results**

**metoclopramide (REGLAN) injection 5 mg/mL [751027234]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
 Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
 Authorized by: Grace S Kim, MD Ordering mode: Standard  
 PRN reasons: nausea  
 PRN Comment: if ondanestron and promethazine ineffective.  
 Frequency: Routine Once PRN 06/19/18 1125 - 1 occurrence Released by: Pamela Y Mott, RN 06/19/18 1125  
 Discontinued by: Automatic Transfer Provider 06/19/18 1410 [(Patient Transfer - Internal Use Only)]  
 Acknowledged: Pamela Y Mott, RN 06/19/18 1125 for Placing Order Janet Ian, RN 06/19/18 1410 for D/C Order  
 Admin instructions: Use ondansetron (Zofran) first. If ondansetron ineffective, may use promethazine (Phenergan). If promethazine ineffective after 2 doses, proceed to metoclopramide (Reglan). If nausea persists, contact Anesthesia.  
 \*\*Caution: Sound alike/look alike medication\*\*  
 Package: 0409-3414-01

**labetalol (NORMODYNE, TRANDATE) injection 5 mg/mL [751027235]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
 Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
 Authorized by: Grace S Kim, MD Ordering mode: Standard  
 PRN reasons: high blood pressure  
 PRN Comment: SBP greater than 180 or DBP greater than 100 and heart rate greater than 65 bpm  
 Frequency: Routine Q5 Min PRN 06/19/18 1125 - 06/19/18 1410 Released by: Pamela Y Mott, RN 06/19/18 1125  
 Discontinued by: Automatic Transfer Provider 06/19/18 1410 [(Patient Transfer - Internal Use Only)]  
 Acknowledged: Pamela Y Mott, RN 06/19/18 1125 for Placing Order Janet Ian, RN 06/19/18 1410 for D/C Order  
 Admin instructions: Give labetalol (NORMODYNE, TRANDATE) first.  
 Administer over 2 minutes. Maximum effects occur within 5 minutes of injection.  
 Package: 0409-2339-34

**hydrALAZINE (APRESOLINE) injection 20 mg/mL [751027236]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
 Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
 Authorized by: Grace S Kim, MD Ordering mode: Standard  
 PRN reasons: high blood pressure  
 PRN Comment: SBP greater than 180 or DBP greater than 100  
 Frequency: Routine Q10 Min PRN 06/19/18 1125 - 06/19/18 1410 Released by: Pamela Y Mott, RN 06/19/18 1125  
 Discontinued by: Automatic Transfer Provider 06/19/18 1410 [(Patient Transfer - Internal Use Only)]  
 Acknowledged: Pamela Y Mott, RN 06/19/18 1125 for Placing Order Janet Ian, RN 06/19/18 1410 for D/C Order  
 Admin instructions: Give as second line treatment, if labetalol (NORMODYNE, TRANDATE) ineffective or cannot be given.  
 \*\*Caution: Sound alike/look alike medication\*\*  
 Package: 39822-0500-1

**sodium chloride 0.9 % (NS) flush [751027228]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
 Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
 Authorized by: Grace S Kim, MD Ordering mode: Standard  
 PRN reasons: line care  
 Frequency: Routine Q1 min PRN 06/19/18 1125 - 06/19/18 1410 Released by: Pamela Y Mott, RN 06/19/18 1125  
 Discontinued by: Automatic Transfer Provider 06/19/18 1410 [(Patient Transfer - Internal Use Only)]  
 Acknowledged: Pamela Y Mott, RN 06/19/18 1125 for Placing Order Janet Ian, RN 06/19/18 1410 for D/C Order  
 Admin instructions: INT Flush  
 Package: 8290-306547

**sodium chloride 0.9% (NS) infusion [751027229]**

Electronically signed by: **Grace S Kim, MD on 06/19/18 1042** Status: **Discontinued**  
 Ordering user: Grace S Kim, MD 06/19/18 1042 Ordering provider: Grace S Kim, MD  
 Authorized by: Sohail Asfandiyar, MD Ordering mode: Standard  
 Frequency: Routine Continuous 06/19/18 1200 - 06/20/18 1054 Released by: Pamela Y Mott, RN 06/19/18 1125  
 Discontinued by: Samina Fakhr, MD 06/20/18 1054  
 Acknowledged: Pamela Y Mott, RN 06/19/18 1125 for Placing Order Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for D/C Order  
 Package: 0409-7983-09

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1054	Samina Fakhr, MD	Samina Fakhr, MD	Carrie E Walker, NP
06/19/18 1411	Grace S Kim, MD	Sohail Asfandiyar, MD	Janet Ian, RN



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**Medications - Orders and Results (continued)**

**sodium chloride 0.9% (NS) infusion [751027229] (continued)**

06/19/18 1125	Grace S Kim, MD	Grace S Kim, MD	Pamela Y Mott, RN
06/19/18 1042	Grace S Kim, MD	Grace S Kim, MD	Grace S Kim, MD

**sodium chloride 0.9 % (NS) flush [751027206]**

Electronically signed by: **Michelle M Lovett, NP on 06/18/18 1215** Status: **Discontinued**  
 Ordering user: Michelle M Lovett, NP 06/18/18 1215 Ordering provider: Michelle M Lovett, NP  
 Authorized by: Michelle M Lovett, NP Ordering mode: Standard  
 PRN reasons: line care  
 Cosigning events  
 Administratively closed for Aasim M Sheikh, MD for Ordering  
 Cosign requirement was administratively closed by Janet Ian, RN on 06/19/18 1410. Reason - See Medication Cancel Reason Category  
 Frequency: Routine Q1 min PRN 06/19/18 1125 - 06/19/18 1410 Released by: Pamela Y Mott, RN 06/19/18 1125  
 Discontinued by: Automatic Transfer Provider 06/19/18 1410 [(Patient Transfer - Internal Use Only)]  
 Acknowledged: Pamela Y Mott, RN 06/19/18 1125 for Placing Order Janet Ian, RN 06/19/18 1410 for D/C Order  
 Admin instructions: INT Flush  
 Package: 8290-306547

**pantoprazole (PROTONIX) EC tablet [751296239]**

Electronically signed by: **Sohail Asfandiyar, MD on 06/19/18 1324** Status: **Discontinued**  
 Ordering user: Sohail Asfandiyar, MD 06/19/18 1324 Ordering provider: Sohail Asfandiyar, MD  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 Frequency: Routine BID AC 06/19/18 1630 - 06/21/18 1553 Released by: Janet Ian, RN 06/19/18 1411  
 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Janet Ian, RN 06/19/18 1411 for Placing Order Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Admin instructions: DO NOT CRUSH OR CHEW.  
 Package: 66993-068-51

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Sohail Asfandiyar, MD	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Sohail Asfandiyar, MD	Samina Fakhr, MD	Carrie E Walker, NP
06/19/18 1411	Sohail Asfandiyar, MD	Sohail Asfandiyar, MD	Janet Ian, RN
06/19/18 1324	Sohail Asfandiyar, MD	Sohail Asfandiyar, MD	Sohail Asfandiyar, MD

**sodium chloride (NS) 0.9 % infusion [751296244]**

Electronically signed by: **Interface, Ads Dispense on 06/19/18 1447** Status: **Expired**  
 Ordering user: Interface, Ads Dispense 06/19/18 1447 Ordering mode: Standard  
 Frequency: 06/19/18 1447 - 1 occurrence  
 Admin instructions: Cook, Michelle: cabinet override  
 Medication comments: Cook, Michelle: cabinet override

**piperacillin-tazobactam (ZOSYN) 4.5 g in NS 100 mL IVPB ADD-vantage [751296245]**

Electronically signed by: **Brian Tucker, RPH on 06/19/18 1532** Status: **Discontinued**  
 Ordering user: Brian Tucker, RPH 06/19/18 1532 Ordering provider: Sohail Asfandiyar, MD  
 Authorized by: Sohail Asfandiyar, MD Ordering mode: Per protocol: no cosign required  
 Frequency: Routine Q8H 06/19/18 1600 - 06/20/18 1054 Discontinued by: Samina Fakhr, MD 06/20/18 1054  
 Acknowledged: Janet Ian, RN 06/19/18 1538 for Placing Order Morgan Stull, RN 06/20/18 1358 for D/C Order

**Questionnaire**

Question	Answer
Reason for Ordering Antimicrobial:	UTI - Urinary Tract Infection
Expected days of therapy:	7

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
piperacillin-tazobactam (ZOSYN)	4.5 g	4.5 g
sodium chloride 0.9 % (NS)	100 mL	100 mL

Package: 0409-3379-04, 0409-7101-67  
 Reordered from: piperacillin-tazobactam (ZOSYN) 4.5 g in NS 100 mL IVPB (w/adaptor) [750940221]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
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**Medications - Orders and Results (continued)**

**piperacillin-tazobactam (ZOSYN) 4.5 g in NS 100 mL IVPB ADD-vantage [751296245] (continued)**

06/20/18 1054	Samina Fakh, MD	Samina Fakh, MD	Carrie E Walker, NP
06/19/18 1532	Sohail Asfandiyar, MD	Sohail Asfandiyar, MD	Brian Tucker, RPH

**apixaban (ELIQUIS) tablet [751296258]**

Electronically signed by: **Dhaval G Patel, MD on 06/20/18 0751** Status: **Discontinued**  
 Ordering user: Dhaval G Patel, MD 06/20/18 0751 Ordering provider: Dhaval G Patel, MD  
 Authorized by: Dhaval G Patel, MD Ordering mode: Standard  
 Frequency: Routine BID 06/20/18 0900 - 06/20/18 0905 Discontinued by: Dhaval G Patel, MD 06/20/18 0905  
 Acknowledged: Dolores Gervase, RN 06/20/18 0759 for Placing Order Dolores Gervase, RN 06/20/18 1016 for D/C Order  
 Admin instructions: PAF  
 Package: 0003-0894-31  
 Status  
 William C Crew, PharmD 06/20/18 0753 (Admin Instructions edited)

**sodium chloride (NS) 0.9 % infusion [751296259]**

Electronically signed by: **Interface, Ads Dispense on 06/20/18 0816** Status: **Discontinued**  
 Ordering user: Interface, Ads Dispense 06/20/18 0816 Ordering mode: Standard  
 Frequency: 06/20/18 0816 - 1 occurrence Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Admin instructions: Gervase, Dee: cabinet override  
 Medication comments: Gervase, Dee: cabinet override  
 Package: 0409-7984-23

**furosemide (LASIX) tablet [751503300]**

Electronically signed by: **Carrie E Walker, NP on 06/20/18 1054** Status: **Discontinued**  
 Ordering user: Carrie E Walker, NP 06/20/18 1054 Ordering provider: Carrie E Walker, NP  
 Authorized by: Nega B Gebremariam, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Samina Fakh, MD 06/20/18 1515 for Ordering  
 Frequency: Routine Every other day 06/20/18 1100 - 06/21/18 1553 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Morgan Stull, RN 06/20/18 1358 for Placing Order Morgan Stull, RN 06/20/18 1528 for Placing Order  
 Package: 51079-072-01  
 Reordered from: furosemide (LASIX) tablet [750942918]

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
06/20/18 1528	Carrie E Walker, NP	Nega B Gebremariam, MD	Nega B Gebremariam, MD
06/20/18 1054	Carrie E Walker, NP	Dhaval G Patel, MD	Carrie E Walker, NP

**apixaban (ELIQUIS) tablet [751503303]**

Electronically signed by: **Samina Fakh, MD on 06/20/18 1713** Status: **Discontinued**  
 Ordering user: Samina Fakh, MD 06/20/18 1713 Ordering provider: Samina Fakh, MD  
 Authorized by: Samina Fakh, MD Ordering mode: Standard  
 Frequency: Routine BID 06/20/18 2100 - 06/21/18 1553 Discontinued by: Automatic Discharge Provider 06/21/18 1553 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Morgan Stull, RN 06/20/18 1714 for Placing Order  
 Package: 0003-0894-31

**sotalol (BETAPACE) 80 MG tablet [751503314]**

Electronically signed by: **Samina Fakh, MD on 06/21/18 1055** Status: **Discontinued**  
 Ordering user: Samina Fakh, MD 06/21/18 1055 Ordering provider: Samina Fakh, MD  
 Authorized by: Samina Fakh, MD Ordering mode: Standard  
 Frequency: Routine BID 06/21/18 - 12/18/18 Discontinued by: Anand S Kenia, MD 12/18/18 1435 [(Reorder - Internal Use Only)]  
 Acknowledged: Alane Morabit, RN 06/21/18 1115 for Placing Order  
 Modified from: sotalol (BETAPACE) 80 MG tablet [733317879]

**furosemide (LASIX) 20 MG tablet [751503315]**

Electronically signed by: **Samina Fakh, MD on 06/21/18 1055** Status: **Discontinued**  
 Ordering user: Samina Fakh, MD 06/21/18 1055 Ordering provider: Samina Fakh, MD



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**Medications - Orders and Results (continued)**

**furosemide (LASIX) 20 MG tablet [751503315] (continued)**

Authorized by: Samina Fakh, MD  
Frequency: Routine Every other day 06/21/18 - 06/26/18  
Acknowledged: Alane Morabit, RN 06/21/18 1115 for Placing Order  
Modified from: furosemide (LASIX) 20 MG tablet [746564149]

Ordering mode: Standard  
Discontinued by: Abdul M Sheikh, MD 06/26/18 1523

**pantoprazole (PROTONIX) 40 MG EC tablet [751503316]**

Electronically signed by: Samina Fakh, MD on 06/21/18 1055  
Ordering user: Samina Fakh, MD 06/21/18 1055  
Authorized by: Samina Fakh, MD  
Frequency: Routine BID AC 06/21/18 - 08/20/18  
Acknowledged: Alane Morabit, RN 06/21/18 1115 for Placing Order  
Reordered from: pantoprazole (PROTONIX) EC tablet [751296239]

Ordering provider: Samina Fakh, MD  
Ordering mode: Standard  
Discontinued by: Kristin M Boren, MD 08/20/18 1011

Status: **Discontinued**

**ferrous sulfate 324 mg (65 mg iron) TbEC [751503319]**

Electronically signed by: Samina Fakh, MD on 06/21/18 1105  
Ordering user: Samina Fakh, MD 06/21/18 1105  
Authorized by: Samina Fakh, MD  
Frequency: Routine BID w/ meals 06/21/18 - Until Discontinued  
Acknowledged: Alane Morabit, RN 06/21/18 1115 for Placing Order

Ordering provider: Samina Fakh, MD  
Ordering mode: Standard

Status: **Active**

**oxymetazoline (AFRIN) 0.05 % nasal spray [751503320]**

Electronically signed by: Samina Fakh, MD on 06/21/18 1105  
Ordering user: Samina Fakh, MD 06/21/18 1105  
Authorized by: Samina Fakh, MD  
PRN Comment: nose bleed  
Frequency: Routine BID PRN 06/21/18 - 06/25/18  
Acknowledged: Alane Morabit, RN 06/21/18 1115 for Placing Order

Ordering provider: Samina Fakh, MD  
Ordering mode: Standard

Status: **Discontinued**

Discontinued by: Matthew L Estes, NP 06/25/18 0909 [Patient reports not taking - will NOT appear as Stop Taking on the Office Visit AVS ]

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - Wellstar	WELLSTAR	Unknown	Unknown	10/12/15 1541 - 12/02/19 1533
13 - Muse	MUSE	Unknown	Unknown	12/12/12 2214 - Present
19 - KHLAB	WS KENNESTONE HOSPITAL LAB	Dr. David Schlosnagle	677 CHURCH ST MARIETTA GA 30060	11/04/13 1206 - 08/28/18 1256
20 - CHLAB	WS COBB HOSPITAL LAB	Dr. Marla Franks	3950 AUSTELL RD AUSTELL GA 30106	11/04/13 1208 - 08/28/18 1252





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**Medications**

**All Meds and Administrations**

**sodium chloride 0.9% (NS) infusion [749935521]**

Ordering Provider: Douglas E Krug, MD  
Ordered On: 06/17/18 1505  
Dose (Remaining/Total): 100 mL/hr (—/—)  
Frequency: Continuous

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 06/17/18 1515 - 06/18/18 2208  
Route: Intravenous  
Rate/Duration: 100 mL/hr / —

Timestamps	Action / Reason	Dose / Rate	Route	Other Information
Due 06/18/18 1341 Scheduled: 06/18/18 1343	Due	—	—	—
Performed 06/18/18 0103 Documented: 06/18/18 0103	Performed 06/18/18 0103 New Bag	100 mL/hr 100 mL/hr	Intravenous	Performed by: Renata Marques-Bryant, RN Scanned Package: 0409-7983-09
Due 06/17/18 1709 Scheduled: 06/17/18 1712	Due	—	—	—
Performed 06/17/18 1533 Documented: 06/17/18 1533	Other	0 mL/hr 0 mL/hr	Intravenous	Performed by: Raquel Gil-Trani, RN Comments: BNP 2307

**sodium chloride 0.9 % (NS) flush [749935524]**

Ordering Provider: Douglas E Krug, MD  
Ordered On: 06/17/18 1505  
Dose (Remaining/Total): 3-40 mL (—/—)  
Frequency: Every 1 minute PRN  
Admin Instructions: INT Flush

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Starts/Ends: 06/17/18 1505 - 06/21/18 1553  
Route: Intravenous  
Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 06/20/18 1528 Documented: 06/20/18 1528	06/20/18 1528 MAR Unhold	—	—	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 Documented: 06/20/18 1347	1347 MAR Hold Unreviewed Transfer Orders	—	—	Performed by: Automatic Transfer Provider
Performed 06/20/18 0134 Documented: 06/20/18 0134	06/20/18 0113 Given	10 mL	Intravenous	Performed by: Emelin C Edang, RN Scanned Package: 8290-306547
Performed 06/18/18 0033 Documented: 06/18/18 0033	06/18/18 0033 Given	10 mL	Intravenous	Performed by: Renata Marques-Bryant, RN Scanned Package: 8290-306547

**sodium chloride 0.9 % (NS) flush [750930090]**

Ordering Provider: Douglas E Krug, MD  
Ordered On: 06/17/18 1611  
Dose (Remaining/Total): 3-40 mL (—/—)  
Frequency: Every 1 minute PRN  
Admin Instructions: INT Flush

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Starts/Ends: 06/17/18 1610 - 06/21/18 1553  
Route: Intravenous  
Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 06/20/18 1528 Documented: 06/20/18 1528	06/20/18 1528 MAR Unhold	—	—	Performed by: Nega B Gebremariam, MD



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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 06/20/18 1347 MAR Hold — — Performed by: Automatic Transfer Provider  
Documented: 06/20/18 Unreviewed  
1347 Transfer Orders

Performed 06/18/18 1247 Given 20 mL Intravenous Performed by: Janet Ian, RN  
Documented: 06/18/18 Scanned Package: 8290-306547  
1247

**diphtheria-pertussis (acell)-tetanus (BOOSTRIX) IM suspension [750930092]**

Ordering Provider: Douglas E Krug, MD Status: Discontinued (Past End Date/Time)  
Ordered On: 06/17/18 1611 Starts/Ends: 06/18/18 1000 - 06/17/18 1613  
Dose (Remaining/Total): 0.5 mL (1/1) Route: Intramuscular  
Frequency: Once at 10AM Rate/Duration: — / —  
Admin Instructions: \*\*Adult and adolescent use only\*\*

(No admins scheduled or recorded for this medication)

**piperacillin-tazobactam (ZOSYN) 4.5 g in NS 100 mL IVPB (w/adaptor) [750930101]**

Ordering Provider: Douglas E Krug, MD Status: Completed (Past End Date/Time)  
Ordered On: 06/17/18 1613 Starts/Ends: 06/17/18 1615 - 06/17/18 1748  
Dose (Remaining/Total): 4.5 g (0/1) Route: Intravenous  
Frequency: Once Rate/Duration: 200 mL/hr / 0.5 Hours  
Admin Instructions: Use adaptor to add medication vial(s) to IV bag

Question	Answer	Comment
Reason for Ordering Antimicrobial::	Other - Required to state in comments ***	ED DOSE
Expected days of therapy::	1	—

Line	Med Link Info	Comment
Peripheral IV 06/17/18 20 G Left Hand	06/17/18 1718 by Brian J Rooney, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 06/17/18 1718 Given		4.5 g	Intravenous	Performed by: Brian J Rooney, RN
Documented: 06/17/18		200 mL/hr		Scanned Package: 0781-3114-91, 0409-
1718		0.5 Hours		7984-23

**vancomycin (VANCOCIN) 1,500 mg in NS 250 mL IVPB [750930102]**

Ordering Provider: Douglas E Krug, MD Status: Completed (Past End Date/Time)  
Ordered On: 06/17/18 1613 Starts/Ends: 06/17/18 1615 - 06/17/18 2159  
Dose (Remaining/Total): 1,500 mg (0/1) Route: Intravenous  
Frequency: Once Rate/Duration: 83.3 mL/hr / 180 Minutes  
Admin Instructions: Enter ancillary consult for pharmacy to dose.

Question	Answer	Comment
Reason for Ordering Antimicrobial::	Other - Required to state in comments ***	ED DOSE
Expected days of therapy::	1	—

Line	Med Link Info	Comment
Peripheral IV 06/17/18 20 G Right Antecubital	06/17/18 1859 by Brian J Rooney, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 06/17/18 1859 New Bag		1,500 mg	Intravenous	Performed by: Brian J Rooney, RN
Documented: 06/17/18		83.3 mL/hr		
1859		180 Minutes		

**pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % (NS) injection [750930113]**

Ordering Provider: Douglas E Krug, MD Status: Completed (Past End Date/Time)  
Ordered On: 06/17/18 1615 Starts/Ends: 06/17/18 1630 - 06/17/18 1654  
Dose (Remaining/Total): 40 mg (0/1) Route: Intravenous



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**Medications (continued)**

**All Meds and Administrations (continued)**

Frequency: Once Rate/Duration: — / 2 Minutes  
Admin Instructions: Dilute each 40mg vial with 10 mL 0.9 % NaCl and give IV over 2 minutes.

Line	Med Link Info	Comment
Peripheral IV 06/17/18 20 G Left Hand	06/17/18 1652 by Brian J Rooney, RN	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 06/17/18 1652	Given	40 mg	Intravenous	Performed by: Brian J Rooney, RN
Documented: 06/17/18 1707		2 Minutes		Comments: not given

**pantoprazole (PROTONIX) 80 mg in sodium chloride 0.9 % (NS) injection [750930120]**

Ordering Provider: Douglas E Krug, MD Status: Completed (Past End Date/Time)  
Ordered On: 06/17/18 1650 Starts/Ends: 06/17/18 1700 - 06/17/18 1658  
Dose (Remaining/Total): 80 mg (0/1) Route: Intravenous  
Frequency: Once Rate/Duration: — / 2 Minutes  
Admin Instructions: Administer IV push over at least 2 minutes. Dilute each 40mg vial with 10 mL 0.9 % NaCl and give IV over 2 minutes.

Line	Med Link Info	Comment
Peripheral IV 06/17/18 20 G Left Hand	06/17/18 1656 by Brian J Rooney, RN	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 06/17/18 1656	Given	80 mg	Intravenous	Performed by: Brian J Rooney, RN
Documented: 06/17/18 1656		2 Minutes		Scanned Package: 63323-186-10, 0008-0923-51, 0008-0923-51

**pantoprazole (PROTONIX) in NS 40 mg/100 mL NS (0.4 mg/mL) infusion (w/adapter) [750930121]**

Ordering Provider: Douglas E Krug, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)  
Ordered On: 06/17/18 1650 Starts/Ends: 06/17/18 1700 - 06/19/18 1411  
Dose (Remaining/Total): 8 mg/hr (—/—) Route: Intravenous  
Frequency: Continuous Rate/Duration: 20 mL/hr / —  
Admin Instructions: Use the "pantoprazole" IV pump entry -- defaults to 8 mg/hr starting dose.

Line	Med Link Info	Comment
Peripheral IV 06/17/18 20 G Left Hand	06/17/18 1810 by Brian J Rooney, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 06/19/18 1039	Paused	0 mg/hr	Intravenous	Performed by: Janet Ian, RN
Documented: 06/19/18 1039		0 mL/hr		Comments: EGD.
Performed 06/19/18 0446	New Bag	8 mg/hr	Intravenous	Performed by: Renata Marques-Bryant, RN
Documented: 06/19/18 0446		20 mL/hr		Scanned Package: 55150-202-00, 0409-7984-23
Performed 06/19/18 0445	New Bag	8 mg/hr	Intravenous	Performed by: Renata Marques-Bryant, RN
Documented: 06/19/18 0446		20 mL/hr		Scanned Package: 0409-7984-23, 0409-7984-23
Performed 06/18/18 2229	New Bag	8 mg/hr	Intravenous	Performed by: Hedrine Nukam, RN
Documented: 06/18/18 2229		20 mL/hr		
Performed 06/18/18 1129	New Bag	8 mg/hr	Intravenous	Performed by: Janet Ian, RN
Documented: 06/18/18 1130		20 mL/hr		Scanned Package: 55150-202-00, 0409-7984-23
Performed 06/18/18 0514	New Bag	8 mg/hr	Intravenous	Performed by: Renata Marques-Bryant, RN
Documented: 06/18/18 0515		20 mL/hr		Scanned Package: 0409-7984-23, 55150-202-00
Performed 06/18/18 0033	New Bag	8 mg/hr	Intravenous	Performed by: Renata Marques-Bryant, RN
Documented: 06/18/18 0033		20 mL/hr		Scanned Package: 0409-7983-02, 55150-202-00
Performed 06/17/18 2251	Canceled Entry	—	Intravenous	Performed by: Renata Marques-Bryant, RN
Documented: 06/17/18 2251				Comments: already given



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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 06/17/18 1810 New Bag 8 mg/hr Intravenous Performed by: Brian J Rooney, RN  
Documented: 06/17/18 20 mL/hr Scanned Package: 0008-0941-01, 0409-1810 7984-23

**sodium chloride 0.9 % (NS) flush [750940184]**

Ordering Provider: Naomi W Muhia, NP Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224 Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 3-40 mL (---) Route: Intravenous  
Frequency: Every 1 minute PRN Rate/Duration: --- / ---  
Admin Instructions: INT Flush

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 06/20/18 1528 Documented: 06/20/18 1528	MAR Unhold	---	---	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 Documented: 06/20/18 1347	MAR Hold Unreviewed Transfer Orders	---	---	Performed by: Automatic Transfer Provider
Performed 06/20/18 0135 Documented: 06/20/18 0135	Given	10 mL	Intravenous	Performed by: Emelin C Edang, RN Scanned Package: 8290-306547
Performed 06/18/18 1803 Documented: 06/18/18 1803	Given	40 mL	Intravenous	Performed by: Janet Ian, RN Scanned Package: 8290-306547

**acetaminophen (TYLENOL) tablet [750940212]**

Ordering Provider: Naomi W Muhia, NP Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224 Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 650 mg (---) Route: Oral  
Frequency: Every 6 hours PRN Rate/Duration: --- / ---  
Admin Instructions: Maximum dose of acetaminophen per 24 hours in adults: 3 grams

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 06/20/18 1528 Documented: 06/20/18 1528	MAR Unhold	---	---	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 Documented: 06/20/18 1347	MAR Hold Unreviewed Transfer Orders	---	---	Performed by: Automatic Transfer Provider
Performed 06/20/18 0730 Documented: 06/20/18 0730	Given	650 mg	Oral	Performed by: Dolores Gervase, RN Scanned Package: 0904-1982-61, 0904-1982-61

**HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [750940213]**

Ordering Provider: Naomi W Muhia, NP Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224 Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 1 tablet (---) Route: Oral  
Frequency: Every 6 hours PRN Rate/Duration: --- / ---  
Admin Instructions: Maximum dose of acetaminophen per 24 hours for adults: 3 grams. Document pain score assessment before & after administering medication.

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 06/20/18 1528 MAR Unhold — — Performed by: Nega B Gebremariam, MD  
Documented: 06/20/18  
1528

Performed 06/20/18 1347 MAR Hold — — Performed by: Automatic Transfer Provider  
Documented: 06/20/18 Unreviewed  
1347 Transfer Orders

**morphine syringe 2 mg/mL [750940214]**

Ordering Provider: Naomi W Muhia, NP Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224 Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 2 mg (—/—) Route: Intravenous  
Frequency: Every 3 hours PRN Rate/Duration: — / —  
Admin Instructions: Caution: Sound alike/look alike medication. Document pain score assessment before & after administering medication.

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/20/18 1528 MAR Unhold Documented: 06/20/18 1528		—	—	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 MAR Hold Documented: 06/20/18 1347	Unreviewed Transfer Orders	—	—	Performed by: Automatic Transfer Provider

**polyethylene glycol (GLYCOLAX,MIRALAX) packet [750940215]**

Ordering Provider: Naomi W Muhia, NP Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224 Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 1 packet (—/—) Route: Oral  
Frequency: Daily as needed Rate/Duration: — / —  
Admin Instructions: Mix with 8 ounces of water.

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/20/18 1528 MAR Unhold Documented: 06/20/18 1528		—	—	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 MAR Hold Documented: 06/20/18 1347	Unreviewed Transfer Orders	—	—	Performed by: Automatic Transfer Provider

**ondansetron (ZOFTRAN-ODT) disintegrating tablet [750940216]**

Ordering Provider: Naomi W Muhia, NP Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224 Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 4 mg (—/—) Route: Oral  
Frequency: Every 8 hours PRN Rate/Duration: — / —

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/20/18 1528 MAR Unhold Documented: 06/20/18 1528		—	—	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 MAR Hold Documented: 06/20/18 1347	Unreviewed Transfer Orders	—	—	Performed by: Automatic Transfer Provider

**ondansetron (PF) (ZOFTRAN) injection 2 mg/mL [750940217]**



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**Medications (continued)**

**All Meds and Administrations (continued)**

Ordering Provider: Naomi W Muhia, NP  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224  
Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 4 mg (—/—)  
Route: Intravenous  
Frequency: Every 8 hours PRN  
Rate/Duration: — / —

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/20/18 1528 Documented: 06/20/18 1528	MAR Unhold	---	---	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 Documented: 06/20/18 1347	MAR Hold Unreviewed Transfer Orders	---	---	Performed by: Automatic Transfer Provider

**calcium carbonate (TUMS) chewable tablet [750940218]**

Ordering Provider: Naomi W Muhia, NP  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224  
Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 500 mg (—/—)  
Route: Oral  
Frequency: 3 Times daily PRN  
Rate/Duration: — / —  
Admin Instructions: \*\*Dosed in Calcium carbonate/tablet = 200 mg elemental Calcium\*\*

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/20/18 1528 Documented: 06/20/18 1528	MAR Unhold	---	---	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 Documented: 06/20/18 1347	MAR Hold Unreviewed Transfer Orders	---	---	Performed by: Automatic Transfer Provider

**pantoprazole (PROTONIX) in NS 40 mg/100 mL NS (0.4 mg/mL) infusion (w/adaptor) [750940220]**

Ordering Provider: Naomi W Muhia, NP  
Status: Discontinued (Past End Date/Time), Reason: Duplicate order - will NOT appear as Stop Taking on the Office Visit AVS  
Ordered On: 06/17/18 2224  
Starts/Ends: 06/17/18 2300 - 06/17/18 2228  
Dose (Remaining/Total): 8 mg/hr (—/—)  
Route: Intravenous  
Frequency: Continuous  
Rate/Duration: 20 mL/hr / —  
Admin Instructions: Use the "pantoprazole" IV pump entry -- defaults to 8 mg/hr starting dose.

(No admins scheduled or recorded for this medication)

**piperacillin-tazobactam (ZOSYN) 4.5 g in NS 100 mL IVPB (w/adaptor) [750940221]**

Ordering Provider: Naomi W Muhia, NP  
Status: Discontinued (Past End Date/Time), Reason: Alternate medication prescribed  
Ordered On: 06/17/18 2224  
Starts/Ends: 06/18/18 0200 - 06/19/18 1533  
Dose (Remaining/Total): 4.5 g (—/—)  
Route: Intravenous  
Frequency: Every 8 hours  
Rate/Duration: 25 mL/hr / 4 Hours  
Admin Instructions: Use adaptor to add medication vial(s) to IV bag

Question	Answer	Comment
Reason for Ordering Antimicrobial:	UTI - Urinary Tract Infection	---
Expected days of therapy:	7	---

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 06/19/18 1559 Documented: 06/19/18 1600	Not Given Other	4.5 g 25 mL/hr 4 Hours	Intravenous	Performed by: Janet Ian, RN Comments: Changed by pharmacy.



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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 06/19/18 0445 Given Documented: 06/19/18 0446	4.5 g 25 mL/hr 4 Hours	Intravenous	Performed by: Renata Marques-Bryant, RN Scanned Package: 0781-3114-91, 0409-7984-23
Performed 06/18/18 1804 Given Documented: 06/18/18 1804	4.5 g 25 mL/hr 4 Hours	Intravenous	Performed by: Janet Ian, RN Scanned Package: 0409-7984-23, 0781-3114-91
Performed 06/18/18 0907 Given Documented: 06/18/18 0907	4.5 g 25 mL/hr 4 Hours	Intravenous	Performed by: Janet Ian, RN Scanned Package: 0781-3114-91, 0409-7984-23
Performed 06/18/18 0400 Given Documented: 06/18/18 0449	4.5 g 25 mL/hr 4 Hours	Intravenous	Performed by: Renata Marques-Bryant, RN Scanned Package: 0781-3114-91, 0409-7984-23

**dextrose 40% (GLUTOSE) 40 % gel [750942896]**

Ordering Provider: Naomi W Muhia, NP  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224  
Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 1-2 Tube (—/—)  
Route: Oral  
Frequency: Every 15 min PRN  
Rate/Duration: — / —  
Admin Instructions: Treat per hypoglycemia protocol for blood glucose less than 70mg/dL.  
If blood glucose 50 - 69 mg/dL, give 1 tube.  
If blood glucose below 50 mg/dL, give 2 tubes.

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/20/18 1528 MAR Documented: 06/20/18 1528	Unhold	---	---	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 MAR Documented: 06/20/18 1347	Hold Unreviewed Transfer Orders	---	---	Performed by: Automatic Transfer Provider

**dextrose 50 % in water (D50W) IV syringe [750942897]**

Ordering Provider: Naomi W Muhia, NP  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224  
Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 10-50 mL (—/—)  
Route: Intravenous  
Frequency: Every 15 min PRN  
Rate/Duration: — / —  
Admin Instructions: Treat per hypoglycemia protocol for blood glucose less than 70mg/dL. Administer at 3 mL/minute based on BBG value. Use formula: (100 - BBG) x 0.4 = mL of D50W.

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/20/18 1528 MAR Documented: 06/20/18 1528	Unhold	---	---	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 MAR Documented: 06/20/18 1347	Hold Unreviewed Transfer Orders	---	---	Performed by: Automatic Transfer Provider

**glucagon (GLUCAGEN) injection 1 mg/mL [750942898]**

Ordering Provider: Naomi W Muhia, NP  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224  
Starts/Ends: 06/17/18 2224 - 06/21/18 1553

**Medications (continued)**

**All Meds and Administrations (continued)**

Dose (Remaining/Total): 1 mg (1/1)      Route: Intramuscular  
Frequency: Once as needed      Rate/Duration: — / —  
Admin Instructions: Treat per hypoglycemia protocol for blood glucose less than 70mg/dL. Position patient on side after administering to prevent aspiration. DO NOT REPEAT GLUCAGON WITHOUT PHYSICIAN ORDER. Immediately establish IV access.

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/20/18 1528 Documented: 06/20/18 1528	MAR Unhold	—	—	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 Documented: 06/20/18 1347	MAR Hold Unreviewed Transfer Orders	—	—	Performed by: Automatic Transfer Provider

**insulin lispro (HumaLOG) injection [750942900]**

Ordering Provider: Naomi W Muhia, NP      Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224      Starts/Ends: 06/18/18 0730 - 06/21/18 1553  
Dose (Remaining/Total): 1-12 Units (—/—)      Route: Subcutaneous  
Frequency: 4 Times daily before meals and nightly      Rate/Duration: — / —  
Admin Instructions: Average - Medium insulin resistance defined as BMI 25 - 30 and/or patient on 50 - 90 units insulin per day  
DO NOT HOLD IF NPO. GIVE HALF OF CORRECTION DOSE BETWEEN 2100 and 0500.  
POCT Glucose (BBG) Range: 141 - 160 mg/dL = 1 unit      POCT Glucose (BBG) Range: 161 - 200 mg/dL = 2 units  
POCT Glucose (BBG) Range: 201 - 250 mg/dL = 4 units      POCT Glucose (BBG) Range: 251 - 300 mg/dL = 6 units  
POCT Glucose (BBG) Range: 301 - 350 mg/dL = 8 units      POCT Glucose (BBG) Range: 351 - 400 mg/dL = 10 units  
If POCT Glucose greater than 400mg/dL, repeat POCT Glucose. If repeat POCT Glucose remains greater than 400mg/dL, notify physician & obtain lab specimen for confirmation. Once confirmed as greater than 400 mg/dL give 12 units.  
Place waste in BLACK hazardous container.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 06/21/18 1302 Documented: 06/21/18 1304	Given	2 Units	Subcutaneous	Performed by: Alane Morabit, RN Scanned Package: 0002-7510-17
Performed 06/21/18 0750 Documented: 06/21/18 0750	Not Given Order parameters not met	1 Units	Subcutaneous	Performed by: Alane Morabit, RN
Performed 06/20/18 2127 Documented: 06/20/18 2128	Given	1 Units	Subcutaneous	Performed by: Tenikia Smith, RN Scanned Package: 0002-7510-17
Performed 06/20/18 1800 Documented: 06/20/18 1800	Given	2 Units	Subcutaneous	Performed by: Morgan Stull, RN Scanned Package: 0002-7510-17
Performed 06/20/18 1528 Documented: 06/20/18 1528	MAR Unhold	—	—	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 Documented: 06/20/18 1347	MAR Hold Unreviewed Transfer Orders	—	—	Performed by: Automatic Transfer Provider
Performed 06/20/18 1307 Documented: 06/20/18 1307	Given	2 Units	Subcutaneous	Performed by: Dolores Gervase, RN Scanned Package: 0002-7510-17
Performed 06/20/18 0824 Documented: 06/20/18 0824	Not Given Order parameters not met	1 Units	Subcutaneous	Performed by: Dolores Gervase, RN
Performed 06/19/18 0108 Documented: 06/20/18 0108	Not Given Order parameters not met	1 Units	Subcutaneous	Performed by: Emelin C Edang, RN





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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 06/19/18 1653 Given Documented: 06/19/18 1654	4 Units	Subcutaneous	Performed by: Janet Ian, RN Scanned Package: 0002-7510-17
Performed 06/19/18 1130 Not Given Documented: 06/19/18 1431	1 Units Patient not available	Subcutaneous	Performed by: Janet Ian, RN
Performed 06/19/18 0807 Not Given Documented: 06/19/18 0808	1 Units Order parameters not met	Subcutaneous	Performed by: Janet Ian, RN
Performed 06/18/18 2228 Given Documented: 06/18/18 2228	2 Units	Subcutaneous	Performed by: Hedrine Nukam, RN Scanned Package: 0002-7510-17
Performed 06/18/18 1802 Given Documented: 06/18/18 1802	2 Units	Subcutaneous	Performed by: Janet Ian, RN Scanned Package: 0002-7510-17
Performed 06/18/18 1247 Given Documented: 06/18/18 1247	2 Units	Subcutaneous	Performed by: Janet Ian, RN Scanned Package: 0002-7510-17
Performed 06/18/18 0842 Not Given Documented: 06/18/18 0842	1 Units Order parameters not met	Subcutaneous	Performed by: Janet Ian, RN

**sodium chloride 0.9% (NS) bolus 250 mL [750942907]**

Ordering Provider: Naomi W Muhia, NP  
Ordered On: 06/17/18 2224  
Dose (Remaining/Total): 250 mL (—/—)  
Frequency: As needed

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 06/17/18 2224 - 06/20/18 1054  
Route: Intravenous  
Rate/Duration: 250 mL/hr / 60 Minutes

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 06/19/18 1039 Documented: 06/19/18 1039	Paused	0 mL 0 mL/hr 60 Minutes	Intravenous	Performed by: Janet Ian, RN Comments: EGD.
Performed 06/18/18 0640 Documented: 06/18/18 0640	New Bag	250 mL 250 mL/hr 60 Minutes	Intravenous	Performed by: Renata Marques-Bryant, RN

**furosemide (LASIX) injection 10 mg/mL [750942911]**

Ordering Provider: Naomi W Muhia, NP  
Ordered On: 06/17/18 2224  
Dose (Remaining/Total): 40 mg (0/1)  
Frequency: Once  
Admin Instructions: Administer after transfusion of first unit.

Status: Completed (Past End Date/Time)  
Starts/Ends: 06/17/18 2300 - 06/18/18 0012  
Route: Intravenous  
Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 06/18/18 0012 Documented: 06/18/18 0013	Given	40 mg	Intravenous	Performed by: Renata Marques-Bryant, RN Scanned Package: 0409-6102-36

**acetaminophen (TYLENOL) tablet [750942912]**

Ordering Provider: Naomi W Muhia, NP  
Ordered On: 06/17/18 2224  
Dose (Remaining/Total): 650 mg (0/1)  
Frequency: Once Pre-Med  
Admin Instructions: Give once prior to transfusion.

Status: Completed (Past End Date/Time)  
Starts/Ends: 06/17/18 2300 - 06/18/18 0012  
Route: Oral  
Rate/Duration: — / —  
Maximum dose of acetaminophen per 24 hours in adults: 3 grams



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**Medications (continued)**

**All Meds and Administrations (continued)**

Timestamps	Action	Dose	Route	Other Information
Performed 06/18/18 0012 Documented: 06/18/18 0013	Given	650 mg	Oral	Performed by: Renata Marques-Bryant, RN Scanned Package: 0904-1982-61, 0904-1982-61

**diphenhydrAMINE (BENADRYL) injection 50 mg/mL [750942913]**

Ordering Provider: Naomi W Muhia, NP  
Ordered On: 06/17/18 2224  
Dose (Remaining/Total): 25 mg (0/1)  
Frequency: Once Pre-Med  
Admin Instructions: Give once prior to transfusion.

Status: Completed (Past End Date/Time)  
Starts/Ends: 06/17/18 2300 - 06/18/18 0013  
Route: Intravenous  
Rate/Duration: — / —  
\*\*Caution: Sound alike/look alike medication\*\*

Timestamps	Action	Dose	Route	Other Information
Performed 06/18/18 0013 Documented: 06/18/18 0013	Given	25 mg	Intravenous	Performed by: Renata Marques-Bryant, RN Scanned Package: 63323-664-01

**carvedilol (COREG) tablet [750942914]**

Ordering Provider: Naomi W Muhia, NP  
Ordered On: 06/17/18 2224  
Dose (Remaining/Total): 12.5 mg (—/—)  
Frequency: 2 Times daily with meals  
Admin Instructions: Hold for Sbp < 110 or HR < 50

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 06/18/18 0800 - 06/17/18 2354  
Route: Oral  
Rate/Duration: — / —

(No admins scheduled or recorded for this medication)

**atorvastatin (LIPITOR) tablet [750942915]**

Ordering Provider: Naomi W Muhia, NP  
Ordered On: 06/17/18 2224  
Dose (Remaining/Total): 80 mg (—/—)  
Frequency: Nightly  
Admin Instructions: Concurrent use of atorvastatin (LIPITOR) and GRAPEFRUIT JUICE may result in increased bioavailability of atorvastatin resulting in an increased risk of myopathy or rhabdomyolysis.

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 06/17/18 2300 - 06/18/18 1214  
Route: Oral  
Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 06/18/18 0012 Documented: 06/18/18 0013	Given	80 mg	Oral	Performed by: Renata Marques-Bryant, RN Scanned Package: 50268-096-11

**ramipril (ALTACE) capsule [750942916]**

Ordering Provider: Naomi W Muhia, NP  
Ordered On: 06/17/18 2224  
Dose (Remaining/Total): 10 mg (—/—)  
Frequency: 2 Times daily  
Admin Instructions: Hold for Sbp < 120

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 06/17/18 2300 - 06/18/18 1028  
Route: Oral  
Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 06/18/18 0959 Documented: 06/18/18 1000	Refused	5 mg	Oral	Performed by: Janet Ian, RN Comments: pt states he was told by md not to take this. Scanned Package: 0054-0108-20

Performed 06/17/18 2251 Documented: 06/17/18 2251	Refused	10 mg	Oral	Performed by: Renata Marques-Bryant, RN Comments: "states cardiologist pulled him from this for now."
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**Medications (continued)**

**All Meds and Administrations (continued)**

**sotalol (BETAPACE) tablet 80 mg [750942917]**

Ordering Provider: Naomi W Muhia, NP  
Ordered On: 06/17/18 2224  
Dose (Remaining/Total): 80 mg (—/—)  
Frequency: 2 Times daily  
Admin Instructions: Contraindicated for CrCl less than 40.

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 06/17/18 2300 - 06/18/18 0824  
Route: Oral  
Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 06/18/18 0032 Documented: 06/18/18 0032	Given	80 mg	Oral	Performed by: Renata Marques-Bryant, RN Scanned Package: 68084-654-11

**furosemide (LASIX) tablet [750942918]**

Ordering Provider: Naomi W Muhia, NP  
Ordered On: 06/17/18 2224  
Dose (Remaining/Total): 20 mg (—/—)  
Frequency: 2 Times daily

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 06/17/18 2300 - 06/17/18 2347  
Route: Oral  
Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 06/17/18 2250 Documented: 06/17/18 2250	Refused	20 mg	Oral	Performed by: Renata Marques-Bryant, RN Comments: "doesn't want to pee all night"

**isosorbide mononitrate (IMDUR) 24 hr tablet [750942919]**

Ordering Provider: Naomi W Muhia, NP  
Ordered On: 06/17/18 2224  
Dose (Remaining/Total): 60 mg (—/—)  
Frequency: 2 Times daily

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Starts/Ends: 06/17/18 2300 - 06/21/18 1553  
Route: Oral  
Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 06/21/18 0838 Documented: 06/21/18 0838	Given	60 mg	Oral	Performed by: Alane Morabit, RN Scanned Package: 68084-592-11
Performed 06/20/18 2128 Documented: 06/20/18 2128	Given	60 mg	Oral	Performed by: Tenikia Smith, RN Scanned Package: 68084-592-11
Performed 06/20/18 1528 Documented: 06/20/18 1528	MAR Unhold	—	—	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 Documented: 06/20/18 1347	MAR Hold Unreviewed Transfer Orders	—	—	Performed by: Automatic Transfer Provider
Performed 06/20/18 0910 Documented: 06/20/18 0910	Given	60 mg	Oral	Performed by: Dolores Gervase, RN Scanned Package: 68084-592-11
Performed 06/19/18 2100 Documented: 06/19/18 2100	Given	60 mg	Oral	Performed by: Emelin C Edang, RN Scanned Package: 68084-592-11
Performed 06/19/18 0809 Documented: 06/19/18 0809	Given	60 mg	Oral	Performed by: Janet Ian, RN Scanned Package: 68084-592-11
Performed 06/18/18 2100 Documented: 06/19/18 0240	Not Given Contraindicated	60 mg	Oral	Performed by: Renata Marques-Bryant, RN Comments: hypotensive



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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 06/18/18 0905 Given Documented: 06/18/18 0905	60 mg	Oral	Performed by: Janet Ian, RN Scanned Package: 68084-592-11
Performed 06/18/18 0012 Given Documented: 06/18/18 0013	60 mg	Oral	Performed by: Renata Marques-Bryant, RN Scanned Package: 68084-592-11

**nitroglycerin (NITROSTAT) SL tablet [750942920]**

Ordering Provider: Naomi W Muhia, NP  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/17/18 2224  
Starts/Ends: 06/17/18 2224 - 06/21/18 1553  
Dose (Remaining/Total): 0.4 mg (—/—)  
Route: Sublingual  
Frequency: Every 5 min PRN  
Rate/Duration: — / —  
Admin Instructions: x 3 doses. Notify MD if no relief after 3 doses.

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/20/18 1528 MAR Unhold Documented: 06/20/18 1528		---	---	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 MAR Hold Documented: 06/20/18 1347	Unreviewed Transfer Orders	---	---	Performed by: Automatic Transfer Provider

**furosemide (LASIX) injection 10 mg/mL [750969677]**

Ordering Provider: Charu G Prakash, MD  
Status: Discontinued (Past End Date/Time)  
Ordered On: 06/17/18 2347  
Starts/Ends: 06/18/18 0900 - 06/18/18 0856  
Dose (Remaining/Total): 40 mg (—/—)  
Route: Intravenous  
Frequency: Twice a day: 9a + 5p  
Rate/Duration: — / —

(No admins scheduled or recorded for this medication)

**carvedilol (COREG) tablet [750969678]**

Ordering Provider: Charu G Prakash, MD  
Status: Discontinued (Past End Date/Time)  
Ordered On: 06/17/18 2354  
Starts/Ends: 06/18/18 0800 - 06/18/18 0850  
Dose (Remaining/Total): 6.25 mg (—/—)  
Route: Oral  
Frequency: 2 Times daily with meals  
Rate/Duration: — / —  
Admin Instructions: Hold for Sbp < 110 or HR < 50

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 06/18/18 0906 Not Given Documented: 06/18/18 0906	Other	6.25 mg	Oral	Performed by: Janet Ian, RN Comments: Order discontinued.

**sotalol (BETAPACE) tablet 40 mg [750969696]**

Ordering Provider: Dhaval G Patel, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 06/18/18 0824  
Starts/Ends: 06/18/18 0900 - 06/21/18 1553  
Dose (Remaining/Total): 40 mg (—/—)  
Route: Oral  
Frequency: 2 Times daily  
Rate/Duration: — / —  
Admin Instructions: Contraindicated for CrCl less than 40.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 06/21/18 0837 Given Documented: 06/21/18 0838		40 mg	Oral	Performed by: Alane Morabit, RN Scanned Package: 68084-654-11



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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 06/20/18 2128 Given Documented: 06/20/18 2128	40 mg	Oral	Performed by: Tenikia Smith, RN Scanned Package: 68084-654-11
Performed 06/20/18 1528 MAR Unhold Documented: 06/20/18 1528	---	---	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 MAR Hold Documented: 06/20/18 1347	---	---	Performed by: Automatic Transfer Provider
Performed 06/20/18 0909 Given Documented: 06/20/18 0909	40 mg	Oral	Performed by: Dolores Gervase, RN Scanned Package: 68084-654-11
Performed 06/19/18 2100 Given Documented: 06/19/18 2101	40 mg	Oral	Performed by: Emelin C Edang, RN Scanned Package: 68084-654-11
Performed 06/19/18 0808 Given Documented: 06/19/18 0809	40 mg	Oral	Performed by: Janet Ian, RN Scanned Package: 68084-654-11
Performed 06/18/18 2229 Given Documented: 06/18/18 2229	40 mg	Oral	Performed by: Hedrine Nukam, RN Scanned Package: 68084-654-11
Performed 06/18/18 0905 Given Documented: 06/18/18 0905	40 mg	Oral	Performed by: Janet Ian, RN Scanned Package: 68084-654-11

**sodium chloride (NS) 0.9 % infusion [751027191]**

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 06/18/18 0856 - 06/18/18 2208  
Route: ---  
Rate/Duration: --- / ---  
Note to pharmacy: Gervase, Dee: cabinet override

Ordered On: 06/18/18 0856  
Dose (Remaining/Total): --- (1/1)  
Frequency: ---  
Admin Instructions: Gervase, Dee: cabinet override

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/18/18 0907 Documented: 06/18/18 0907	Canceled Entry	---	---	Performed by: Janet Ian, RN

**sodium chloride 0.9 % (NS) flush [751027206]**

Ordering Provider: Michelle M Lovett, NP  
Ordered On: 06/19/18 1125  
Dose (Remaining/Total): 3-40 mL (---/---)  
Frequency: Every 1 minute PRN  
Admin Instructions: INT Flush

Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)  
Starts/Ends: 06/19/18 1125 - 06/19/18 1410  
Route: Intravenous  
Rate/Duration: --- / ---

(No admins scheduled or recorded for this medication)

**sodium chloride 0.9 % (NS) flush [751027228]**

Ordering Provider: Grace S Kim, MD  
Ordered On: 06/19/18 1125  
Dose (Remaining/Total): 3-40 mL (---/---)  
Frequency: Every 1 minute PRN  
Admin Instructions: INT Flush

Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)  
Starts/Ends: 06/19/18 1125 - 06/19/18 1410  
Route: Intravenous  
Rate/Duration: --- / ---

(No admins scheduled or recorded for this medication)



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**Medications (continued)**

**All Meds and Administrations (continued)**

**sodium chloride 0.9% (NS) infusion [751027229]**

Ordering Provider: Grace S Kim, MD  
Ordered On: 06/19/18 1125  
Dose (Remaining/Total): 30 mL/hr (—/—)  
Frequency: Continuous

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 06/19/18 1200 - 06/20/18 1054  
Route: Intravenous  
Rate/Duration: 30 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 06/17/18 20 G Left Hand	06/19/18 1129 by Pamela Y Mott, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 06/21/18 1352 Documented: 06/21/18 1352	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Alane Morabit, RN
Performed 06/19/18 1311 Documented: 06/19/18 1312	Anesthesia Volume Adjustment	—	Intravenous	Performed by: Colleen M Meffert, PAA
Performed 06/19/18 1129 Documented: 06/19/18 1129	New Bag	30 mL/hr 30 mL/hr	Intravenous	Performed by: Pamela Y Mott, RN Scanned Package: 0409-7983-03

**sodium chloride 0.9% (NS) infusion [751027230]**

Ordering Provider: Grace S Kim, MD  
Ordered On: 06/19/18 1125  
Dose (Remaining/Total): 30 mL/hr (—/—)  
Frequency: Continuous PRN  
Admin Instructions: Does not need to be on IV pump.

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Starts/Ends: 06/19/18 1125 - 06/21/18 1553  
Route: Intravenous  
Rate/Duration: 30 mL/hr / —

(No admins scheduled or recorded for this medication)

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [751027231]**

Ordering Provider: Grace S Kim, MD  
Ordered On: 06/19/18 1125  
Dose (Remaining/Total): 50 mcg (4/4)  
Frequency: Every 10 min PRN  
Admin Instructions: If ineffective (VAS greater than 7) after 4 doses, progress to hydromorphone (Dilaudid) for Severe Pain (8-10) or contact MD.  
Document pain score assessment before & after administering medication.

Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)  
Starts/Ends: 06/19/18 1125 - 06/19/18 1410  
Route: Intravenous  
Rate/Duration: — / —  
Caution: Sound alike/look alike medication.

(No admins scheduled or recorded for this medication)

**ondansetron (PF) (ZOFTRAN) injection 2 mg/mL [751027233]**

Ordering Provider: Grace S Kim, MD  
Ordered On: 06/19/18 1125  
Dose (Remaining/Total): 4 mg (1/1)  
Frequency: Once as needed  
Admin Instructions: May give one dose if not given in OR. If given in OR and nausea continues, proceed to promethazine (Phenergan).

Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)  
Starts/Ends: 06/19/18 1125 - 06/19/18 1410  
Route: Intravenous  
Rate/Duration: — / —

(No admins scheduled or recorded for this medication)

**metoclopramide (REGLAN) injection 5 mg/mL [751027234]**

Ordering Provider: Grace S Kim, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)



**Medications (continued)**

**All Meds and Administrations (continued)**

Ordered On: 06/19/18 1125  
Dose (Remaining/Total): 10 mg (1/1)  
Frequency: Once as needed  
Admin Instructions: Use ondansetron (Zofran) first. If ondansetron ineffective, may use promethazine (Phenergan). If promethazine ineffective after 2 doses, proceed to metoclopramide (Reglan). If nausea persists, contact Anesthesia.

Use Only)  
Starts/Ends: 06/19/18 1125 - 06/19/18 1410  
Route: Intravenous  
Rate/Duration: — / —  
\*\*Caution: Sound alike/look alike medication\*\*

(No admins scheduled or recorded for this medication)

**labetalol (NORMODYNE,TRANDATE) injection 5 mg/mL [751027235]**

Ordering Provider: Grace S Kim, MD  
  
Ordered On: 06/19/18 1125  
Dose (Remaining/Total): 5 mg (—/—)  
Frequency: Every 5 min PRN  
Admin Instructions: Give labetalol (NORMODYNE,TRANDATE) first.

Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)  
Starts/Ends: 06/19/18 1125 - 06/19/18 1410  
Route: Intravenous  
Rate/Duration: — / —  
Administer over 2 minutes. Maximum effects occur within 5 minutes of injection.

(No admins scheduled or recorded for this medication)

**hydrALAZINE (APRESOLINE) injection 20 mg/mL [751027236]**

Ordering Provider: Grace S Kim, MD  
  
Ordered On: 06/19/18 1125  
Dose (Remaining/Total): 5 mg (—/—)  
Frequency: Every 10 min PRN  
Admin Instructions: Give as second line treatment, if labetalol (NORMODYNE,TRANDATE) ineffective or cannot be given.

Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)  
Starts/Ends: 06/19/18 1125 - 06/19/18 1410  
Route: Intravenous  
Rate/Duration: — / —  
\*\*Caution: Sound alike/look alike medication\*\*

(No admins scheduled or recorded for this medication)

**pantoprazole (PROTONIX) EC tablet [751296239]**

Ordering Provider: Sohail Asfandiyar, MD  
  
Ordered On: 06/19/18 1411  
Dose (Remaining/Total): 40 mg (—/—)  
Frequency: 2 Times daily before meals  
Admin Instructions: DO NOT CRUSH OR CHEW.

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Starts/Ends: 06/19/18 1630 - 06/21/18 1553  
Route: Oral  
Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 06/21/18 0837 Documented: 06/21/18 0838	Given	40 mg	Oral	Performed by: Alane Morabit, RN Scanned Package: 66993-068-51
Performed 06/20/18 1758 Documented: 06/20/18 1758	Given	40 mg	Oral	Performed by: Morgan Stull, RN Scanned Package: 66993-068-51
Performed 06/20/18 1528 Documented: 06/20/18 1528	MAR Unhold	—	—	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 Documented: 06/20/18 1347	MAR Hold Unreviewed Transfer Orders	—	—	Performed by: Automatic Transfer Provider
Performed 06/20/18 0830 Documented: 06/20/18 0908	Given	40 mg	Oral	Performed by: Dolores Gervase, RN Scanned Package: 66993-068-51



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 06/19/18 1703 Given 40 mg Oral Performed by: Janet Ian, RN  
Documented: 06/19/18 Scanned Package: 66993-068-51  
1703

**sodium chloride (NS) 0.9 % infusion [751296244]**

Status: Dispensed (Past End Date/Time) Ordered On: 06/19/18 1447  
Starts/Ends: 06/19/18 1447 - 06/20/18 0259 Dose (Remaining/Total): — (1/1)  
Route: — Frequency: —  
Rate/Duration: — / — Admin Instructions: Cook, Michelle: cabinet override  
Note to pharmacy: Cook, Michelle: cabinet override

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 06/19/18 1500 Documented: 06/19/18 1604	Canceled Entry	—	—	Performed by: Janet Ian, RN

**piperacillin-tazobactam (ZOSYN) 4.5 g in NS 100 mL IVPB ADD-vantage [751296245]**

Ordering Provider: Sohail Asfandiyar, MD Status: Discontinued (Past End Date/Time)  
Ordered On: 06/19/18 1532 Starts/Ends: 06/19/18 1600 - 06/20/18 1054  
Dose (Remaining/Total): 4.5 g (—/—) Route: Intravenous  
Frequency: Every 8 hours Rate/Duration: 25 mL/hr / 4 Hours

Question	Answer	Comment
Reason for Ordering Antimicrobial::	UTI - Urinary Tract Infection	—
Expected days of therapy::	7	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 06/21/18 1352 Documented: 06/21/18 1352	Stopped	0 g 0 mL/hr 4 Hours	Intravenous	Performed by: Alane Morabit, RN
Performed 06/20/18 0912 Documented: 06/20/18 0912	New Bag	4.5 g 25 mL/hr 4 Hours	Intravenous	Performed by: Dolores Gervase, RN
Performed 06/20/18 0118 Documented: 06/20/18 0121	New Bag	4.5 g 25 mL/hr 4 Hours	Intravenous	Performed by: Emelin C Edang, RN Comments: 100 ml sodium chloride not available in Omnicel Scanned Package: 0409-3379-04
Performed 06/19/18 1654 Documented: 06/19/18 1654	New Bag	4.5 g 25 mL/hr 4 Hours	Intravenous	Performed by: Janet Ian, RN Scanned Package: 0781-9367-94, 0409-7101-69

**apixaban (ELIQUIS) tablet [751296258]**

Ordering Provider: Dhaval G Patel, MD Status: Discontinued (Past End Date/Time)  
Ordered On: 06/20/18 0751 Starts/Ends: 06/20/18 0900 - 06/20/18 0905  
Dose (Remaining/Total): 5 mg (—/—) Route: Oral  
Frequency: 2 Times daily Rate/Duration: — / —  
Admin Instructions: PAF

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 06/20/18 0920 Documented: 06/20/18 0920	Canceled Entry	—	Oral	Performed by: Dolores Gervase, RN

**sodium chloride (NS) 0.9 % infusion [751296259]**





**Medications (continued)**

**All Meds and Administrations (continued)**

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
 Starts/Ends: 06/20/18 0816 - 06/21/18 1553  
 Route: —  
 Rate/Duration: — / —  
 Note to pharmacy: Gervase, Dee: cabinet override

Ordered On: 06/20/18 0816  
 Dose (Remaining/Total): — (1/1)  
 Frequency: —  
 Admin Instructions: Gervase, Dee: cabinet override

(No admins scheduled or recorded for this medication)

**furosemide (LASIX) tablet [751503300]**

Ordering Provider: Carrie E Walker, NP  
 Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
 Starts/Ends: 06/20/18 1100 - 06/21/18 1553  
 Ordered On: 06/20/18 1054  
 Dose (Remaining/Total): 20 mg (—/—)  
 Frequency: Every other day  
 Route: Oral  
 Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 06/20/18 1528 Documented: 06/20/18 1528	MAR Unhold	—	—	Performed by: Nega B Gebremariam, MD
Performed 06/20/18 1347 Documented: 06/20/18 1347	MAR Hold Unreviewed Transfer Orders	—	—	Performed by: Automatic Transfer Provider
Performed 06/20/18 1310 Documented: 06/20/18 1312	Given	20 mg	Oral	Performed by: Dolores Gervase, RN Scanned Package: 0054-8297-25

**apixaban (ELIQUIS) tablet [751503303]**

Ordering Provider: Samina Fakhr, MD  
 Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
 Starts/Ends: 06/20/18 2100 - 06/21/18 1553  
 Ordered On: 06/20/18 1713  
 Dose (Remaining/Total): 5 mg (—/—)  
 Frequency: 2 Times daily  
 Route: Oral  
 Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 06/21/18 0837 Documented: 06/21/18 0838	Given	5 mg	Oral	Performed by: Alane Morabit, RN Scanned Package: 0003-0894-31
Performed 06/20/18 2128 Documented: 06/20/18 2128	Given	5 mg	Oral	Performed by: Tenikia Smith, RN Scanned Package: 0003-0894-31

**Historical Medications Entered This Encounter**

This print group is not available in inpatient encounters. Please contact a system administrator.

**Care Plan**

**Multidisciplinary Problems (Active)**

**Problem: Blood disorder**

Dates: Start: 06/18/18  
 Disciplines: Interdisciplinary

**Goal: Blood disorder labs will remain in acceptable range**

Dates: Start: 06/18/18  
 Disciplines: Interdisciplinary

**Intervention: Transfuse blood products**



WS Kennestone Hospital  
677 Church Street  
Marietta GA 30060-1101  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Care Plan (continued)**

**Multidisciplinary Problems (Active) (continued)**

Dates: Start: 06/18/18

**Intervention: Monitor for signs and symptoms of transfusion reactions**

Dates: Start: 06/18/18

**Intervention: Educate patient and family of blood transfusion and transfusion reactions**

Dates: Start: 06/18/18

**Intervention: Monitor labs**

Dates: Start: 06/18/18

**Problem: Daily Care**

Dates: Start: 06/18/18  
Disciplines: Interdisciplinary

**Goal: Daily care needs are met**

Dates: Start: 06/18/18  
Description: Assess and monitor ability to perform self care and identify potential discharge needs.  
Disciplines: Interdisciplinary

**Intervention: Assess skin integrity/risk for skin breakdown and implement skin integrity plan of care and interventions per policy**

Dates: Start: 06/18/18

**Intervention: Assist with ADLs as needed**

Dates: Start: 06/18/18

**Intervention: Encourage independent activity per ability**

Dates: Start: 06/18/18

**Intervention: Provide oral care**

Dates: Start: 06/18/18  
Description: Every 2 hours as needed.

**Intervention: Include patient/family/caregiver in decisions**

Dates: Start: 06/18/18

**Problem: Glucose Imbalance**

Dates: Start: 06/18/18  
Disciplines: Interdisciplinary

**Goal: Clinical indication of glucose balance is achieved**

Dates: Start: 06/18/18  
Disciplines: Interdisciplinary

**Intervention: Monitor blood glucose levels as ordered**

Dates: Start: 06/18/18

**Intervention: Administer medications as ordered**

Dates: Start: 06/18/18

**Intervention: Notify physician of ineffective treatment plan**

Dates: Start: 06/18/18

**Goal: Patient's discharge needs are met**

Dates: Start: 06/18/18  
Disciplines: Interdisciplinary

**Intervention: Assess patient for self-management skills**



**Care Plan (continued)**

**Multidisciplinary Problems (Active) (continued)**

Dates: Start: 06/18/18

**Intervention: Encourage participation in diabetes management**

Dates: Start: 06/18/18

**Intervention: Identify potential discharge barriers on admission**

Dates: Start: 06/18/18

**Intervention: Involve patient/family/caregiver in discharge planning process**

Dates: Start: 06/18/18

**Intervention: Communicate referral to diabetes educator**

Dates: Start: 06/18/18

**Intervention: Communicate referral to dietician as appropriate**

Dates: Start: 06/18/18

**Intervention: Collaborate with Case Management/Social Services for discharge needs**

Dates: Start: 06/18/18

**Problem: Pain**

Dates: Start: 06/18/18  
 Disciplines: Interdisciplinary

**Goal: Patient's pain/discomfort is manageable**

Dates: Start: 06/18/18  
 Priority: High  
 Description: Assess and monitor patient's pain using appropriate pain scale. Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Re-assess patient's pain level 30 - 60 minutes after pain management intervention.  
 Disciplines: Interdisciplinary

**Intervention: Include patient/family/caregiver in decisions related to pain management**

Dates: Start: 06/18/18

**Intervention: Offer non-pharmacological pain management interventions**

Dates: Start: 06/18/18

**Problem: Potential for Falls**

Dates: Start: 06/18/18  
 Disciplines: Interdisciplinary

**Goal: Patient will remain free of falls**

Dates: Start: 06/18/18 Expected End: 06/22/18  
 Disciplines: Interdisciplinary

**Intervention: Assess fall risk factors, per hospital policy**

Dates: Start: 06/18/18

**Intervention: Be particularly alert to medication side effects**

Dates: Start: 06/18/18

**Intervention: Be particularly alert to consciousness level/orientation**

Dates: Start: 06/18/18

**Intervention: Be particularly alert to mobility and elimination needs**

Dates: Start: 06/18/18

**Intervention: Use Gait Belts and bed/chair alarms**

Dates: Start: 06/18/18



**Care Plan (continued)**

**Multidisciplinary Problems (Active) (continued)**

**Intervention: Provide frequent checks/toileting schedule, as needed**

Dates: Start: 06/18/18

**Intervention: Consider consults with Pharmacy and PT**

Dates: Start: 06/18/18

**Intervention: Educate pt/family on fall prevention interventions**

Dates: Start: 06/18/18

**Problem: Psychosocial Needs**

Dates: Start: 06/18/18  
 Disciplines: Interdisciplinary

**Goal: Demonstrates ability to cope with hospitalization/illness**

Dates: Start: 06/18/18  
 Description: Assess and monitor patients ability to cope with his/her illness.  
 Disciplines: Interdisciplinary

**Intervention: Encourage verbalization of feelings/concerns/expectations**

Dates: Start: 06/18/18

**Intervention: Provide quiet environment**

Dates: Start: 06/18/18

**Intervention: Assist patient to identify own strengths and abilities**

Dates: Start: 06/18/18

**Intervention: Encourage patient to set small goals for self**

Dates: Start: 06/18/18

**Intervention: Encourage participation in diversional activity**

Dates: Start: 06/18/18

**Intervention: Reinforce positive adaptation of new coping behaviors**

Dates: Start: 06/18/18

**Intervention: Include patient/family/caregiver in decisions**

Dates: Start: 06/18/18

**Goal: Collaborate with patient/family/caregiver to identify patient specific goals for this hospitalization**

Dates: Start: 06/18/18  
 Disciplines: Interdisciplinary

**Flowsheet:**

<b>Taken at 06/18/18 2136</b>	
Cultural Preferences Affecting Hospitalization	No by Renata Marques-Bryant, RN
Spiritual Preferences Affecting Hospitalization	No by Renata Marques-Bryant, RN
<b>Taken at 06/18/18 0127</b>	
Cultural Preferences Affecting Hospitalization	No by Renata Marques-Bryant, RN
Spiritual Preferences Affecting Hospitalization	No by Renata Marques-Bryant, RN
<b>Taken at 06/18/18 0000</b>	
Cultural Preferences Affecting Hospitalization	No by Renata Marques-Bryant, RN
Spiritual Preferences Affecting Hospitalization	No by Renata Marques-Bryant, RN

**Problem: Safety**

Dates: Start: 06/18/18  
 Disciplines: Interdisciplinary



**Care Plan (continued)**

**Multidisciplinary Problems (Active) (continued)**

**Goal: Patient will be injury free during hospitalization**

Dates: Start: 06/18/18  
 Description: Assess and monitor vitals signs, neurological status including level of consciousness and orientation. Assess patient's risk for falls and implement fall prevention plan of care and interventions per hospital policy.  
 Disciplines: Ensure arm band on, uncluttered walking paths in room, adequate room lighting, call light and overbed table within reach, bed in low position, wheels locked, side rails up per policy, and non-skid footwear provided.  
 Interdisciplinary

**Intervention: Assess patient's risk for falls and implement fall prevention plan of care per policy**

Dates: Start: 06/18/18

**Intervention: Provide and maintain safe environment**

Dates: Start: 06/18/18  
 Description:

**Intervention: Use appropriate transfer methods**

Dates: Start: 06/18/18

**Intervention: Ensure appropriate safety devices are available at the bedside**

Dates: Start: 06/18/18

**Intervention: Include patient/family/caregiver in decisions related to safety**

Dates: Start: 06/18/18

**Patient Education**

**Education**

**Title: Acute MI (MCB) (Resolved)**

**Topic: Psycho/Social/Spiritual Support (Resolved)**

**Point: Coping Mechanisms (Resolved)**

Description: Help patient identify healthy coping mechanisms. Refer to Social Service, Case Management, or Spiritual Care, if needed.  
 Learner: Not documented in this visit.  
 Progress:

**Point: Support Systems (Resolved)**

Description: Help patient identify available support systems. Refer to Social Service, Case Management, or Spiritual Care, if needed.  
 Learner: Not documented in this visit.  
 Progress:

**Point: Spiritual/Emotional Needs (Resolved)**

Description: Offer resources to meet spiritual/emotional needs. Refer to Spiritual Care, if needed.  
 Learner: Not documented in this visit.  
 Progress:

**Point: Anxiety Reduction (Resolved)**

Description: Explain the definition of anxiety, signs and symptoms, and examples of ways to reduce anxiety. Inform patient that Spiritual Care and Social Services are available.

**Patient Education (continued)**

**Education (continued)**

Learner Not documented in this visit.  
Progress:

**Topic: Prevention (MCB) (Resolved)**

**Point: When to Call the Doctor (Resolved)**

Description:  
Educate patient/family/caregiver on when to call the doctor.

Learner Not documented in this visit.  
Progress:

**Point: Protect Others from Infection (Resolved)**

Description:  
Educate patient/family/caregiver on respiratory hygiene and cough etiquette. To protect from further infection and to protect others from getting an infection, patient should cover nose and mouth with tissues when coughing. Encourage patient to place used tissues in a plastic bag that will not allow secretions to soak through. Patient should always wash his/her hands after using or handling used tissues.

Learner Not documented in this visit.  
Progress:

**Point: Protect Yourself from Further Infection (MCB) (Resolved)**

Description:  
Educate patient/family/caregiver that because patient is in a weakened condition he/she needs to avoid others who are sick as to not acquire another illness. Family/caregiver should wear gloves, gown and face shield/eye protection.

Patient Friendly Description:  
Information on Flu.  
Information on Pneumonia and Pneumococcal Vaccination.  
Learner Not documented in this visit.  
Progress:

**Point: Demonstrate Handwashing (MCB) (Resolved)**

Description:  
Educate patient/family/caregiver on how to perform proper hand hygiene. Explain that hand washing is the single most important step in preventing the spread of germs. Have the patient/family/caregiver demonstrate proper hand washing technique using soap, water, friction, clean nails under running water, and dry hands on clean towel without touching dirty surfaces.

Patient Friendly Description:  
This will explain the importance of washing and cleansing your hands to prevent infection.  
Learner Not documented in this visit.  
Progress:

**Topic: Self Care (MCB) (Resolved)**

**Point: General Self Care (Resolved)**

Description:  
Instruct patient on self care needs. These may include: hygiene, how to take a blood pressure, how to change a dressing, etc.

Learner Not documented in this visit.  
Progress:

**Point: Demonstrate Handwashing (MCB) (Resolved)**

Description:  
Educate patient/family/caregiver on how to perform proper hand hygiene. Explain that hand washing is the single most important step in preventing the spread of germs. Have the patient/family/caregiver demonstrate proper hand washing technique using soap, water, friction, clean nails under running water, and dry hands on clean towel without touching dirty surfaces.

Patient Friendly Description:  
This will explain the importance of washing and cleansing your hands to prevent infection.  
Learner Not documented in this visit.  
Progress:



**Patient Education (continued)**

**Education (continued)**

**Topic: Pain Management (Resolved)**

**Point: Pain Medication Actions & Side Effects (Resolved)**

Description:  
Provide medication specific handouts when available.

Learner Not documented in this visit.  
Progress:

**Point: Discuss Significance of VAS Scores (Resolved)**

Description:  
Refer to rating score of 0-10.

Learner Not documented in this visit.  
Progress:

**Point: Discuss the Use of Pain Control Measures Before Pain Becomes Severe (MCB) (Resolved)**

Description:  
Take time to reiterate to patient that he/she should always let staff know if he/she is having difficulty breathing, pain or any discomfort at any time before pain becomes severe.

Patient Friendly Description:  
Please inform staff that if you are having any difficulty breathing, pain or any discomfort at any time before the pain gets severe.

Please read over the items and let anyone on your Care Team know there are any questions about the material by marking below that "I HAVE QUESTIONS".

If once you have received the items and understand the material you can mark this as "I understand".  
Learner Not documented in this visit.  
Progress:

**Point: Non-Pharmacological Comfort Measures (Resolved)**

Description:  
Explain there are other ways of controlling pain than medication. The following are suggestions: position change, aromatherapy, deep slow breathing, distraction, quiet environment, imagery, heat therapy and/or cold therapy, laughter, massage, music, physical therapy, and touch therapy.

Learner Not documented in this visit.  
Progress:

**Point: Patient Controlled Analgesia (Resolved)**

Description:  
Give the patient written information on Patient Controlled Analgesia. Explain how the pump works. Demonstrate pushing the button to give pain medicine to the patient. Caution the patient and other family/visitors that only the patient should press the PCA button for pain relief to decrease the chance of getting too much pain medicine.

Learner Not documented in this visit.  
Progress:

**Point: Epidural Information (Resolved)**

Description:  
Give the patient written information on Epidural Analgesia. Explain why an epidural is used, how the epidural is placed and how the medication is given. If the epidural is PCA, demonstrate pushing the button to give pain medicine to the patient. Caution the patient and other family/visitors that only the patient should press the button for pain relief to decrease the chance of getting too much pain medicine.

Learner Not documented in this visit.  
Progress:

**Topic: Signs and Symptoms - Acute MI (Resolved)**

**Point: Recognizing a Heart Attack (MCB) (Resolved)**

Description:  
Be sure patient reviews video on Coronary Artery Disease

**Patient Education (continued)**

**Education (continued)**

Patient Friendly Description:

Please watch the video and/or read over the documented material and let anyone on your Care Team know if there are any questions by marking below.

If after watching the video and/or reading the material you have questions, please mark below I have question to let the staff know you have additional questions about a topic and they will be in to discuss your questions.

This will inform you of what to expect if you are diagnosed with a Heart Attack.

Learner Not documented in this visit.

Progress:

**Point: Risk Factors (Resolved)**

Description:

Educate the patient/family/caregiver on coronary risk factors. Explain the controllable and non-controllable risk factors to Coronary Artery Disease. Review how to control coronary artery disease by altering the controllable risk factors. Some examples include: controlling blood pressure, reducing fat and cholesterol in the diet, stopping smoking, exercising regularly, maintaining ideal body weight, dealing with stress in an appropriate manner, drinking alcohol and coffee in moderation and controlling blood sugar levels (if applicable).

Learner Not documented in this visit.

Progress:

**Topic: Acute MI (MCB) (Resolved)**

**Point: Emergency Plan for Heart Attack Symptoms (Resolved)**

Description:

Educate the patient/family/caregiver on how to get help immediately if heart attack symptoms occur. The patient should call 911 or the Emergency Medical Service number. Reinforce that the patient should not delay in obtaining help.

Learner Not documented in this visit.

Progress:

**Point: Home Activity (Resolved)**

Description:

Educate the patient/family/caregiver on home activity guidelines that apply after having had a recent heart attack. Do things in moderation, rest about 30 minutes after eating, pace activities, allow for 7-8 hours of sleep at night, start with short walks 3-5 times a day. Consult with Cardiac Rehab staff, if applicable.

Learner Not documented in this visit.

Progress:

**Point: Limitations to Activity (Resolved)**

Description:

Educate the patient/family/caregiver regarding the following limitations to activity for 4-6 weeks after discharge. No lifting over 10 pounds (weight of a milk jug), no pushing or pulling motions with the arms (sweeping, vacuuming or raking), no driving (may be changed after talking to the doctor), no bathing in very hot or very cold water.

Learner Not documented in this visit.

Progress:

**Point: Sexual Activity (Resolved)**

Description:

Educate the patient/family/caregiver on the following: Wait 4 weeks before resuming sexual activity. If the patient can climb 2 flights of steps, he/she can assume it is ok to resume sexual activity. Choose a comfortable position. Wait at least 1 hour after a meal. If sex brings on angina, stop and rest. Discuss chest pain during sex with the physician. Some medications can affect sexual desire. If this is the case, talk with the physician.

Learner Not documented in this visit.

Progress:

**Point: Influenza Vaccine (Resolved)**

Description:

Educate the patient/family/caregiver on obtaining a yearly influenza vaccine.

Learner Not documented in this visit.

Progress:

**Point: Smoking Cessation (Resolved)**





**Patient Education (continued)**

**Education (continued)**

Description:

Educate the patient/family/caregiver on smoking cessation and smoking cessation programs offered in the community. Explain effects smoking and second hand smoke have on the body. Encourage the patient to ask people that smoke around him/her to smoke outside or in another room. Refer patient to Cardiopulmonary Rehabilitation, if applicable.

Learner: Not documented in this visit.  
Progress:

**Title: Diabetes (MCB) (In Progress)**

**Topic: Psycho/Social/Spiritual Support (Done)**

**Point: Stress Management and Support Systems (Done)**

Description:

Explain the importance of stress management and support systems in diabetes management. Refer to WellStar diabetes support groups, social services, case management or spiritual care, if needed.

**Learning Progress Summary**

Patient	
	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129

**Point: Anxiety Reduction (Done)**

Description:

Explain the definition of anxiety, signs and symptoms, and examples of ways to reduce anxiety. Inform patient that Spiritual Care and Social Services are available.

**Learning Progress Summary**

Patient	
	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129

**Topic: Treatments/Procedures (MCB) (Done)**

**Point: Introduction to Diabetes (MCB) (Done)**

Description:

Give patient/family/caregiver written information on diabetes. Explain the definition of the type of diabetes with which the patient was diagnosed, how diabetes works in the body, risk factors, signs and symptoms, and if newly diagnosed, diagnostic criteria. Encourage viewing of diabetes on-demand videos when applicable. Refer to inpatient diabetes educator when applicable.

Patient Friendly Description:

You will receive a booklet entitled Diabetes survival skills. There are also two links to documents about Diabetes for you to read over noted below.

Please read over the items and let anyone on your Care Team know there are any questions about the material by marking below that "I HAVE QUESTIONS".

If once you have received the items and understand the material you can mark this as "I understand".

**Learning Progress Summary**

Patient	
	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357

**Point: Diabetes Type II management (MCB) (Done)**

Description:

Patient will watch a video that will discuss information on what to expect if they have Diabetes type II.

Patient Friendly Description:

This will inform you of what to expect if you have Diabetes type II.

**Learning Progress Summary**

Patient	
	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357

**Patient Education (continued)**

**Education (continued)**

**Point: Diabetic long term complications (MCB) (Done)**

Description:

Patient will have information from Krames on the long term complications of Diabetes Type II.

Patient Friendly Description:

Some information on the long term complications of Diabetes Type II.

**Learning Progress Summary**

**Patient**

Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357

**Topic: Medications (MCB) (Not Started)**

**Point: Insulin (MCB) (Not Started)**

Description:

Educate patient/family/caregiver on the insulin prescribed. Explain how insulin works in the body. Explain the action of insulin, reason for taking, side effects, signs of allergic reaction and when physician should be called. Reinforce that insulin should be taken exactly as the physician has prescribed. Explain the proper storage of insulin, that extreme temperatures can damage insulin and never take insulin that has expired. Explain that the patient's primary care physician may change the dosage depending on the results of blood glucose tests and/or A1C level.

Patient Friendly Description:

This will inform you of why you are prescribed insulin if you have Diabetes Type II.

Learner Not documented in this visit.

Progress:

**Point: Hypoglycemic Agents (Not Started)**

Description:

Educate patient/family/caregiver on the oral and/or injectable hypoglycemic(s) prescribed. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, as well as when the physician should be called. Reinforce that this medication(s) should be taken exactly as the physician has prescribed.

Learner Not documented in this visit.

Progress:

**Point: Giving Insulin Injection (Not Started)**

Description:

Explain and demonstrate how the injection is given. Allow enough time for the patient/family/caregiver to practice. Have the patient return-demonstrate the technique using normal saline (vial and syringe only unless sterile demonstration pen is also available). Teach the patient how to choose and rotate injection sites. Instruct patient on safe disposal of used needles and syringes.

Learner Not documented in this visit.

Progress:

**Point: Drawing up Insulin (Not Started)**

Description:

Instruct patient/family/caregiver to wash hands before drawing up insulin. Demonstrate and have the patient return-demonstrate drawing up the correct amount of insulin prescribed. If the patient is going to use an insulin pen, demonstrate use and have the patient return-demonstrate. If the patient is going to mix different types of insulin, demonstrate and have the patient return-demonstrate the correct way to draw up and mix the insulin.

Learner Not documented in this visit.

Progress:

**Topic: Self Care (MCB) (Not Started)**

**Point: Exercise (Not Started)**

Description:

Encourage patient/family/caregiver to discuss activity limitations, if any, with physician before starting an exercise routine. Stress the importance of regular exercise and activity to control blood sugar levels and weight. Instruct the patient to carry single carbohydrates while exercising in case of hypoglycemic reaction. Explain that both concentrated physical activity (such as walking, swimming, running, cycling, strength training) and being more active through the entire day are equally important to blood sugar control and weight management.

Learner Not documented in this visit.

Progress:



**Patient Education (continued)**

**Education (continued)**

**Point: Blood Glucose Monitoring (MCB) (Not Started)**

Description:

Instruct patient/family/caregiver to wash hands before checking blood glucose. Explain and, if possible to use a complementary glucometer, demonstrate how to check and record blood sugars. Instruct the patient to check blood sugars as frequently as ordered by the physician. Explain that stress or illness will increase blood sugar, making it necessary to check blood sugars more often than usual. Instruct patient on blood glucose target ranges and A1C target range. Discuss care of the meter and supplies, including how to obtain supplies. If using a complementary glucometer, have the patient return-demonstrate checking the blood sugar. Instruct the patient on safe disposal of lancets. Refer to inpatient diabetes educator if applicable.

Patient Friendly Description:

Why is it important to check my blood sugar?

Learner Not documented in this visit.

Progress:

**Point: Diabetic Foot Care (MCB) (Not Started)**

Description:

Explain importance of foot care. Patient should have feet examined by a health care provider at least twice a year. Persons with foot problems should have feet examined at every visit. Explain daily foot care. Review importance of wearing well-fitting shoes and stockings/socks. Reinforce the importance of wearing shoes, even indoors, to prevent injury.

Patient Friendly Description:

This will inform you of why you should check your feet if you have diabetes.

Learner Not documented in this visit.

Progress:

**Point: Diabetes Identification Jewelry (Not Started)**

Description:

Encourage the patient to wear a piece of jewelry that identifies patient as a person with diabetes. This will inform medical personnel that patient has diabetes if unable to communicate.

Learner Not documented in this visit.

Progress:

**Topic: Prevention/Discharge (Not Started)**

**Point: Signs and Symptoms of Hypoglycemia (Not Started)**

Description:

Define and explain causes of hypoglycemia. Discuss signs and symptoms.

Learner Not documented in this visit.

Progress:

**Point: Treatment of Hypoglycemia (Not Started)**

Description:

Instruct the patient on how to treat low blood sugar using the Rule of 15. Encourage patient to carry a blood sugar treatment at all time.

Learner Not documented in this visit.

Progress:

**Point: When to Call the Doctor (Not Started)**

Description:

Instruct the patient/family/caregiver to call their health care provider if there are symptoms of hypo- or hyperglycemia or if blood sugars are trending high or low and are not controlled by simple measures.

Learner Not documented in this visit.

Progress:

**Point: Signs and Symptoms of Hyperglycemia (Not Started)**

Description:

Define and explain causes of hyperglycemia. Discuss signs and symptoms (mild, moderate, severe, and ketoacidosis).

Learner Not documented in this visit.

Progress:

**Point: Prevention of Hyperglycemia (Not Started)**



**Patient Education (continued)**

**Education (continued)**

Description:

Encourage patient/family/caregiver to follow healthcare providers' instructions for diet, activity and medications. Explain the importance of good diabetes management and learning to detect and treat hyperglycemia early before it worsens. Refer to registered dietitian, when applicable, for meal planning assistance.

Learner Not documented in this visit.  
Progress:

**Point: Prevention of Hypoglycemia (Not Started)**

Description:

Encourage patient/family/caregiver to follow healthcare providers' instructions for diet, activity and medications. Explain the importance of good diabetes management and learning to detect and treat hypoglycemia early before it worsens.

Learner Not documented in this visit.  
Progress:

**Point: WellStar Outpatient Diabetes Education (Not Started)**

Description:

Provide information on WellStar Outpatient Diabetes Education when applicable. Information includes a list of classes offered and how to register.

Learner Not documented in this visit.  
Progress:

**Point: Follow-up Appointments (Not Started)**

Description:

Give the patient/family written information on when to make follow-up appointments. Reinforce importance of making and keeping the appointments. If appointments were made during the visit, give the patient a written reminder of the time and location.

Learner Not documented in this visit.  
Progress:

**Topic: Diabetic Diet (MCB) (Not Started)**

**Point: Meal Planning and Portion Sizes (MCB) (Not Started)**

Description:

The patient will view documents in Krames talking about meal planning as well learning about serving and portion sizes.

Patient Friendly Description:

This will inform you of ways to stay on track with your diet.

Learner Not documented in this visit.  
Progress:

**Point: Eating well with Diabetes (MCB) (Not Started)**

Description:

Patient will watch a video on healthy eating for people with DM.

Patient Friendly Description:

Healthy eating for people with Diabetes.

Learner Not documented in this visit.  
Progress:

**Point: Carbohydrate Counting (MCB) (Not Started)**

Description:

Patient will read Krames documents on healthy meals and meal planning for Diabetes.

Patient Friendly Description:

Learn about counting your carbohydrates.

Learner Not documented in this visit.  
Progress:

**Topic: Survival Skills (Not Started)**

**Point: Review Diagnosis (Not Started)**



**Patient Education (continued)**

**Education (continued)**

Description:  
Review the diabetes diagnosis, specific to patient's diabetes type.  
Diabetes Survival Skills Booklet provided.

Patient Friendly Description:

Learner Not documented in this visit.  
Progress:

**Point: Nutrition (Not Started)**

Description:  
Importance of consistent nutrition habits.

Learner Not documented in this visit.  
Progress:

**Point: Appointments (Not Started)**

Description:  
Importance of follow up appointment with the health care provider who will provide diabetes care after discharge.

Learner Not documented in this visit.  
Progress:

**Point: Sick Day (Not Started)**

Description:  
Sick day management

Learner Not documented in this visit.  
Progress:

**Point: Insulin Administration (if applicable) (Not Started)**

Description:  
Insulin administration and proper use and disposal of needles and syringes. How to schedule outpatient diabetes education. Review self-monitoring of blood glucose and home blood glucose goals.

Learner Not documented in this visit.  
Progress:

**Point: Hyperglycemia (Not Started)**

Description:  
Definition, recognition, treatment and prevention of hyperglycemia.

Learner Not documented in this visit.  
Progress:

**Point: Hypoglycemia (Not Started)**

Description:  
Definition, recognition, treatment and prevention of hypoglycemia.

Learner Not documented in this visit.  
Progress:

**Point: Glucose Lowering Medications (Not Started)**

Description:  
When and how to take blood glucose-lowering medications.

Learner Not documented in this visit.  
Progress:

**Topic: Diabetes Zones for Management (Not Started)**

**Point: Diabetes Zones for Management reviewed (Not Started)**

Description:  
Diabetes Zones for Management reviewed.



**Patient Education (continued)**

**Education (continued)**

Learner Not documented in this visit.  
Progress:

**Point: Diabetes Zones for Management handout provided (Not Started)**

Description:  
Diabetes Zones for Management handout provided.

Learner Not documented in this visit.  
Progress:

**Title: WS Cardiac Rehab (Resolved)**

**Topic: PCI (Resolved)**

**Point: Books/Educational Material (Resolved)**

Description:  
Current standardized written information provided specific to diagnosis, recovery, disease progression and prevention.

Learner Not documented in this visit.  
Progress:

**Point: Exercise (Resolved)**

Description:  
Information regarding the benefits of exercise provided. Exercise guidelines provided for initial recovery from acute heart event and long term goals of exercise.

Learner Not documented in this visit.  
Progress:

**Point: Medications (Resolved)**

Description:  
Medication compliance encouraged. Organization tools discussed and medication information and resources provided.

Learner Not documented in this visit.  
Progress:

**Point: Risk Factors (Resolved)**

Description:  
Written and verbal information provided on modifiable and non-modifiable factors associated with increased risk of heart disease and stroke.

Learner Not documented in this visit.  
Progress:

**Point: Activity guidelines (Resolved)**

Description:  
Appropriate activity and/or limitations for diagnosis specific recovery provided.

Learner Not documented in this visit.  
Progress:

**Point: Signs/symptoms/activate EMS (Resolved)**

Description:  
Information provided on the signs and symptoms which commonly occur with a heart attack or stroke. Emphasis placed on appropriate activation of EMS with recognition of signs and symptoms.

Learner Not documented in this visit.  
Progress:

**Point: Cardiac Rehab participation/location options (Resolved)**

Description:  
Cardiac rehabilitation benefits highlighted and participation encouraged.



**Patient Education (continued)**

**Education (continued)**

Learner Not documented in this visit.  
Progress:

**Point: Cardiac Diet/low fat/low sodium (Resolved)**

Description:  
American Heart Association guidelines provided for a reduced fat and reduced sodium diet.

Learner Not documented in this visit.  
Progress:

**Point: Endocarditis education/card (Resolved)**

Description:  
Written and verbal instruction provided on endocarditis prevention. Temporary Valve card provided.

Learner Not documented in this visit.  
Progress:

**Point: Outpatient education classes/Heart Smart/Device Advice/Heart of the Matter (Resolved)**

Description:  
Description and registration details of outpatient education classes provided. Participation encouraged.

Learner Not documented in this visit.  
Progress:

**Title: Cardiac Arrhythmia (MCB) (Not Started)**

**Topic: Treatment for Atrial Fibrillation/Atrial Flutter (MCB) (Not Started)**

**Point: Chemical cardioversion (MCB) (Not Started)**

Description:  
Provide written education on why and how a chemical cardioversion is done. As well as associated risks.

Patient Friendly Description:  
Why and how a chemical cardioversion is done and associated risks.

Learner Not documented in this visit.  
Progress:

**Point: Electrical cardioversion (MCB) (Not Started)**

Description:  
Provide written education on why and how an electrical cardioversion is done. As well as associated risks.

Patient Friendly Description:  
Why and how a electrical cardioversion is done and associated risks.

Learner Not documented in this visit.  
Progress:

**Point: Ablation (MCB) (Not Started)**

Description:  
Provide written education on the catheter ablation procedure and discharge instructions.

Patient Friendly Description:  
How an ablation is done, and what to do after the procedure.

Learner Not documented in this visit.  
Progress:

**Topic: Prevention/Discharge (MCB) (Not Started)**

**Point: Anticoagulation (MCB) (Not Started)**

Description:  
Provide written education on anticoagulation use including contraindications, side effects, interactions, and medication safety.

Patient Friendly Description:  
Information on taking blood thinners safely.



**Patient Education (continued)**

**Education (continued)**

Learner Not documented in this visit.  
Progress:

**Point: Discharge with A Fib/Flutter (MCB) (Not Started)**

Description:  
Provide written education on treatment options, home care, and follow up care for discharging with atrial fibrillation.

Patient Friendly Description:  
Information on treatment options, home care, and when to call your healthcare provider after going home with atrial fibrillation/flutter.

Learner Not documented in this visit.  
Progress:

**Point: Atrial fib/flutter: stroke prevention (MCB) (Not Started)**

Description:  
"Provide written education on risk factors, medication, and prevention of A. Fib.  
Hyperlink education materials provided to patient/family/caregiver."

Patient Friendly Description:  
Preventing stroke caused by A. Fib.

Learner Not documented in this visit.  
Progress:

**Topic: What is atrial fibrillation/flutter (MCB) (Not Started)**

**Point: You have atrial fibrillation (MCB) (Not Started)**

Description:  
Provide video education on the signs/symptoms of A. Fib, causes, medication(s), risk factors, prevention, and treatment.

Patient Friendly Description:  
What to expect if you are diagnosed with A. Fib: causes, symptoms, and treatment.

Learner Not documented in this visit.  
Progress:

**Point: You have Atrial Flutter (MCB) (Not Started)**

Description:  
Provide written education on the signs/symptoms of A. Flutter, causes, medication(s), risk factors, prevention, and treatment.

Patient Friendly Description:  
What to expect if you are diagnosed with A. Flutter: causes, symptoms, and treatment

Learner Not documented in this visit.  
Progress:

**Title: MyChart Bedside Teaching completed (Not Started)**

**Points For This Title**

**Point: All MCB content reviewed with patient and teachback completed. The patient verbalized understanding. (Not Started)**

Description:  
Go over all the Education for the patient in the Education activity. The Education that was provided to the patient via MCB was included as well as education that was noted within the Education activity as Education that was beneficial to the patient during this hospital stay.

Learner Not documented in this visit.  
Progress:

**Title: Cardiac Surgery (Resolved)**

**Topic: PCI (Resolved)**

**Additional Points For This Title**

**Point: ACTIVITY (Resolved)**





**Patient Education (continued)**

**Education (continued)**

Learner Not documented in this visit.  
 Progress:

**Point: SIGNS AND SYMPTOMS/ACTIVATE EMS (Resolved)**

Learner Not documented in this visit.  
 Progress:

**Point: BOOKS/EDUCATION MATERIAL (Resolved)**

Learner Not documented in this visit.  
 Progress:

**Point: CARDIAC REHAB (Resolved)**

Learner Not documented in this visit.  
 Progress:

**Point: DIET (Resolved)**

Learner Not documented in this visit.  
 Progress:

**Point: EXERCISE (Resolved)**

Learner Not documented in this visit.  
 Progress:

**Point: Medications (Resolved)**

Learner Not documented in this visit.  
 Progress:

**Point: POST OP CARE (Resolved)**

Learner Not documented in this visit.  
 Progress:

**Point: RISK FACTORS (Resolved)**

Learner Not documented in this visit.  
 Progress:

**Title: Coronary Artery Disease (MCB) (Not Started)**

**Topic: WS Cardiac Rehabilitation for Arrhythmia (MCB)--This is CAD and AMI Cardiac Rehab Program Information for the Patient (Not Started)**

**Point: Exercise for a Healthier Heart (MCB) (Not Started)**

Description:  
 Explain how exercising regularly offers many health rewards. Provide exercise tips to beginning a new exercise routine; Set Small goals and aim for 150 minutes a week.

Patient Friendly Description:  
 This provides healthy heart tips on why exercise is important.

Learner Not documented in this visit.  
 Progress:

**Point: WellStar Cardiac Rehabilitation Program (MCB) (Not Started)**

Description:  
 At WellStar, our cardiac rehab patients are individually assessed to review medical history, evaluate risk factors, analyze functional abilities and set goals. Ongoing assessments are conducted to ensure patients are making progress toward their goals, educational needs are being met, and any problems or concerns are being addressed with the referring physician.

Patient Friendly Description:  
 This will help you better understand Cardiac Rehabilitation. At WellStar, our cardiac rehab programs provide education, supervised exercise, lifestyle modification and emotional support to help patients increase physical fitness, reduce cardiac symptoms and improve health and wellbeing.

Learner Not documented in this visit.  
 Progress:

**Point: Cardiac Rehabilitation: Emotional Issue (MCB) (Not Started)**



**Patient Education (continued)**

**Education (continued)**

Description:

Explain how having heart disease can be stressful. Encourage patient not to ignore feelings of sadness, worry, and depression. Patient should know when to ask for help and/or support.

Patient Friendly Description:

This will explain some emotional feelings related to heart disease.

Learner Not documented in this visit.

Progress:

**Topic: Heart Healthy Diet- DASH Diet (MCB) (Not Started)**

**Point: Eating Heart Healthy Food: Using DASH Plan (MCB) (Not Started)**

Description:

Review diet information and explain that eating a low salt, low fat and low cholesterol diet with plenty of fruits and vegetables can reduce risk of complications from CAD.

Patient Friendly Description:

This will help you follow a healthy eating plan that can reduce your risk of complications associated with Coronary Artery Disease.

Please watch video/read over the material and let anyone on your Care Team know if there are any questions by marking below.

If you understand all material, mark I understand below.

Learner Not documented in this visit.

Progress:

**Topic: Questions your patient may have for you (MCB) (Not Started)**

**Point: Questions your patient may have about the AMI (MCB) (Not Started)**

Description:

This is information about diet, exercise and medications for patients and it encourages them to ask staff questions.

Patient Friendly Description:

After reading this, you can write down any questions that you have for staff under the Notes section as a reference.

Learner Not documented in this visit.

Progress:

**Topic: Coronary Artery Disease (MCB) (Not Started)**

**Point: Recognizing signs and symptoms of Heart Disease (MCB) (Not Started)**

Description:

Provide written education on the signs/symptoms of CAD, causes, medication(s), risk factors, prevention and treatment.

Patient Friendly Description:

This will explain some of the causes of Coronary Artery Disease.

Learner Not documented in this visit.

Progress:

**Point: Understanding Coronary Artery Disease (MCB) (Not Started)**

Description:

Give patient written information on CAD. Explain the definition of CAD, causes, signs and symptoms.

Patient Friendly Description:

This will inform you of what to expect if you are diagnosed with Coronary Artery Disease (CAD).

Please watch video/read over the material and let anyone on your Care Team know if there are any questions by marking below.

If you understand all material, mark I understand below.

Learner Not documented in this visit.

Progress:

**Topic: Risk factors for Heart Disease (MCB) (Not Started)**

**Point: Tobacco/Smoking Cessation (MCB) (Not Started)**

**Patient Education (continued)**

**Education (continued)**

Description:

Give patient written information on Quitting Smoking

Educate the patient/family/caregiver on smoking cessation and smoking cessation programs offered in the community. Explain effects smoking and second hand smoke have on the body. Encourage the patient to ask people that smoke around him/her to smoke outside or in another room. Refer patient to Cardiopulmonary Rehabilitation, if applicable.

Patient Friendly Description:

This will give you some getting started tips to kick the smoking habit.

This will help you plan how to quit the smoking habit.

Learner Not documented in this visit.

Progress:

**Title: First-Dose Education (In Progress)**

**Points For This Title**

**Point: hydralazine HCl (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.

Progress:

**Point: iohexol (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.

Progress:

**Point: nitroglycerin (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.

Progress:

**Point: Ringer's solution, lactated (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.

Progress:

**Point: dextrose (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.

Progress:

**Point: dextrose 50 % in water (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.

Progress:

**Patient Education (continued)**

**Education (continued)**

**Point: calcium carbonate (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
Progress:

**Point: morphine sulfate (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
Progress:

**Point: hydrocodone/acetaminophen (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
Progress:

**Point: aspirin (Resolved)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
Progress:

**Point: acetaminophen (Done)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

**Learning Progress Summary**

**Patient**

Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129

**Point: atropine sulfate (Resolved)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
Progress:

**Point: labetalol HCl (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
Progress:

**Point: metoclopramide HCl (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.



**Patient Education (continued)**

**Education (continued)**

Learner Not documented in this visit.  
Progress:

**Point: furosemide (Not Started)**

Description:  
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
Progress:

**Point: gentamicin sulfate (Not Started)**

Description:  
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
Progress:

**Point: diphenhydramine HCl (Done)**

Description:  
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
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**Point: 0.9 % sodium chloride (Done)**

Description:  
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129

**Point: piperacillin sodium/tazobactam (Done)**

Description:  
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
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**Point: insulin lispro (Not Started)**

Description:  
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
Progress:

**Point: ondansetron (Not Started)**

Description:  
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
Progress:



**Patient Education (continued)**

**Education (continued)**

**Point: glucagon,human recombinant (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
 Progress:

**Point: gadobenate dimeglumine (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
 Progress:

**Point: pantoprazole sodium (Done)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

**Learning Progress Summary**

**Patient**

Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136  
 Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129

**Point: polyethylene glycol 3350 (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
 Progress:

**Point: perflutren lipid microspheres (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
 Progress:

**Point: fentanyl citrate/PF (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
 Progress:

**Point: ondansetron HCl/PF (Not Started)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learner Not documented in this visit.  
 Progress:

**Title: Congestive Heart Failure (MCB) (In Progress)**

**Topic: Psycho/Social/Spiritual Support (In Progress)**



**Patient Education (continued)**

**Education (continued)**

**Point: Stress Management and Support Systems (Done)**

Description:

Explain the importance of stress management and support systems in diabetes management. Refer to WellStar diabetes support groups, social services, case management or spiritual care, if needed.

**Learning Progress Summary**

Patient

Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136

**Point: Anxiety Reduction (Not Started)**

Description:

Explain the definition of anxiety, signs and symptoms, and examples of ways to reduce anxiety. Inform patient that Spiritual Care and Social Services are available.

Learner Not documented in this visit.  
 Progress:

**Topic: Treatments/Procedures (MCB) (In Progress)**

**Point: Oxygen (Done)**

Description:

Educate patient/family/caregiver on why oxygen is needed and how it will be delivered (nasal cannula, mask, etc.). Instruct patient/family/caregiver that the patient should not be smoking while on oxygen.

**Learning Progress Summary**

Patient

Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136

**Point: Medical Equipment (Not Started)**

Description:

Educate patient/family/caregiver on use of medical equipment and provide educational materials.

Learner Not documented in this visit.  
 Progress:

**Point: Introduction to Heart Failure (MCB) (Not Started)**

Description:

Give patient written information on congestive heart failure. Explain the definition of CHF, causes, signs and symptoms, expected length of stay and criteria for discharge.

Patient Friendly Description:

This will inform you of what to expect if you are diagnosed with heart failure.

You will be receiving the Congestive Heart Failure red booklet.

Please watch video/read over the material and let anyone on your Care Team know if there are any questions by marking below.

If you understand all material, mark I understand below.

Learner Not documented in this visit.  
 Progress:

**Point: Echocardiogram (Not Started)**

Description:

Educate patient/family/caregiver on echocardiograms, to include: what the test is, how the test will be performed, and what to expect during the test.

Learner Not documented in this visit.  
 Progress:

**Topic: Pain Management (Done)**

**Point: Pain Medication Actions & Side Effects (Done)**



**Patient Education (continued)**

**Education (continued)**

Description:  
 Provide medication specific handouts when available.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129

**Point: Pain Rating Scale (Done)**

Description:  
 Provide patient with information on the Pain Rating Scale. Explain the rating scale of 0 to 10.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129

**Point: Non-Pharmacological Comfort Measures (Done)**

Description:  
 Explain there are other ways of controlling pain than medication. The following are suggestions: position change, aromatherapy, deep slow breathing, distraction, quiet environment, imagery, heat therapy and/or cold therapy, laughter, massage, music, physical therapy, and touch therapy.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129

**Topic: Self Care (MCB) (In Progress)**

**Point: Eating well with High Blood Pressure (MCB) (Not Started)**

Description:  
 Information provided to patient to explain what their diet should consist of when they have Heart Failure.

Patient Friendly Description:  
 This will help you make heart healthy eating choices if you have a diagnosis with heart failure.

Learner Not documented in this visit.  
 Progress:

**Point: Heart Failure:Being Active (MCB) (Not Started)**

Description:  
 Explain to the patient how to be active with heart failure.

Patient Friendly Description:  
 This will explain how to safely be active with heart failure.

Learner Not documented in this visit.  
 Progress:

**Point: Heart Failure: Dealing with Sleep problems (MCB) (Not Started)**

Description:  
 Provide tips and ideas to help patient sleep better.

Patient Friendly Description:  
 This will provide tips on sleeping better with heart failure.

Learner Not documented in this visit.  
 Progress:

**Point: Heart Failure: Know your Baselines (MCB) (Not Started)**

Description:  
 Explain to patient how to identify their baseline and recognize changes.

Patient Friendly Description:  
 This will help you understand what's normal for you and how to watch for changes.





**Patient Education (continued)**

**Education (continued)**

Learner Not documented in this visit.  
Progress:

**Point: Heart Failure : Know your Zones (Not Started)**

Description:  
Review heart failure zones with patient and educate them on how to know which zone they are in each day.

Learner Not documented in this visit.  
Progress:

**Point: Dealing with Heart Failure: Helping the patient cope (MCB) (Not Started)**

Learner Not documented in this visit.  
Progress:

**Point: Daily Weights (MCB) (Done)**

Description:  
Give written information about daily weights. Instruct the patient to weigh on the same scale every day at the same time, wearing the same amount of clothing. Explain why it is important to check weight. Inform the patient that gaining weight from fluid build up may be an early sign that heart failure is getting worse. The patient should call a care provider if there is a weight gain of more than 2-3 pounds in one day or 4-5 pounds in five days.

Patient Friendly Description:  
Information on the importance of Daily weights.

**Learning Progress Summary**

**Patient** Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136

**Point: How to check your Heart Rate and Blood Pressure (MCB) (Not Started)**

Description:  
Give patient written information on how to take a pulse. Explain the definition of a pulse, normal range, reason for taking a pulse, where pulses can be found. Demonstrate how to find a pulse. Once found, instruct the patient to count the beats for a full minute. Tell the patient to keep a record of the pulse rate, date and time taken, which site (right/left, wrist/neck) and strength of beats (weak, strong or missing beats).

Patient Friendly Description:  
This will explain the importance of understanding your vital signs and show you how to take them.

Learner Not documented in this visit.  
Progress:

**Topic: WellStar Cardiac Rehabilitation (MCB) (Not Started)**

**Point: Exercise for a Healthier Heart (MCB) (Not Started)**

Description:  
Explain how exercising regularly offers many health rewards. Provide exercise tips to beginning a new exercise routine; Set Small goals and aim for 150 minutes a week.

Patient Friendly Description:  
This provides healthy heart tips on why exercise is important.

Learner Not documented in this visit.  
Progress:

**Point: WellStar Cardiac Rehabilitation Program (MCB) (Not Started)**

Description:  
At WellStar, our cardiac rehab patients are individually assessed to review medical history, evaluate risk factors, analyze functional abilities and set goals. Ongoing assessments are conducted to ensure patients are making progress toward their goals, educational needs are being met, and any problems or concerns are being addressed with the referring physician.

Patient Friendly Description:  
This will help you better understand Cardiac Rehabilitation. At WellStar, our cardiac rehab programs provide education, supervised exercise, lifestyle modification and emotional support to help patients increase physical fitness, reduce cardiac symptoms and improve health and wellbeing.

Learner Not documented in this visit.  
Progress:

**Topic: Review Plan of Care (In Progress)**



WS Kennestone Hospital  
 677 Church Street  
 Marietta GA 30060-1101  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Patient Education (continued)**

**Education (continued)**

**Point: Review Plan of Care - Day 5 (Not Started)**

Description:

Review plan of care including provider roles, health history, IV and medications, labs and tests, and discharge planning. Take extra time to reiterate to patient that he/she may ask questions at any time and should always let staff know if he/she is having difficulty breathing, pain or any discomfort at any time.

Learner Not documented in this visit.

Progress:

**Point: Review Plan of Care - Day 1 (Done)**

Description:

Review plan of care including provider roles, health history, IV and medications, labs and tests, and discharge planning. Take extra time to reiterate to patient that he/she may ask questions at any time and should always let staff know if he/she is having difficulty breathing, pain or any discomfort at any time.

**Learning Progress Summary**

**Patient**

Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129

**Point: Review Plan of Care - Day 2 (Done)**

Description:

Review plan of care including provider roles, health history, IV and medications, labs and tests, and discharge planning. Take extra time to reiterate to patient that he/she may ask questions at any time and should always let staff know if he/she is having difficulty breathing, pain or any discomfort at any time.

**Learning Progress Summary**

**Patient**

Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 2136

**Point: Review Plan of Care - Day 3 (Not Started)**

Description:

Review plan of care including provider roles, health history, IV and medications, labs and tests, and discharge planning. Take extra time to reiterate to patient that he/she may ask questions at any time and should always let staff know if he/she is having difficulty breathing, pain or any discomfort at any time.

Learner Not documented in this visit.

Progress:

**Point: Review Plan of Care - Day 4 (Not Started)**

Description:

Review plan of care including provider roles, health history, IV and medications, labs and tests, and discharge planning. Take extra time to reiterate to patient that he/she may ask questions at any time and should always let staff know if he/she is having difficulty breathing, pain or any discomfort at any time.

Learner Not documented in this visit.

Progress:

**Topic: Medications (MCB) (In Progress)**

**Point: Heart Failure Medications (MCB) (Not Started)**

Description:

Educate patient on the drug type, purpose for medication, and common side effects.

Educate patient on Prescribed Medications

Patient Friendly Description:

This will inform you of medications that you may be taking if you are diagnosed with Heart Failure.

Learner Not documented in this visit.

Progress:

**Point: ACE Inhibitors (Not Started)**

**Patient Education (continued)**

**Education (continued)**

Description:

Educate patient/family/caregiver on the ACE Inhibitor prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Learner Not documented in this visit.

Progress:

**Point: Angiotensin II Receptor Blockers (Not Started)**

Description:

Educate patient/family/caregiver on the Angiotensin II Receptor Blockers prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Learner Not documented in this visit.

Progress:

**Point: Aspirin (Not Started)**

Description:

Give patient written information on Aspirin. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the doctor should be called. Reinforce that this medication should be taken exactly as the doctor has prescribed.

Learner Not documented in this visit.

Progress:

**Point: Beta Blockers (Not Started)**

Description:

Educate patient/family/caregiver on the Beta Blocker prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Learner Not documented in this visit.

Progress:

**Point: Digoxin (Not Started)**

Description:

Educate patient/family/caregiver on Digoxin and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed. The physician will order a blood test to monitor the concentration of the drug in the patient's blood. The dose of this medication may be changed according to the results of this test.

Learner Not documented in this visit.

Progress:

**Point: Diuretics (Done)**

Description:

Educate patient/family/caregiver on the Diuretic prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

**Learning Progress Summary**

Patient

Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129

**Point: Inotropes (Not Started)**

Description:

Educate patient/family/caregiver on the Inotropes prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Learner Not documented in this visit.

Progress:

**Point: Vasodilators (Not Started)**

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**Patient Education (continued)**

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**Education (continued)**

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Description:

Educate patient/family/caregiver on the Vasodilator prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Learner Not documented in this visit.

Progress:

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**Topic: Prevention / Discharge (MCB) (Not Started)**

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**Point: Community Resources (Not Started)**

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Description:

Give written information on available community resources. Refer to Social Services or Case Management, if needed.

Learner Not documented in this visit.

Progress:

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**Point: Home Health Care Services (Not Started)**

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Description:

Give patient written information on Home Health Care Services that have been arranged. Review the role of the home care nurse and when to expect the first visit. Refer to Case Management or Social Services, if needed.

Learner Not documented in this visit.

Progress:

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**Point: Follow-up Appointments (Not Started)**

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Description:

Give the patient/family written information on their next appointment and when to make follow-up appointments. Reinforce importance of making and keeping the appointments. If appointments were made during the visit, give the patient a written reminder of the time and location.

Learner Not documented in this visit.

Progress:

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**Point: Influenza Vaccine (Not Started)**

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Description:

Educate the patient/family/caregiver on obtaining a yearly influenza vaccine.

Learner Not documented in this visit.

Progress:

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**Point: Discharge Medications (Not Started)**

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Description:

Ensure that there are no barriers to obtain medications prior to discharge. Notify Care Coordination if there are any needs for additional resources prior to discharging the patient.

Learner Not documented in this visit.

Progress:

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**Point: When to Call the Doctor (MCB) (Not Started)**

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Description:

Provide written documentation instructing the patient to call the doctor if the patient has:

1. Ankles and legs that become more swollen.
2. Shoes and socks that get tight suddenly.
3. Shortness of breath that does not go away with rest.
4. Weight gain of 2 - 3 pounds in one day.
5. Weight gain of 4 - 5 pounds in one week.
6. No energy for normal activities.
7. Dizziness or weakness.
8. Yellowish or blue green vision.
9. Heartbeat changes (feels like a butterfly in the chest).
10. Chest pain.
11. Blurred vision.
12. Passing out.
13. Cough that does not go away.

**Patient Education (continued)**

**Education (continued)**

Patient Friendly Description:

Heart Failure symptoms to know and when to call your healthcare provider.

Lifestyle changes to help you feel and live better with Heart Failure.

Learner Not documented in this visit.

Progress:

**Point: Review Discharge Plan (Not Started)**

Description:

Review the discharge plan with patient and primary care giver including: diet, activity, medications, and special precautions. Refer to Case Management, if needed.

Learner Not documented in this visit.

Progress:

**Point: Smoking Cessation (Not Started)**

Description:

Educate the patient/family/caregiver on smoking cessation and smoking cessation programs offered in the community. Explain effects smoking and second hand smoke have on the body. Encourage the patient to ask people that smoke around him/her to smoke outside or in another room. Refer patient to Cardiopulmonary Rehabilitation, if applicable.

Learner Not documented in this visit.

Progress:

**Point: Diet Instructions for CHF Prevention (Not Started)**

Description:

Review diet information and explain that eating a low fat and low cholesterol diet with plenty of fruits and vegetables can reduce their chance of suffering a future heart attack.

Learner Not documented in this visit.

Progress:

**Topic: Heart Failure Discharge Instructions (Not Started)**

**Point: Follow-up Appointments (Not Started)**

Description:

Give the patient/family written information on their next appointment and when to make follow-up appointments. Reinforce importance of making and keeping the appointments. If appointments were made during the visit, give the patient a written reminder of the time and location.

Learner Not documented in this visit.

Progress:

**Point: Daily Weights (MCB) (Not Started)**

Description:

Give written information about daily weights. Instruct the patient to weigh on the same scale every day at the same time, wearing the same amount of clothing. Explain why it is important to check weight. Inform the patient that gaining weight from fluid build up may be an early sign that heart failure is getting worse. The patient should call a care provider if there is a weight gain of more than 2-3 pounds in one day or 4-5 pounds in five days.

Patient Friendly Description:

Information on the importance of Daily weights.

Learner Not documented in this visit.

Progress:

**Point: When to Call the Doctor (MCB) (Not Started)**

Description:

Provide written documentation instructing the patient to call the doctor if the patient has:

1. Ankles and legs that become more swollen.
2. Shoes and socks that get tight suddenly.
3. Shortness of breath that does not go away with rest.
4. Weight gain of 2 - 3 pounds in one day.
5. Weight gain of 4 - 5 pounds in one week.
6. No energy for normal activities.
7. Dizziness or weakness.
8. Yellowish or blue green vision.
9. Heartbeat changes (feels like a butterfly in the chest).
10. Chest pain.
11. Blurred vision.



**Patient Education (continued)**

**Education (continued)**

- 12. Passing out.
- 13. Cough that does not go away.

Patient Friendly Description:  
Heart Failure symptoms to know and when to call your healthcare provider.  
Lifestyle changes to help you feel and live better with Heart Failure.  
Learner Not documented in this visit.  
Progress:

**Point: Review Discharge Plan (Not Started)**

Description:  
Review the discharge plan with patient and primary care giver including: diet, activity, medications, and special precautions. Refer to Case Management, if needed.

Learner Not documented in this visit.  
Progress:

**Point: Diet Instructions for CHF Prevention (Not Started)**

Description:  
Review diet information and explain that eating a low fat and low cholesterol diet with plenty of fruits and vegetables can reduce their chance of suffering a future heart attack.

Learner Not documented in this visit.  
Progress:

**Title: General Patient Education (MCB) (Done)**

**Topic: Psycho/Social/Spiritual Support (Done)**

**Point: Coping Mechanisms (Resolved)**

Description:  
Help patient identify healthy coping mechanisms. Refer to Social Service, Case Management, or Spiritual Care, if needed.

Learner Not documented in this visit.  
Progress:

**Point: Support Systems (Resolved)**

Description:  
Help patient identify available support systems. Refer to Social Service, Case Management, or Spiritual Care, if needed.

Learner Not documented in this visit.  
Progress:

**Point: Spiritual/Emotional Needs (Resolved)**

Description:  
Offer resources to meet spiritual/emotional needs. Refer to Spiritual Care, if needed.

Learner Not documented in this visit.  
Progress:

**Point: Stress Management and Support Systems (Done)**

Description:  
Explain the importance of stress management and support systems in diabetes management. Refer to WellStar diabetes support groups, social services, case management or spiritual care, if needed.

**Patient Education (continued)**

**Education (continued)**

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Acceptance, Explanation, Verbalized Understanding by DG at 6/20/2018 1300
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Anxiety Reduction (Done)**

Description:  
Explain the definition of anxiety, signs and symptoms, and examples of ways to reduce anxiety. Inform patient that Spiritual Care and Social Services are available.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Acceptance, Explanation, Verbalized Understanding by DG at 6/20/2018 1300
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Topic: Pain Management (MCB) (Done)**

**Point: Encourage Patient to Monitor Own Pain (Done)**

Description:  
Provide patient with information on the Pain Rating Scale. Explain the rating scale of 0 to 10.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Acceptance, Explanation, Verbalized Understanding by DG at 6/20/2018 1300
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Discuss Significance of VAS Scores (Done)**

Description:  
Refer to rating score of 0-10.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Acceptance, Explanation, Verbalized Understanding by DG at 6/20/2018 1300
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Discuss the Use of Pain Control Measures Before Pain Becomes Severe (MCB) (Done)**

Description:  
Take time to reiterate to patient that he/she should always let staff know if he/she is having difficulty breathing, pain or any discomfort at any time before pain becomes severe.

Patient Friendly Description:  
Please inform staff that if you are having any difficulty breathing, pain or any discomfort at any time before the pain gets severe.



**Patient Education (continued)**

**Education (continued)**

Please read over the items and let anyone on your Care Team know there are any questions about the material by marking below that "I HAVE QUESTIONS".

If once you have received the items and understand the material you can mark this as "I understand".

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Acceptance, Explanation, Verbalized Understanding by DG at 6/20/2018 1300
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Topic: Prevention (MCB) (Done)**

**Point: When to Call the Doctor (Done)**

Description:  
Educate patient/family/caregiver on when to call the doctor.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Protect Others from Infection (Done)**

Description:  
Educate patient/family/caregiver on respiratory hygiene and cough etiquette. To protect from further infection and to protect others from getting an infection, patient should cover nose and mouth with tissues when coughing. Encourage patient to place used tissues in a plastic bag that will not allow secretions to soak through. Patient should always wash his/her hands after using or handling used tissues.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Protect Yourself from Further Infection (MCB) (Done)**

Description:  
Educate patient/family/caregiver that because patient is in a weakened condition he/she needs to avoid others who are sick as to not acquire another illness. Family/caregiver should wear gloves, gown and face shield/eye protection.

Patient Friendly Description:  
Information on Flu.  
Information on Pneumonia and Pneumococcal Vaccination.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242





**Patient Education (continued)**

**Education (continued)**

**Point: Falls education, precautions, prevention at home and in the hospital (MCB) (Done)**

Description:

Patient was given information on preventing falls both while in the hospital and when they are at home.

Patient Friendly Description:

Things to help you prevent falls while you are in the hospital and when you are home.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Prevention Deep Vein Thrombosis after surgery (MCB) (Done)**

Description:

Educate patient/family/caregiver to prevent DVT and PE after Surgery

Patient Friendly Description:

In the days and weeks after surgery, you have a higher chance of developing a deep vein thrombosis (DVT).

This is a condition in which a blood clot or thrombus develops in a deep vein.

They are most common in the leg. But, a DVT may develop in an arm, or another deep vein in the body.

A piece of the clot, called an embolus, can separate from the vein and travel to the lungs.

A blood clot in the lungs is called a pulmonary embolus (PE).

This can cut off the flow of blood to the lungs.

It is a medical emergency and may cause death.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Demonstrate Handwashing (MCB) (Done)**

Description:

Educate patient/family/caregiver on how to perform proper hand hygiene. Explain that hand washing is the single most important step in preventing the spread of germs. Have the patient/family/caregiver demonstrate proper hand washing technique using soap, water, friction, clean nails under running water, and dry hands on clean towel without touching dirty surfaces.

Patient Friendly Description:

This will explain the importance of washing and cleansing your hands to prevent infection.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Topic: Self Care (MCB) (Done)**

**Point: General Self Care (Done)**

Description:

Instruct patient on self care needs. These may include: hygiene, how to take a blood pressure, how to change a dressing, etc.



**Patient Education (continued)**

**Education (continued)**

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Acceptance, Explanation, Verbalized Understanding by DG at 6/20/2018 1300
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Demonstrate Handwashing (MCB) (Done)**

Description:

Educate patient/family/caregiver on how to perform proper hand hygiene. Explain that hand washing is the single most important step in preventing the spread of germs. Have the patient/family/caregiver demonstrate proper hand washing technique using soap, water, friction, clean nails under running water, and dry hands on clean towel without touching dirty surfaces.

Patient Friendly Description:

This will explain the importance of washing and cleansing your hands to prevent infection.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Acceptance, Explanation, Verbalized Understanding by DG at 6/20/2018 1300
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Topic: Medications (MCB) (Done)**

**Point: Antibiotic Education (Done)**

Description:

If an antibiotic was prescribed, educate patient/family/caregiver on the antibiotics prescribed. Explain how antibiotics work in the body. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed

If a viral diagnosis was made, the patient/family was educated on their viral diagnosis and the reason for no antibiotic this visit.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Anticoagulant Therapy (Done)**

Description:

- 1-Educate patient/family/caregiver on anticoagulant being prescribed and provide educational materials.
- 2-Explain action of medication, reason for taking, and importance of adherence to correct medication dose and schedule,
- 3-Explain potential for adverse drug reactions, signs of allergic reaction, potential for drug-drug and drug-food interactions, and when physician should be called.
- 4-Reinforce that the medication should be taken exactly as the physician has prescribed.
- 5-Explain importance of maintaining follow-up appointments and adhering to laboratory testing as prescribed by physician.
- 6-Explain that the dose of the anticoagulant being prescribed may change depending on the results of the laboratory testing.



**Patient Education (continued)**

**Education (continued)**

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Insulin (MCB) (Done)**

Description:

Educate patient/family/caregiver on the insulin prescribed. Explain how insulin works in the body. Explain the action of insulin, reason for taking, side effects, signs of allergic reaction and when physician should be called. Reinforce that insulin should be taken exactly as the physician has prescribed. Explain the proper storage of insulin, that extreme temperatures can damage insulin and never take insulin that has expired. Explain that the patient's primary care physician may change the dosage depending on the results of blood glucose tests and/or A1C level.

Patient Friendly Description:

This will inform you of why you are prescribed insulin if you have Diabetes Type II.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Hypoglycemic Agents (Done)**

Description:

Educate patient/family/caregiver on the oral and/or injectable hypoglycemic(s) prescribed. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, as well as when the physician should be called. Reinforce that this medication(s) should be taken exactly as the physician has prescribed.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Non-Steroidal Anti-Inflammatory Drugs (Done)**

Description:

Educate patient/family/caregiver on the NSAID prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Psychotropic Medications (Done)**

Description:

Educate patient/family/caregiver on the Psychotropic medication prescribed. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

**Patient Education (continued)**

**Education (continued)**

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357 Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234 Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: ACE Inhibitors (Done)**

Description:

Educate patient/family/caregiver on the ACE Inhibitor prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357 Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234 Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Angiotensin II Receptor Blockers (Done)**

Description:

Educate patient/family/caregiver on the Angiotensin II Receptor Blockers prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357 Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234 Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Beta Blockers (Done)**

Description:

Educate patient/family/caregiver on the Beta Blocker prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357 Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234 Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Digoxin (Done)**

Description:

Educate patient/family/caregiver on Digoxin and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed. The physician will order a blood test to monitor the concentration of the drug in the patient's blood. The dose of this medication may be changed according to the results of this test.

**Patient Education (continued)**

**Education (continued)**

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357 Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234 Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Diuretics (Done)**

Description:  
Educate patient/family/caregiver on the Diuretic prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357 Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234 Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Inotropes (Done)**

Description:  
Educate patient/family/caregiver on the Inotropes prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357 Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234 Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Vasodilators (Done)**

Description:  
Educate patient/family/caregiver on the Vasodilator prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357 Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234 Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
<b>Family</b>	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129 Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Antibiotics (Done)**

Description:  
Educate patient/family/caregiver on the Antibiotics prescribed. Explain how antibiotics works in the body. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.



WS Kennestone Hospital  
 677 Church Street  
 Marietta GA 30060-1101  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Patient Education (continued)**

**Education (continued)**

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**Point: Medication purpose, side effects, schedule, administration (MCB) (Done)**

Description:  
 Discussed purpose and possible side effects of medication.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Verbalized Understanding by TS at 6/20/2018 2357
	Eager, Explanation, Verbalized Understanding by EE at 6/19/2018 2234
	Acceptance, Explanation, Needs Reinforcement by JI at 6/19/2018 1007
	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242
	Acceptance, Explanation, Verbalized Understanding by RM at 6/18/2018 0129
<b>Family</b>	Eager, Explanation, Verbalized Understanding by JI at 6/18/2018 1242

**User Key**

Initials	Effective Dates	Name	Provider Type	Discipline
EE	12/06/13 - 11/27/18	Emelin C Edang, RN	Registered Nurse	Nurse
RM	02/03/17 -	Renata Marques-Bryant, RN	Registered Nurse	Nurse
JI	02/03/17 -	Janet Ian, RN	Registered Nurse	Nurse
DG	02/01/17 -	Dolores Gervase, RN	Registered Nurse	Nurse
TS	09/07/17 - 11/27/18	Tenikia Smith, RN	Registered Nurse	Nurse

**All Flowsheets**



WS Kennestone Hospital  
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MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 6/17/2018, D/C: 6/21/2018

**Flowsheets (all recorded)**

**Data**

Row Name	06/21/18 11:36:09	06/21/18 0830	06/21/18 07:35:36	06/21/18 0545	06/21/18 04:07:21
<b>Vitals</b>					
BP	123/59 -DI (r) CI (t)	—	137/64 -DI (r) CI (t)	—	121/58 -DI (r) TW (t)
Temp	98.5 °F (36.9 °C) -DI (r) CI (t)	—	98 °F (36.7 °C) -DI (r) CI (t)	—	98 °F (36.7 °C) -DI (r) TW (t)
Temp src	Oral -CI	—	Oral -CI	—	Oral -TW
Pulse	60 -DI (r) CI (t)	—	62 -DI (r) CI (t)	—	63 -DI (r) TW (t)
Resp	18 -CI	—	18 -CI	—	18 -DI (r) TW (t)
SpO2	96 % -DI (r) CI (t)	—	95 % -DI (r) CI (t)	—	93 % -DI (r) TW (t)
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	—	0 -AM	—	0 -TS	—
Row Name	06/20/18 23:57:07	06/20/18 2133	06/20/18 19:43:22	06/20/18 15:50:04	06/20/18 14:02:02
<b>Vitals</b>					
BP	124/53 -DI (r) TW (t)	—	113/55 -DI (r) TW (t)	154/80 -DI (r) LF (t)	104/66 -DI (r) LF (t)
Temp	98.4 °F (36.9 °C) -DI (r) TW (t)	—	98.2 °F (36.8 °C) -DI (r) TW (t)	98.3 °F (36.8 °C) -DI (r) LF (t)	98.2 °F (36.8 °C) -DI (r) LF (t)
Temp src	Oral -TW	—	Oral -TW	—	—
Pulse	109 -DI (r) TW (t)	—	66 -DI (r) TW (t)	62 -DI (r) LF (t)	61 -DI (r) LF (t)
Resp	16 -DI (r) TW (t)	—	16 -DI (r) TW (t)	17 -DI (r) LF (t)	—
SpO2	93 % -DI (r) TW (t)	—	93 % -DI (r) TW (t)	(l) 89 % -DI (r) LF (t)	92 % -DI (r) LF (t)
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	—	0 -TS	—	—	—
Row Name	06/20/18 1000	06/20/18 0909	06/20/18 0900	06/20/18 0830	06/20/18 0800
<b>Vitals</b>					
BP	122/54 -DG	(l) 122/49 -DG	(l) 122/49 -DG	—	138/62 -DG
Pulse	61 -DG	59 -DG	60 -DG	—	58 -DG
Resp	18 -DG	—	17 -DG	—	18 -DG
SpO2	(l) 88 % -DG	—	(l) 87 % -DG	—	(l) 88 % -DG
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	—	—	—	0 Simultaneous filing. User may be unaware of other data. -MS	—
Row Name	06/20/18 0730	06/20/18 0600	06/20/18 0500	06/20/18 0400	06/20/18 0300
<b>Vitals</b>					
BP	—	129/57 -EE	130/50 -EE	119/51 -EE	122/58 -EE
Temp	98.3 °F (36.8 °C) -HT	—	—	98 °F (36.7 °C) -JP	—
Temp src	Oral -HT	—	—	Oral -JP	—
Pulse	—	59 -EE	57 -EE	56 -EE	57 -EE
Resp	—	20 -EE	20 -EE	19 -EE	21 -EE
SpO2	—	93 % -EE	94 % -EE	94 % -EE	97 % -EE
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	2 -DG	—	—	—	—
Row Name	06/20/18 0200	06/20/18 0000	06/19/18 2300	06/19/18 2200	06/19/18 2100
<b>Vitals</b>					
BP	(l) 111/47 -EE	—	128/56 -EE	132/51 -EE	130/60 -EE
Temp	—	97.5 °F (36.4 °C) -JP	—	—	—
Temp src	—	Axillary -JP	—	—	—
Pulse	64 -EE	59 -EE	61 -EE	62 -EE	61 -EE
Resp	16 -EE	22 -EE	21 -EE	22 -EE	16 -EE
SpO2	91 % -EE	90 % -EE	97 % -EE	96 % -EE	94 % -EE
Row Name	06/19/18 2000	06/19/18 1900	06/19/18 1800	06/19/18 1700	06/19/18 1644
<b>Vitals</b>					
BP	135/58 -EE	133/61 -EE	128/56 -JI	132/52 -JI	—
Temp	98.4 °F (36.9 °C) -JP	—	—	—	97.9 °F (36.6 °C) -FT
Temp src	Oral -JP	—	—	—	Oral -FT
Pulse	63 -EE	64 -EE	61 -JI	59 -JI	—
Resp	21 -EE	19 -EE	25 -JI	21 -JI	—
SpO2	94 % -EE	94 % -EE	92 % -JI	96 % -JI	—
<b>Numeric Pain Intensity Scale 1</b>					



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**Flowsheets (all recorded) (continued)**

**Data (continued)**

Row Name	06/19/18 2000	06/19/18 1900	06/19/18 1800	06/19/18 1700	06/19/18 1644
Numeric Pain Intensity Score 1	0 -EE	—	—	—	—
Row Name	06/19/18 1600	06/19/18 1500	06/19/18 1430	06/19/18 1428	06/19/18 1335
<b>Vitals</b>					
BP	134/58 -JI	130/51 -JI	142/60 -JI	—	123/59 -LFA
Temp	—	—	—	97.7 °F (36.5 °C) -FT	—
Temp src	—	—	—	Oral -FT	—
Pulse	58 -JI	56 -JI	57 -JI	—	54 -LFA
Resp	20 -JI	22 -JI	19 -JI	—	22 -LFA
SpO2	95 % -JI	96 % -JI	96 % -JI	—	100 % -LFA
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	0 -JI	—	—	—	—
Row Name	06/19/18 1330	06/19/18 1325	06/19/18 1321	06/19/18 1118	06/19/18 1114
<b>Vitals</b>					
BP	128/55 -LFA	(I) 95/46 -LFA	110/53 -CR	—	123/54 -PM
Pulse	54 -LFA	53 -LFA	53 -CR	—	51 -PM
Resp	19 -LFA	21 -LFA	18 -CR	—	13 -PM
SpO2	97 % -LFA	92 % -LFA	93 % -CR	—	98 % -PM
<b>Blood Product Identifiers</b>					
Blood Bank ID Number (from Wristband)	—	—	—	90803 -PM	—
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	—	—	0 -CR	—	—
Row Name	06/19/18 1000	06/19/18 0900	06/19/18 0808	06/19/18 0800	06/19/18 0700
<b>Vitals</b>					
BP	(I) 124/49 -JI	(I) 119/44 -JI	(I) 126/47 -JI	(I) 126/47 -JI	143/52 -JI
Temp	—	—	—	98.6 °F (37 °C) -DF	—
Temp src	—	—	—	Oral -DF	—
Pulse	50 -JI	51 -JI	55 -JI	56 -JI	63 -JI
Resp	20 -JI	18 -JI	—	18 -JI	18 -JI
SpO2	92 % -JI	95 % -JI	—	97 % -JI	96 % -JI
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	—	—	—	0 -JI	—
Row Name	06/19/18 0600	06/19/18 0500	06/19/18 0400	06/19/18 0300	06/19/18 0200
<b>Vitals</b>					
BP	(I) 109/40 -RM	(I) 124/49 -RM	127/55 -RM	120/59 -RM	113/50 -RM
Temp	—	—	98.2 °F (36.8 °C) -MJ	—	—
Pulse	52 -RM	53 -RM	55 -RM	55 -RM	54 -RM
Resp	17 -RM	17 -RM	20 -RM	16 -RM	19 -RM
SpO2	94 % -RM	96 % -RM	98 % -RM	92 % -RM	93 % -RM
Row Name	06/19/18 0100	06/19/18 0000	06/18/18 2300	06/18/18 2200	06/18/18 2100
<b>Vitals</b>					
BP	(I) 109/44 -RM	(I) 123/43 -RM	127/59 -RM	—	—
Temp	—	98.1 °F (36.7 °C) -MJ	—	—	—
Pulse	53 -RM	56 -RM	59 -RM	55 -RM	56 -RM
Resp	19 -RM	21 -RM	20 -RM	21 -RM	21 -RM
SpO2	92 % -RM	94 % -RM	97 % -RM	99 % -RM	99 % -RM
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	—	—	—	—	0 -RM
Row Name	06/18/18 2000	06/18/18 1900	06/18/18 1803	06/18/18 1800	06/18/18 1727
<b>Vitals</b>					
BP	—	—	—	132/60 -RM	—
Temp	98.4 °F (36.9 °C) -MJ	—	—	—	98.1 °F (36.7 °C) -JD
Temp src	—	—	—	—	Oral -JD
Pulse	56 -RM	56 -RM	—	56 -RM	—
Resp	22 -RM	22 -RM	—	20 -RM	—





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**Flowsheets (all recorded) (continued)**

**Data (continued)**

Row Name	06/18/18 2000	06/18/18 1900	06/18/18 1803	06/18/18 1800	06/18/18 1727
SpO2	96 % -RM	(!) 89 % -RM	---	94 % -RM	---
<b>OTHER</b>					
Saline Flush (mL)	---	---	40 mL -JI	---	---
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	0 -RM	0 -RM	---	---	---
Row Name	06/18/18 1600	06/18/18 1500	06/18/18 1400	06/18/18 1300	06/18/18 1247
<b>Vitals</b>					
BP	142/57 -JI	151/56 -JI	134/53 -JI	(!) 130/45 -JI	---
Pulse	52 -JI	54 -JI	58 -JI	57 -JI	---
Resp	20 -JI	18 -JI	19 -JI	15 -JI	---
SpO2	(!) 87 % -JI	95 % -JI	91 % -JI	93 % -JI	---
<b>OTHER</b>					
Saline Flush (mL)	---	---	---	---	20 mL -JI
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	0 -JI	---	---	---	---
Row Name	06/18/18 1230	06/18/18 1200	06/18/18 1100	06/18/18 1000	06/18/18 0900
<b>Vitals</b>					
BP	---	140/56 -JI	(!) 128/46 -JI	131/52 -JI	137/54 -JI
Temp	97.7 °F (36.5 °C) -JD	---	---	---	---
Temp src	Oral -JD	---	---	---	---
Pulse	---	52 -JI	50 -JI	51 -JI	(!) 49 -JI
Resp	---	18 -JI	17 -JI	16 -JI	16 -JI
SpO2	---	---	97 % -JI	98 % -JI	100 % -JI
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	---	0 -JI	---	---	---
Row Name	06/18/18 0831	06/18/18 0800	06/18/18 0700	06/18/18 0600	06/18/18 0500
<b>Vitals</b>					
BP	---	(!) 123/49 -JI	(!) 115/49 -JI	(!) 126/48 -RM	122/52 -RM
Temp	97.8 °F (36.6 °C) -JD	---	---	98.2 °F (36.8 °C) -RM	---
Temp src	Oral -JD	---	---	Axillary -RM	---
Pulse	---	(!) 48 -JI	(!) 46 -JI	(!) 46 -RM	(!) 47 -RM
Resp	---	17 -JI	17 -JI	13 -RM	18 -RM
SpO2	---	91 % -JI	95 % -JI	97 % -RM	97 % -RM
Weight	---	---	---	104.9 kg (231 lb 4.2 oz) -RM	---
<b>TRANSFUSE RED BLOOD CELLS</b>					
Rate	---	---	---	*0 There are multiple administrations at this time. Please see the MAR for detailed information. -RM	---
Completed Volume	---	---	---	500 -RM	---
Suspected Reaction?	---	---	---	No -RM	---
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	---	0 -JI	---	0 -RM	0 -RM
Row Name	06/18/18 0445	06/18/18 0400	06/18/18 0300	06/18/18 0200	06/18/18 0115
<b>Vitals</b>					
BP	120/52 -RM	117/50 -RM	(!) 109/43 -RM	(!) 102/39 -RM	---
Temp	98.6 °F (37 °C) -RM	---	---	---	---
Temp src	Axillary -RM	---	---	---	---
Pulse	(!) 47 -RM	(!) 49 -RM	(!) 49 -RM	51 -RM	54 -RM
Resp	18 -RM	19 -RM	18 -RM	19 -RM	20 -RM
SpO2	---	97 % -RM	92 % -RM	(!) 87 % -RM	---
<b>Blood Product Identifiers</b>					
Blood Bank ID Number (from Wristband)	90803 -RM	---	---	---	---



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**Flowsheets (all recorded) (continued)**

**Data (continued)**

Row Name	06/18/18 0445	06/18/18 0400	06/18/18 0300	06/18/18 0200	06/18/18 0115
<b>TRANSFUSE RED BLOOD CELLS</b>					
Rate	—	—	*0 There are multiple administrations at this time. Please see the MAR for detailed information. -RM	—	—
Completed Volume	—	—	500 -RM	—	—
Suspected Reaction?	—	—	No -RM	—	—
<b>TRANSFUSE RED BLOOD CELLS</b>					
Transfusion Start Date	06/18/18 -RM	—	—	—	—
Rate	* There are multiple administrations at this time. Please see the MAR for detailed information. -RM	—	—	—	—
Suspected Reaction?	No -RM	—	—	—	—
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	—	0 -RM	0 -RM	0 -RM	—
Row Name	06/18/18 0100	06/18/18 0051	06/18/18 0030	06/18/18 0000	06/17/18 2300
<b>Vitals</b>					
BP	123/51 -RM	140/52 -RM	—	(!) 115/45 -RM	(!) 110/41 -RM
Temp	—	98.1 °F (36.7 °C) -RM	—	—	—
Temp src	—	Oral -RM	—	—	—
Pulse	57 -RM	57 -RM	—	55 -RM	54 -RM
Resp	21 -RM	20 -RM	—	20 -RM	17 -RM
SpO2	(!) 88 % -RM	—	—	92 % -RM	90 % -RM
<b>Blood Product Identifiers</b>					
Blood Bank ID Number (from Wristband)	—	90803 -RM	—	—	—
<b>TRANSFUSE RED BLOOD CELLS</b>					
Transfusion Start Date	—	06/18/18 -RM	06/18/18 -RM	—	—
Rate	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -RM	—	—	—
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	0 -RM	—	—	0 -RM	0 -RM
Row Name	06/17/18 2225	06/17/18 2037	06/17/18 1823	06/17/18 1738	06/17/18 1723
<b>Vitals</b>					
BP	(!) 128/41 -AF	134/59 -BR	126/55 -BR	132/56 -BR	—
Temp	98 °F (36.7 °C) -AF	98.2 °F (36.8 °C) -BR	98.2 °F (36.8 °C) -BR	98.2 °F (36.8 °C) -BR	—
Temp src	Oral -AF	Oral -BR	Oral -BR	Oral -BR	—
Pulse	53 -AF	57 -BR	51 -BR	55 -BR	—
Resp	18 -AF	16 -BR	18 -BR	18 -BR	—
SpO2	92 % -AF	100 % -BR	100 % -BR	100 % -BR	—
Height	67" (1.702 m) -AF	—	—	—	—
Weight	103.4 kg (227 lb 15.3 oz) -AF	—	—	—	—
<b>Blood Product Identifiers</b>					
Blood Bank ID Number (from Wristband)	—	—	—	—	r90803 -BR
<b>Numeric Pain Intensity Scale 1</b>					
Numeric Pain Intensity Score 1	0 -RM	0 -BR	0 -BR	—	—
Row Name	06/17/18 1720	06/17/18 1708	06/17/18 1706	06/17/18 1537	06/17/18 1535
<b>Vitals</b>					
BP	129/53 -BR	(!) 115/49 -BR	—	114/51 -RG	—
Temp	98.2 °F (36.8 °C) -BR	97.8 °F (36.6 °C) -BR	—	97.8 °F (36.6 °C) -RG	—



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**Flowsheets (all recorded) (continued)**

**Data (continued)**

Row Name	06/17/18 1720	06/17/18 1708	06/17/18 1706	06/17/18 1537	06/17/18 1535
Temp src	Oral -BR	Oral -BR	---	---	---
Pulse	55 -BR	55 -BR	---	55 -RG	---
Resp	18 -BR	18 -BR	---	22 -RG	---
SpO2	---	100 % -BR	---	---	---
Weight	---	---	---	---	95.3 kg (210 lb) -RG

**Blood Product Identifiers**

Blood Bank ID Number (from Wristband)	r90803 -BR	---	---	---	---
---------------------------------------	------------	-----	-----	-----	-----

**Numeric Pain Intensity Scale 1**

Numeric Pain Intensity Score 1	---	---	0 -BR	---	---
--------------------------------	-----	-----	-------	-----	-----

Row Name	06/17/18 1504	06/17/18 1502	06/17/18 1437
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**Vitals**

BP	---	112/52 -RG	---
Temp	---	97.7 °F (36.5 °C) -RG	---
Temp src	---	Oral -RG	---
Pulse	---	54 -RG	56 -NS
Resp	---	25 -RG	---
SpO2	---	100 % -RG	98 % -NS

**Numeric Pain Intensity Scale 1**

Numeric Pain Intensity Score 1	0 -RG	---	---
--------------------------------	-------	-----	-----



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CARE PLAN MINI-FLOWSHEET DATA

Row Name	06/18/18 2136	06/18/18 0127	06/18/18 0000
Values/Beliefs			
Cultural Preferences Affecting Hospitalization	No -RM	No -RM	No -RM
Spiritual Preferences Affecting Hospitalization	No -RM	No -RM	No -RM



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**Flowsheets (all recorded)**

**Custom Formula Data**

Row Name	06/21/18 11:36:09	06/21/18 07:35:36	06/21/18 04:07:21	06/20/18 23:57:07	06/20/18 19:43:22
<b>OTHER</b>					
Vitals Sepsis Risk Score	0 -CI	0 -CI	0 -DI (r) TW (t)	1 -DI (r) TW (t)	0 -DI (r) TW (t)
<b>Relevant Labs and Vitals</b>					
Temp (in Celsius)	36.9 -CI	36.7 -CI	36.7 -TW	36.9 -TW	36.8 -TW
Row Name	06/20/18 15:50:04	06/20/18 0730	06/20/18 0400	06/20/18 0000	06/19/18 2000
<b>OTHER</b>					
Vitals Sepsis Risk Score	0 -DI (r) LF (t)	---	0 -JP	---	1 -JP
<b>Relevant Labs and Vitals</b>					
Temp (in Celsius)	---	36.8 -HT	36.7 -JP	37.4 -JP	36.9 -JP
Row Name	06/19/18 1644	06/19/18 1428	06/19/18 1340	06/19/18 0800	06/19/18 0400
<b>OTHER</b>					
Vitals Sepsis Risk Score	---	---	---	0 -DF	0 -MJ
<b>Relevant Labs and Vitals</b>					
Temp (in Celsius)	36.6 -FT	36.5 -FT	---	37 -DF	---
<b>Aldrete Phase 1</b>					
Aldrete Score	---	---	10 -LFA	---	---
Row Name	06/19/18 0000	06/18/18 1727	06/18/18 1230	06/18/18 0831	06/18/18 0600
<b>OTHER</b>					
Vitals Sepsis Risk Score	1 -RM	---	---	---	0 -RM
Weight Change (kg)	---	---	---	---	0 kg -RM
Visit Weight	---	---	---	---	231 lb -RM
Weight/Scale Event	---	---	---	---	0 -RM
% Weight Change Since Birth	---	---	---	---	0 -RM
<b>Relevant Labs and Vitals</b>					
Temp (in Celsius)	---	36.7 -JD	36.5 -JD	36.6 -JD	37.8 -RM
<b>Vitals</b>					
Pct Wt Change	---	---	---	---	0 % -RM
Row Name	06/18/18 0445	06/18/18 0100	06/18/18 0051	06/18/18 0000	06/17/18 2225
<b>OTHER</b>					
Vitals Sepsis Risk Score	0 -RM	---	0 -RM	---	0 -AF
Weight Change (kg)	---	---	---	---	0 kg -AF
Visit Weight	---	---	---	---	228 lb -AF
Weight/Scale Event	---	---	---	---	0 -AF
% Weight Change Since Birth	---	---	---	---	0 -AF
Ideal Body Weight	---	---	---	---	160 lb -AF
BMI (Calculated)	---	---	---	---	35.7 -AF
IBW/kg (Calculated) Male	---	---	---	---	66.1 kg -AF
IBW/kg (Calculated) FEMALE	---	---	---	---	61.6 kg -AF
DC Milestones No Barrier to Discharge	---	---	---	1 -RM	---
<b>Relevant Labs and Vitals</b>					
Temp (in Celsius)	38 -RM	---	36.7 -RM	---	36.7 -AF
<b>Vitals</b>					
Pct Wt Change	---	---	---	---	0 % -AF
<b>Adult IBW/VT Calculations</b>					
IBW/kg (Calculated)	---	---	---	---	66.1 -AF
Range Vt 4mL/kg	---	---	---	---	264.4 mL/kg -AF
Low Range Vt 6mL/kg	---	---	---	---	396.6 mL/kg -AF
Adult Moderate Range Vt 8mL/kg	---	---	---	---	528.8 mL/kg -AF
Adult High Range Vt	---	---	---	---	661 mL/kg -AF



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**Flowsheets (all recorded) (continued)**

**Custom Formula Data (continued)**

Row Name	06/18/18 0445	06/18/18 0100	06/18/18 0051	06/18/18 0000	06/17/18 2225
10mL/kg					
Case Log					
BSA x (CI @3.0)= CO	---	---	---	---	6.63 CO -AF
VTE Risk Factor: Totals					
General Info Subtotal	---	0 -RM	---	---	---
Total Risk Factor Score					
VTE Low Risk Attribute	---	No -RM	---	---	---

Row Name	06/17/18 2037	06/17/18 1823	06/17/18 1738	06/17/18 1720	06/17/18 1708
OTHER					
Vitals Sepsis Risk Score	0 -BR	0 -BR	0 -BR	0 -BR	0 -BR
Relevant Labs and Vitals					
Temp (in Celsius)	36.8 -BR	36.8 -BR	36.8 -BR	36.8 -BR	36.6 -BR

Row Name	06/17/18 1537	06/17/18 1535	06/17/18 1502
OTHER			
Vitals Sepsis Risk Score	1 -RG	---	1 -RG
Weight Change (kg)	---	0 kg -RG	---
Visit Weight	---	210 lb -RG	---
Weight/Scale Event	---	0 -RG	---
% Weight Change Since Birth	---	0 -RG	---
ED Sepsis Screen Total Score	1 -RG	---	---
Suspicion of Infection Sepsis Risk Score	0 -RG	---	---
Relevant Labs and Vitals			
Temp (in Celsius)	---	---	36.5 -RG
Vitals			
Pct Wt Change	---	0 % -RG	---



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**Flowsheets (all recorded)**

**First Contact With Patient**

Row Name	06/17/18 1455
Physician First Contact With Patient	
Now	Now -DK



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**Flowsheets (all recorded)**

**ED Fall Risk**

Row Name	06/17/18 1537
Green Risk: Any patient presenting to the ED.	
Have the Green Environment of Care strategies been implemented? (click row info for more details)	Y -RG
Yellow Risk: ED Patients who present with or develop any of the following:	
Are any of the following Yellow criteria present?	Muscle weakness -RG
Implementation for Yellow Fall Risk	
Have you implemented all of the Yellow Risk strategies in addition to the Green Risk strategies?	Y -RG





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**Risk for Readmission**

Row Name	06/21/18 1352
OTHER	
Risk for Readmission	13 -AM



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**Flowsheets (all recorded)**

**Additional Charges to File**

Row Name	06/22/18 1715
Nursing Assessments	
Nursing Care	Critical Care;Bulb Sxn/Warm Blankets -DM
Disposition Procedures	
Dispositions	Admit to Hospital -DM



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**Flowsheets (all recorded)**

**Acuity/Destination**

Row Name	06/17/18 1437	06/17/18 1436
Acuity/Destination		
Patient Acuity	2 -NS	2 -NS
Primary Triage Complete	Primary triage complete -NS	Primary triage complete -NS



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**Flowsheets (all recorded)**

**Vital Signs**

Row Name	06/21/18 11:36:09	06/21/18 0830	06/21/18 07:35:36	06/21/18 0545	06/21/18 04:07:21
<b>Vital Signs</b>					
Temp	98.5 °F (36.9 °C) -DI (r) CI (t)	—	98 °F (36.7 °C) -DI (r) CI (t)	—	98 °F (36.7 °C) -DI (r) TW (t)
Temp src	Oral -CI	—	Oral -CI	—	Oral -TW
Pulse	60 -DI (r) CI (t)	—	62 -DI (r) CI (t)	—	63 -DI (r) TW (t)
Heart Rate Source	Monitor -CI	—	Monitor -CI	—	Monitor -TW
Resp	18 -CI	—	18 -CI	—	18 -DI (r) TW (t)
Respiration Source	visual -CI	—	visual -CI	—	visual -TW
BP	123/59 -DI (r) CI (t)	—	137/64 -DI (r) CI (t)	—	121/58 -DI (r) TW (t)
BP Location	Right arm -CI	—	Right arm -CI	—	Right arm -TW
BP Method	Portable -CI	—	Portable -CI	—	Portable -TW
Patient Position	Supine -CI	—	Supine -CI	—	Supine -TW
<b>Oxygen Therapy</b>					
SpO2	96 % -DI (r) CI (t)	—	95 % -DI (r) CI (t)	—	93 % -DI (r) TW (t)
O2 Device	None (Room air) -CI	None (Room air) -AM	None (Room air) -CI	—	None (Room air) -TW
<b>Pain Assessment</b>					
Currently in Pain	—	No -AM	—	No -TS	—
Which Pain	—	—	—	Numeric (0-10) -TS	—
Assessment Tool ?	—	—	—	—	—
Pain Intervention(s)	—	Declines -AM	—	Rest -TS	—
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	—	0 -AM	—	0 -TS	—
Row Name	06/21/18 0030	06/20/18 23:57:07	06/20/18 2133	06/20/18 19:43:22	06/20/18 15:50:04

<b>Vital Signs</b>					
Temp	—	98.4 °F (36.9 °C) -DI (r) TW (t)	—	98.2 °F (36.8 °C) -DI (r) TW (t)	98.3 °F (36.8 °C) -DI (r) LF (t)
Temp src	—	Oral -TW	—	Oral -TW	—
Pulse	—	109 -DI (r) TW (t)	—	66 -DI (r) TW (t)	62 -DI (r) LF (t)
Heart Rate Source	—	Monitor -TW	—	Monitor -TW	—
Resp	—	16 -DI (r) TW (t)	—	16 -DI (r) TW (t)	17 -DI (r) LF (t)
Respiration Source	—	visual -TW	—	visual -TW	—
BP	—	124/53 -DI (r) TW (t)	—	113/55 -DI (r) TW (t)	154/80 -DI (r) LF (t)
BP Location	—	Right arm -TW	—	Right arm -TW	—
BP Method	—	Portable -TW	—	Portable -TW	—
Patient Position	—	Supine -TW	—	Supine -TW	—
<b>Oxygen Therapy</b>					
SpO2	—	93 % -DI (r) TW (t)	—	93 % -DI (r) TW (t)	(l) 89 % -DI (r) LF (t)
O2 Device	—	None (Room air) -TW	None (Room air) -TS	None (Room air) -TW	—
<b>Pain Assessment</b>					
Currently in Pain	Resting quietly -TS	—	No -TS	—	—
Which Pain	FACES -TS	—	Numeric (0-10) -TS	—	—
Assessment Tool ?	—	—	—	—	—
Pain Intervention(s)	Rest -TS	—	Rest;Declines -TS	—	—
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	—	—	0 -TS	—	—
<b>FACES Pain Rating 1</b>					
FACES Pain Rating	0-No hurt -TS	—	—	—	—

Row Name	06/20/18 1458	06/20/18 14:02:02	06/20/18 1000	06/20/18 0909	06/20/18 0900
<b>Vital Signs</b>					
Temp	—	98.2 °F (36.8 °C) -DI (r) LF (t)	—	—	—
Pulse	—	61 -DI (r) LF (t)	61 -DG	59 -DG	60 -DG
Resp	—	—	18 -DG	—	17 -DG
BP	—	104/66 -DI (r) LF (t)	122/54 -DG	(l) 122/49 -DG	(l) 122/49 -DG
MAP (mmHg)	—	—	71 mm Hg -DG	—	68 mm Hg -DG
<b>Oxygen Therapy</b>					
SpO2	—	92 % -DI (r) LF (t)	(l) 88 % -DG	—	(l) 87 % -DG
O2 Device	None (Room air) -MS	—	—	—	—
Row Name	06/20/18 0830	06/20/18 0800	06/20/18 0730	06/20/18 0600	06/20/18 0500



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**Flowsheets (all recorded) (continued)**

**Vital Signs (continued)**

Row Name	06/20/18 0830	06/20/18 0800	06/20/18 0730	06/20/18 0600	06/20/18 0500
<b>Vital Signs</b>					
Temp	---	---	98.3 °F (36.8 °C) -HT	---	---
Temp src	---	---	Oral -HT	---	---
Pulse	---	58 -DG	---	59 -EE	57 -EE
Resp	---	18 -DG	---	20 -EE	20 -EE
BP	---	138/62 -DG	---	129/57 -EE	130/50 -EE
MAP (mmHg)	---	81 mm Hg -DG	---	74 mm Hg -EE	70 mm Hg -EE
<b>Oxygen Therapy</b>					
SpO2	---	(!) 88 % -DG	---	93 % -EE	94 % -EE
O2 Device	---	None (Room air) -DG	---	---	---
Pulse Oximetry Type	---	Continuous -DG	---	---	---
<b>Pain Assessment</b>					
Currently in Pain	Unable to Assess Simultaneous filing. User may be unaware of other data. -MS	---	Yes -DG	---	---
Which Pain Assessment Tool ?	Numeric (0-10) Simultaneous filing. User may be unaware of other data. -MS	---	Numeric (0-10) -DG	---	---
Multiple Pain Sites	No -MS	---	---	---	---
Pain Intervention(s)	Rest -MS	---	---	---	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	0 Simultaneous filing. User may be unaware of other data. -MS	---	2 -DG	---	---
Pain Onset 1	---	---	Gradual -DG	---	---
Pain Location 1	---	---	Back -DG	---	---
Pain Location Orientation 1	---	---	Anterior -DG	---	---
Pain Quality 1	---	---	Aching -DG	---	---
Pain Type 1	---	---	Acute pain -DG	---	---
Aggravating Factors	---	---	Movement -DG	---	---
Alleviating Factors 1	---	---	Medication;Positioning -DG	---	---
Clinical Progression 1	Resolved -MS	---	---	---	---

Row Name	06/20/18 0400	06/20/18 0300	06/20/18 0200	06/20/18 0000	06/19/18 2300
<b>Vital Signs</b>					
Temp	98 °F (36.7 °C) -JP	---	---	97.5 °F (36.4 °C) -JP	---
Temp src	Oral -JP	---	---	Axillary -JP	---
Pulse	56 -EE	57 -EE	64 -EE	59 -EE	61 -EE
Resp	19 -EE	21 -EE	16 -EE	22 -EE	21 -EE
BP	119/51 -EE	122/58 -EE	(!) 111/47 -EE	---	128/56 -EE
MAP (mmHg)	67 mm Hg -EE	73 mm Hg -EE	62 mm Hg -EE	---	---
<b>Oxygen Therapy</b>					
SpO2	94 % -EE	97 % -EE	91 % -EE	90 % -EE	97 % -EE

Row Name	06/19/18 2200	06/19/18 2100	06/19/18 2000	06/19/18 1900	06/19/18 1800
<b>Vital Signs</b>					
Temp	---	---	98.4 °F (36.9 °C) -JP	---	---
Temp src	---	---	Oral -JP	---	---
Pulse	62 -EE	61 -EE	63 -EE	64 -EE	61 -JI
Resp	22 -EE	16 -EE	21 -EE	19 -EE	25 -JI
BP	132/51 -EE	130/60 -EE	135/58 -EE	133/61 -EE	128/56 -JI
MAP (mmHg)	73 mm Hg -EE	77 mm Hg -EE	76 mm Hg -EE	77 mm Hg -EE	72 mm Hg -JI
<b>Oxygen Therapy</b>					
SpO2	96 % -EE	94 % -EE	94 % -EE	94 % -EE	92 % -JI
O2 Device	---	---	Nasal cannula -EE	---	---
O2 Flow Rate (L/min)	---	---	2 L/min -EE	---	---
Pulse Oximetry Type	---	---	Continuous -EE	---	---
<b>Pain Assessment</b>					
Currently in Pain	---	---	Resting quietly -EE	---	---
Which Pain Assessment Tool ?	---	---	Numeric (0-10) -EE	---	---



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**Flowsheets (all recorded) (continued)**

**Vital Signs (continued)**

Row Name	06/19/18 2200	06/19/18 2100	06/19/18 2000	06/19/18 1900	06/19/18 1800
<b>Pain Assessment History</b>					
Previous experiences with pain?	---	---	No -EE	---	---
History of Chronic Pain?	---	---	No -EE	---	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	---	0 -EE	---	---

Row Name	06/19/18 1700	06/19/18 1644	06/19/18 1600	06/19/18 1500	06/19/18 1430
<b>Vital Signs</b>					
Temp	---	97.9 °F (36.6 °C) -FT	---	---	---
Temp src	---	Oral -FT	---	---	---
Pulse	59 -JI	---	58 -JI	56 -JI	57 -JI
Resp	21 -JI	---	20 -JI	22 -JI	19 -JI
BP	132/52 -JI	---	134/58 -JI	130/51 -JI	142/60 -JI
MAP (mmHg)	73 mm Hg -JI	---	76 mm Hg -JI	69 mm Hg -JI	82 mm Hg -JI
<b>Oxygen Therapy</b>					
SpO2	96 % -JI	---	95 % -JI	96 % -JI	96 % -JI
O2 Device	---	---	---	---	Nasal cannula -JI
O2 Flow Rate (L/min)	---	---	---	---	2 L/min -JI
Pulse Oximetry Type	---	---	---	---	Continuous -JI
<b>Pain Assessment</b>					
Currently in Pain	---	---	No -JI	---	---
Which Pain Assessment Tool ?	---	---	Numeric (0-10) -JI	---	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	---	0 -JI	---	---

Row Name	06/19/18 1428	06/19/18 1335	06/19/18 1330	06/19/18 1325	06/19/18 1321
<b>Vital Signs</b>					
Temp	97.7 °F (36.5 °C) -FT	---	---	---	---
Temp src	Oral -FT	---	---	---	---
Pulse	---	54 -LFA	54 -LFA	53 -LFA	53 -CR
Resp	---	22 -LFA	19 -LFA	21 -LFA	18 -CR
BP	---	123/59 -LFA	128/55 -LFA	(I) 95/46 -LFA	110/53 -CR
<b>Oxygen Therapy</b>					
SpO2	---	100 % -LFA	97 % -LFA	92 % -LFA	93 % -CR
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	---	---	---	0 -CR

Row Name	06/19/18 1114	06/19/18 1031	06/19/18 1000	06/19/18 0900	06/19/18 0808
<b>Vital Signs</b>					
Pulse	51 -PM	---	50 -JI	51 -JI	55 -JI
Heart Rate Source	Monitor -PM	---	---	---	---
Resp	13 -PM	---	20 -JI	18 -JI	---
BP	123/54 -PM	---	(I) 124/49 -JI	(I) 119/44 -JI	(I) 126/47 -JI
MAP (mmHg)	---	---	68 mm Hg -JI	62 mm Hg -JI	---
Patient Position	Sitting -PM	---	---	---	---
<b>Oxygen Therapy</b>					
SpO2	98 % -PM	---	92 % -JI	95 % -JI	---
O2 Device	Nasal cannula -PM	None (Room air) -JI	---	---	---
O2 Flow Rate (L/min)	3 L/min -PM	---	---	---	---

Row Name	06/19/18 0800	06/19/18 0700	06/19/18 0600	06/19/18 0500	06/19/18 0400
<b>Vital Signs</b>					
Temp	98.6 °F (37 °C) -DF	---	---	---	98.2 °F (36.8 °C) -MJ
Temp src	Oral -DF	---	---	---	---
Pulse	56 -JI	63 -JI	52 -RM	53 -RM	55 -RM
Heart Rate Source	---	---	---	Monitor -RM	Monitor -RM
Resp	18 -JI	18 -JI	17 -RM	17 -RM	20 -RM
BP	(I) 126/47 -JI	143/52 -JI	(I) 109/40 -RM	(I) 124/49 -RM	127/55 -RM
BP Location	---	---	---	Right arm -RM	Right arm -RM



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**Flowsheets (all recorded) (continued)**

**Vital Signs (continued)**

Row Name	06/19/18 0800	06/19/18 0700	06/19/18 0600	06/19/18 0500	06/19/18 0400
BP Method	---	---	---	Non-invasive Cuff -RM	Non-invasive Cuff -RM
MAP (mmHg)	66 mm Hg -JI	76 mm Hg -JI	(I) 56 mm Hg -RM	68 mm Hg -RM	73 mm Hg -RM
Patient Position	---	---	---	Sitting -RM	Supine -RM
<b>Oxygen Therapy</b>					
SpO2	97 % -JI	96 % -JI	94 % -RM	96 % -RM	98 % -RM
O2 Device	Nasal cannula -JI	---	---	Nasal cannula -RM	Nasal cannula -RM
O2 Flow Rate (L/min)	2 L/min -JI	---	---	---	---
Pulse Oximetry Type	Continuous -JI	---	---	Continuous -RM	Continuous -RM
SpO2 Alarm Limit High	---	---	---	100 -RM	100 -RM
SpO2 Alarm Limit Low	---	---	---	90 -RM	90 -RM
POX Probe Site Changed	---	---	---	No -RM	No -RM
<b>Pain Assessment</b>					
Currently in Pain	No -JI	---	---	---	---
Which Pain Assessment Tool ?	Numeric (0-10) -JI	---	---	---	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	0 -JI	---	---	---	---
<b>24 Chart Check</b>					
24 hour chart check complete	---	---	---	---	Yes -RM
<b>Patient Observation</b>					
Observations	---	---	---	---	Resting in bed, alert -RM

Row Name	06/19/18 0300	06/19/18 0200	06/19/18 0100	06/19/18 0000	06/18/18 2300
<b>Vital Signs</b>					
Temp	---	---	---	98.1 °F (36.7 °C) -MJ	---
Pulse	55 -RM	54 -RM	53 -RM	56 -RM	59 -RM
Heart Rate Source	Monitor -RM	Monitor -RM	Monitor -RM	Monitor -RM	Monitor -RM
Resp	16 -RM	19 -RM	19 -RM	21 -RM	20 -RM
BP	120/59 -RM	113/50 -RM	(I) 109/44 -RM	(I) 123/43 -RM	127/59 -RM
BP Location	Right arm -RM	Right arm -RM	Right arm -RM	Right arm -RM	Right arm -RM
BP Method	Non-invasive Cuff -RM	Non-invasive Cuff -RM	Non-invasive Cuff -RM	Non-invasive Cuff -RM	Non-invasive Cuff -RM
MAP (mmHg)	73 mm Hg -RM	62 mm Hg -RM	61 mm Hg -RM	61 mm Hg -RM	75 mm Hg -RM
Patient Position	Lying right side -RM	Lying right side -RM	Lying left side -RM	Lying left side -RM	Lying left side -RM
<b>Oxygen Therapy</b>					
SpO2	92 % -RM	93 % -RM	92 % -RM	94 % -RM	97 % -RM
O2 Device	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM
Pulse Oximetry Type	Continuous -RM	Continuous -RM	Continuous -RM	Continuous -RM	Continuous -RM
SpO2 Alarm Limit High	100 -RM	100 -RM	100 -RM	100 -RM	100 -RM
SpO2 Alarm Limit Low	90 -RM	90 -RM	90 -RM	90 -RM	90 -RM
POX Probe Site Changed	No -RM	No -RM	No -RM	No -RM	No -RM
<b>24 Chart Check</b>					
24 hour chart check complete	---	Yes -RM	---	Yes -RM	---
<b>Patient Observation</b>					
Observations	---	Resting in bed, alert -RM	---	Resting in bed, alert -RM	---

Row Name	06/18/18 2200	06/18/18 2100	06/18/18 2000	06/18/18 1900	06/18/18 1800
<b>Vital Signs</b>					
Temp	---	---	98.4 °F (36.9 °C) -MJ	---	---
Pulse	55 -RM	56 -RM	56 -RM	56 -RM	56 -RM
Heart Rate Source	Monitor -RM	Monitor -RM	Monitor -RM	Monitor -RM	---
Resp	21 -RM	21 -RM	22 -RM	22 -RM	20 -RM
BP	---	---	---	---	132/60 -RM
BP Location	Right arm -RM	---	---	---	---
BP Method	Non-invasive Cuff -RM	---	---	---	---
MAP (mmHg)	---	---	---	---	75 mm Hg -RM
Patient Position	Supine -RM	---	---	---	---
<b>Oxygen Therapy</b>					
SpO2	99 % -RM	99 % -RM	96 % -RM	(I) 89 % -RM	94 % -RM



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**Flowsheets (all recorded) (continued)**

**Vital Signs (continued)**

Row Name	06/18/18 2200	06/18/18 2100	06/18/18 2000	06/18/18 1900	06/18/18 1800
O2 Device	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	---
Pulse Oximetry Type	Continuous -RM	Continuous -RM	Continuous -RM	Continuous -RM	---
SpO2 Alarm Limit High	100 -RM	100 -RM	100 -RM	100 -RM	---
SpO2 Alarm Limit Low	90 -RM	90 -RM	90 -RM	90 -RM	---
POX Probe Site Changed	No -RM	No -RM	No -RM	No -RM	---
<b>Pain Assessment</b>					
Currently in Pain	---	No -RM	No -RM	No -RM	---
Which Pain Assessment Tool ?	---	Numeric (0-10) -RM	Numeric (0-10) -RM	Numeric (0-10) -RM	---
<b>Pain Assessment History</b>					
Previous experiences with pain?	---	No -RM	No -RM	No -RM	---
Patient's Stated Pain Goal	---	---	0 (No Pain) -RM	---	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	0 -RM	0 -RM	0 -RM	---
<b>24 Chart Check</b>					
24 hour chart check complete	Yes -RM	---	Yes -RM	---	---
<b>Patient Observation</b>					
Observations	Resting in bed, alert -RM	---	Resting in bed, alert -RM	---	---

Row Name	06/18/18 1727	06/18/18 1600	06/18/18 1500	06/18/18 1400	06/18/18 1300
<b>Vital Signs</b>					
Temp	98.1 °F (36.7 °C) -JD	---	---	---	---
Temp src	Oral -JD	---	---	---	---
Pulse	---	52 -Jl	54 -Jl	58 -Jl	57 -Jl
Resp	---	20 -Jl	18 -Jl	19 -Jl	15 -Jl
BP	---	142/57 -Jl	151/56 -Jl	134/53 -Jl	(l) 130/45 -Jl
MAP (mmHg)	---	76 mm Hg -Jl	79 mm Hg -Jl	72 mm Hg -Jl	65 mm Hg -Jl
<b>Oxygen Therapy</b>					
SpO2	---	(l) 87 % -Jl	95 % -Jl	91 % -Jl	93 % -Jl
<b>Pain Assessment</b>					
Currently in Pain	---	No -Jl	---	---	---
Which Pain Assessment Tool ?	---	Numeric (0-10) -Jl	---	---	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	0 -Jl	---	---	---

Row Name	06/18/18 1230	06/18/18 1200	06/18/18 1100	06/18/18 1000	06/18/18 0900
<b>Vital Signs</b>					
Temp	97.7 °F (36.5 °C) -JD	---	---	---	---
Temp src	Oral -JD	---	---	---	---
Pulse	---	52 -Jl	50 -Jl	51 -Jl	(l) 49 -Jl
Resp	---	18 -Jl	17 -Jl	16 -Jl	16 -Jl
BP	---	140/56 -Jl	(l) 128/46 -Jl	131/52 -Jl	137/54 -Jl
MAP (mmHg)	---	77 mm Hg -Jl	66 mm Hg -Jl	72 mm Hg -Jl	75 mm Hg -Jl
<b>Oxygen Therapy</b>					
SpO2	---	---	97 % -Jl	98 % -Jl	100 % -Jl
<b>Pain Assessment</b>					
Currently in Pain	---	No -Jl	---	---	---
Which Pain Assessment Tool ?	---	Numeric (0-10) -Jl	---	---	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	0 -Jl	---	---	---

Row Name	06/18/18 0831	06/18/18 0800	06/18/18 0700	06/18/18 0600	06/18/18 0500
<b>Vital Signs</b>					
Temp	97.8 °F (36.6 °C) -JD	---	---	98.2 °F (36.8 °C) -RM	---





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**Flowsheets (all recorded) (continued)**

**Vital Signs (continued)**

Row Name	06/18/18 0831	06/18/18 0800	06/18/18 0700	06/18/18 0600	06/18/18 0500
Temp src	Oral -JD	---	---	Axillary -RM	---
Pulse	---	(!) 48 -JI	(!) 46 -JI	(!) 46 -RM	(!) 47 -RM
Heart Rate Source	---	---	---	Monitor -RM	Monitor -RM
Resp	---	17 -JI	17 -JI	13 -RM	18 -RM
BP	---	(!) 123/49 -JI	(!) 115/49 -JI	(!) 126/48 -RM	122/52 -RM
BP Location	---	---	---	Right arm -RM	Right arm -RM
BP Method	---	---	---	Non-invasive Cuff -RM	Non-invasive Cuff -RM
MAP (mmHg)	---	66 mm Hg -JI	65 mm Hg -JI	68 mm Hg -RM	69 mm Hg -RM
Patient Position	---	---	---	Supine -RM	Lying left side -RM
<b>Oxygen Therapy</b>					
SpO2	---	91 % -JI	95 % -JI	97 % -RM	97 % -RM
O2 Device	---	Nasal cannula -JI	---	Nasal cannula -RM	Nasal cannula -RM
O2 Flow Rate (L/min)	---	5 L/min -JI	---	---	---
Pulse Oximetry Type	---	Continuous -JI	---	Continuous -RM	Continuous -RM
SpO2 Alarm Limit High	---	---	---	100 -RM	100 -RM
SpO2 Alarm Limit Low	---	---	---	90 -RM	90 -RM
POX Probe Site Changed	---	---	---	No -RM	No -RM
<b>Pain Assessment</b>					
Currently in Pain	---	No -JI	---	No -RM	No -RM
Which Pain	---	Numeric (0-10) -JI	---	Numeric (0-10) -RM	Numeric (0-10) -RM
Assessment Tool ?	---	---	---	---	---
<b>Pain Assessment History</b>					
Previous experiences with pain?	---	---	---	No -RM	No -RM
History of Chronic Pain?	---	---	---	No -RM	No -RM
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	0 -JI	---	0 -RM	0 -RM
<b>Height and Weight</b>					
Weight	---	---	---	104.9 kg (231 lb 4.2 oz) -RM	---
Weight Method	---	---	---	Actual -RM	---
<b>Patient Observation</b>					
Observations	---	---	---	---	Resting in bed -RM

Row Name	06/18/18 0445	06/18/18 0400	06/18/18 0300	06/18/18 0200	06/18/18 0115
<b>Vital Signs</b>					
Temp	98.6 °F (37 °C) -RM	---	---	---	---
Temp src	Axillary -RM	---	---	---	---
Pulse	(!) 47 -RM	(!) 49 -RM	(!) 49 -RM	51 -RM	54 -RM
Heart Rate Source	---	Monitor -RM	Monitor -RM	Monitor -RM	---
Resp	18 -RM	19 -RM	18 -RM	19 -RM	20 -RM
BP	120/52 -RM	117/50 -RM	(!) 109/43 -RM	(!) 102/39 -RM	---
BP Location	---	Right arm -RM	Right arm -RM	Right arm -RM	---
BP Method	---	Non-invasive Cuff -RM	Non-invasive Cuff -RM	Non-invasive Cuff -RM	---
MAP (mmHg)	---	67 mm Hg -RM	60 mm Hg -RM	(!) 55 mm Hg -RM	---
Patient Position	---	Sitting -RM	Supine -RM	Lying right side -RM	---
<b>Oxygen Therapy</b>					
SpO2	---	97 % -RM	92 % -RM	(!) 87 % -RM	---
O2 Device	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	---
O2 Flow Rate (L/min)	---	---	5 L/min -RM	5 L/min -RM	---
Pulse Oximetry Type	Continuous -RM	Continuous -RM	Continuous -RM	Continuous -RM	---
SpO2 Alarm Limit High	---	100 -RM	100 -RM	100 -RM	---
SpO2 Alarm Limit Low	---	90 -RM	90 -RM	90 -RM	---
POX Probe Site Changed	---	No -RM	No -RM	No -RM	---
<b>Pain Assessment</b>					
Currently in Pain	---	No -RM	No -RM	No -RM	---
Which Pain	---	Numeric (0-10) -RM	Numeric (0-10) -RM	Numeric (0-10) -RM	---
Assessment Tool ?	---	---	---	---	---
<b>Pain Assessment History</b>					



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**Flowsheets (all recorded) (continued)**

**Vital Signs (continued)**

Row Name	06/18/18 0445	06/18/18 0400	06/18/18 0300	06/18/18 0200	06/18/18 0115
Previous experiences with pain?	---	No -RM	No -RM	No -RM	---
History of Chronic Pain?	---	No -RM	No -RM	No -RM	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	0 -RM	0 -RM	0 -RM	---

Row Name	06/18/18 0100	06/18/18 0051	06/18/18 0000	06/17/18 2300	06/17/18 2225
<b>Vital Signs</b>					
Temp	---	98.1 °F (36.7 °C) -RM	---	---	98 °F (36.7 °C) -AF
Temp src	---	Oral -RM	---	---	Oral -AF
Pulse	57 -RM	57 -RM	55 -RM	54 -RM	53 -AF
Heart Rate Source	Monitor -RM	Monitor -RM	Monitor -RM	Monitor -RM	Monitor -AF
Resp	21 -RM	20 -RM	20 -RM	17 -RM	18 -AF
BP	123/51 -RM	140/52 -RM	(I) 115/45 -RM	(I) 110/41 -RM	(I) 128/41 -AF
BP Location	Right arm -RM	---	Right arm -RM	Right arm -RM	Right arm -RM
BP Method	Non-invasive Cuff -RM	---	Non-invasive Cuff -RM	Non-invasive Cuff -RM	Non-invasive Cuff -RM
MAP (mmHg)	69 mm Hg -RM	---	62 mm Hg -RM	(I) 58 mm Hg -RM	---
Patient Position	Lying left side -RM	---	Lying left side -RM	Sitting -RM	Sitting -RM

<b>Oxygen Therapy</b>					
SpO2	(I) 88 % -RM	---	92 % -RM	90 % -RM	92 % -AF
O2 Device	Nasal cannula -RM	---	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -AF
O2 Flow Rate (L/min)	---	---	---	---	2 L/min -AF
Pulse Oximetry Type	Continuous -RM	---	Continuous -RM	Continuous -RM	Continuous -RM
SpO2 Alarm Limit High	100 -RM	---	100 -RM	100 -RM	100 -RM
SpO2 Alarm Limit Low	90 -RM	---	90 -RM	90 -RM	90 -RM
POX Probe Site Changed	No -RM	---	Yes -RM	No -RM	No -RM

<b>Pain Assessment</b>					
Currently in Pain	No -RM	---	No -RM	No -RM	No -RM
Which Pain Assessment Tool ?	Numeric (0-10) -RM	---	Numeric (0-10) -RM	Numeric (0-10) -RM	Numeric (0-10) -RM

<b>Pain Assessment History</b>					
Previous experiences with pain?	No -RM	---	No -RM	No -RM	No -RM
History of Chronic Pain?	No -RM	---	No -RM	No -RM	No -RM

<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	0 -RM	---	0 -RM	0 -RM	0 -RM

<b>Height and Weight</b>					
Height	---	---	---	---	67" (1.702 m) -AF
Weight	---	---	---	---	103.4 kg (227 lb 15.3 oz) -AF
Weight Method	---	---	---	---	Actual -AF
BSA (Calculated - sq m)	---	---	---	---	2.21 sq meters -AF
BMI (Calculated)	---	---	---	---	35.7 -AF
Weight in (lb) to have BMI = 25	---	---	---	---	159.3 -AF

<b>24 Chart Check</b>					
24 hour chart check complete	---	---	---	---	Yes -RM

<b>Patient Observation</b>					
Observations	---	---	Resting in bed, alert -RM	---	REsting in bed, sitting up, alert -RM

Row Name	06/17/18 2037	06/17/18 1823	06/17/18 1738	06/17/18 1720	06/17/18 1708
<b>Vital Signs</b>					
Temp	98.2 °F (36.8 °C) -BR	98.2 °F (36.8 °C) -BR	98.2 °F (36.8 °C) -BR	98.2 °F (36.8 °C) -BR	97.8 °F (36.6 °C) -BR
Temp src	Oral -BR	Oral -BR	Oral -BR	Oral -BR	Oral -BR
Pulse	57 -BR	51 -BR	55 -BR	55 -BR	55 -BR
Heart Rate Source	Monitor -BR	Monitor -BR	Monitor -BR	---	Monitor -BR
Resp	16 -BR	18 -BR	18 -BR	18 -BR	18 -BR



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**Flowsheets (all recorded) (continued)**

**Vital Signs (continued)**

Row Name	06/17/18 2037	06/17/18 1823	06/17/18 1738	06/17/18 1720	06/17/18 1708
Respiration Source	visual -BR	visual -BR	visual -BR	---	visual -BR
BP	134/59 -BR	126/55 -BR	132/56 -BR	129/53 -BR	(!) 115/49 -BR
BP Location	Right arm -BR	Right arm -BR	Right arm -BR	---	Right arm -BR
BP Method	Portable -BR	Portable -BR	Portable -BR	---	Portable -BR
Patient Position	Sitting -BR	Sitting -BR	Sitting -BR	---	Standing -BR

**Oxygen Therapy**

SpO2	100 % -BR	100 % -BR	100 % -BR	---	100 % -BR
O2 Device	---	None (Room air) -BR	None (Room air) -BR	---	None (Room air) -BR

**Numeric Pain Intensity Scale**

Numeric Pain Intensity Score 1	0 -BR	0 -BR	---	---	---
--------------------------------	-------	-------	-----	-----	-----

Row Name	06/17/18 1706	06/17/18 1538	06/17/18 1537	06/17/18 1535	06/17/18 1504
----------	---------------	---------------	---------------	---------------	---------------

**Vital Signs**

Temp	---	---	97.8 °F (36.6 °C) -RG	---	---
Pulse	---	---	55 -RG	---	---
Resp	---	---	22 -RG	---	---
BP	---	---	114/51 -RG	---	---

**Oxygen Therapy**

O2 Device	---	None (Room air) -RG	---	---	---
-----------	-----	---------------------	-----	-----	-----

**Pain Assessment**

Currently in Pain	---	---	---	---	No -RG
-------------------	-----	-----	-----	-----	--------

**Numeric Pain Intensity Scale**

Numeric Pain Intensity Score 1	0 -BR	---	---	---	0 -RG
--------------------------------	-------	-----	-----	-----	-------

**Height and Weight**

Weight	---	---	---	95.3 kg (210 lb) -RG	---
Weight Method	---	---	---	Stated -RG	---

Row Name	06/17/18 1502	06/17/18 1437
----------	---------------	---------------

**Vital Signs**

Temp	97.7 °F (36.5 °C) -RG	---
Temp src	Oral -RG	---
Pulse	54 -RG	56 -NS
Heart Rate Source	Monitor -RG	---
Resp	25 -RG	---
Respiration Source	visual -RG	---
BP	112/52 -RG	---
BP Location	Left arm -RG	---
BP Method	Non-invasive Cuff -RG	---
Patient Position	Supine -RG	---

**Oxygen Therapy**

SpO2	100 % -RG	98 % -NS
O2 Device	None (Room air) -RG	---
Pulse Oximetry Type	Continuous -RG	---



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**Flowsheets (all recorded)**

**Complex Assessment**

Row Name	06/21/18 11:36:09	06/21/18 1000	06/21/18 0830	06/21/18 0800	06/21/18 07:35:36
<b>Neurological</b>					
Level of Consciousness	---	---	Alert -AM	---	---
<b>Respiratory</b>					
Respiratory Pattern	---	---	Regular -AM	---	---
Bilateral Breath Sounds	---	---	Clear -AM	---	---
<b>Oxygen Therapy</b>					
SpO2	96 % -DI (r) CI (t)	---	---	---	95 % -DI (r) CI (t)
O2 Device	None (Room air) -CI	---	None (Room air) -AM	---	None (Room air) -CI
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	---	Yes, independent -JK	---	Yes, independent -CI	---
<b>Cardiac Monitor</b>					
Telemetry Monitor On	---	---	---	Other (Comment) dc -CI	---
Telemetry Audible	---	---	---	No -CI	---
Telemetry Alarms Set	---	---	---	--- -CI	---
Telemetry Box Number	---	---	---	--- -CI	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	---	X -AM	---	---
RLE Capillary Refill	---	---	Less than/equal to 3 seconds -AM	---	---
LLE Capillary Refill	---	---	Less than/equal to 3 seconds -AM	---	---
Edema	---	---	Left lower extremity;Right lower extremity -AM	---	---
RLE Edema	---	---	+2 -AM	---	---
LLE Edema	---	---	+2 -AM	---	---
<b>RUE Neurovascular Assessment</b>					
R Radial Pulse	---	---	+2 -AM	---	---
<b>LUE Neurovascular Assessment</b>					
L Radial Pulse	---	---	+2 -AM	---	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	---	Appropriate for ethnicity -AM	---	---
RLE Temperature/Moisture	---	---	Warm -AM	---	---
RLE Sensation	---	---	Present -AM	---	---
R Pedal Pulse	---	---	+2 -AM	---	---
<b>LLE Neurovascular Assessment</b>					
LLE Color	---	---	Appropriate for ethnicity -AM	---	---
LLE Temperature/Moisture	---	---	Warm -AM	---	---
LLE Sensation	---	---	Present -AM	---	---
L Pedal Pulse	---	---	+2 -AM	---	---
<b>Integumentary</b>					
Integumentary (WDL)	---	---	WDL -AM	---	---
<b>Braden Scale</b>					
Sensory Perceptions	---	---	4 -AM	---	---
Moisture	---	---	4 -AM	---	---
Activity	---	---	3 -AM	---	---
Mobility	---	---	4 -AM	---	---
Nutrition	---	---	3 -AM	---	---
Friction and Shear	---	---	3 -AM	---	---
Braden Scale Score	---	---	21 -AM	---	---
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	---	WDL -AM	---	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/21/18 11:36:09	06/21/18 1000	06/21/18 0830	06/21/18 0800	06/21/18 07:35:36
<b>Hester Davis Fall Risk Assessment</b>					
Last Known Fall	---	---	0 -AM	---	---
Mobility	---	---	0 -AM	---	---
Medications	---	---	1 -AM	---	---
Mental Status/LOC/Awareness	---	---	0 -AM	---	---
Toileting Needs	---	---	0 -AM	---	---
Volume/Electrolyte Status	---	---	0 -AM	---	---
Communication/Sensory Behavior	---	---	1 -AM	---	---
Hester Davis Fall Risk Total	---	---	5 -AM	---	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	---	1 -AM	---	---
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	---	WDL -AM	---	---
Abdomen Inspection	---	---	Soft;Rounded -AM	---	---
Bowel Sounds (All Quadrants)	---	---	Active -AM	---	---
<b>Genitourinary</b>					
Genitourinary (WDL)	---	---	WDL -AM	---	---
Urinary Source	---	---	Voiding -AM	---	---
<b>Psychosocial</b>					
Psychosocial (WDL)	---	---	WDL -AM	---	---
<b>Charting Type</b>					
Charting Type	---	---	Shift assessment -AM	---	---
Row Name	06/21/18 0545	06/21/18 04:07:21	06/20/18 23:57:07	06/20/18 2133	06/20/18 2000
<b>Neurological</b>					
Level of Consciousness	---	---	---	Alert -TS	---
<b>HEENT</b>					
HEENT (WDL)	---	---	---	X -TS	---
R Eye	---	---	---	Impaired vision -TS	---
L Eye	---	---	---	Impaired vision -TS	---
Nose	---	---	---	Intact;Other (Comment) scant bloody mucus when blowing nose -TS	---
Teeth	---	---	---	Missing teeth -TS	---
<b>Respiratory</b>					
Respiratory Pattern	---	---	---	Regular -TS	---
Chest Assessment	---	---	---	Chest expansion symmetrical -TS	---
Bilateral Breath Sounds	---	---	---	Clear;Diminished -TS	---
<b>Oxygen Therapy</b>					
SpO2	---	93 % -DI (r) TW (t)	93 % -DI (r) TW (t)	---	---
O2 Device	---	None (Room air) -TW	None (Room air) -TW	None (Room air) -TS	---
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	---	Yes, independent -TW	Yes, independent -TW	Yes (independent) -TS	---
<b>Cardiac</b>					
Heart Sounds	---	---	---	S1, S2 -TS	---
Cardiac Symptoms	---	---	---	None -TS	---
<b>Cardiac Monitor</b>					
Telemetry Monitor On	---	Yes -TW	Yes -TW	Yes -TS	---
Telemetry Audible	---	Yes -TW	Yes -TW	Yes -TS	---
Telemetry Alarms Set	---	Yes -TW	Yes -TW	Yes -TS	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/21/18 0545	06/21/18 04:07:21	06/20/18 23:57:07	06/20/18 2133	06/20/18 2000
Telemetry Box Number	---	5208 -TW	5208 -TW	5208 -TS	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	---	---	X -TS	---
Cyanosis	---	---	---	None -TS	---
Capillary Refill	---	---	---	Less than/equal to 2 seconds (All extremities) -TS	---
RUE Capillary Refill	---	---	---	Less than/equal to 3 seconds -TS	---
LUE Capillary Refill	---	---	---	Less than/equal to 3 seconds -TS	---
RLE Capillary Refill	---	---	---	Less than/equal to 3 seconds -TS	---
LLE Capillary Refill	---	---	---	Less than/equal to 3 seconds -TS	---
Pulses	---	---	---	R pedal;L pedal;R radial;L radial -TS	---
Edema	---	---	---	Right lower extremity;Left lower extremity -TS	---
RLE Edema	---	---	---	+2 -TS	---
LLE Edema	---	---	---	+2 -TS	---
<b>RUE Neurovascular Assessment</b>					
RUE Color	---	---	---	Appropriate for ethnicity -TS	---
RUE Temperature/Moisture	---	---	---	Warm;Dry -TS	---
RUE Sensation	---	---	---	Present -TS	---
R Radial Pulse	---	---	---	+2 -TS	---
<b>LUE Neurovascular Assessment</b>					
LUE Color	---	---	---	Appropriate for ethnicity -TS	---
LUE Temperature/Moisture	---	---	---	Warm;Dry -TS	---
LUE Sensation	---	---	---	Present -TS	---
L Radial Pulse	---	---	---	+2 -TS	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	---	---	Appropriate for ethnicity -TS	---
RLE Temperature/Moisture	---	---	---	Warm;Dry -TS	---
RLE Sensation	---	---	---	Present -TS	---
R Pedal Pulse	---	---	---	+2 -TS	---
<b>LLE Neurovascular Assessment</b>					
LLE Color	---	---	---	Appropriate for ethnicity -TS	---
LLE Temperature/Moisture	---	---	---	Warm;Dry -TS	---
LLE Sensation	---	---	---	Present -TS	---
L Pedal Pulse	---	---	---	+2 -TS	---
<b>Integumentary</b>					
Integumentary (WDL)	---	---	---	X -TS	---
Skin Color	---	---	---	Appropriate for ethnicity -TS	---
Skin Condition/Temp	---	---	---	Dry;Warm -TS	---
Skin Integrity	---	---	---	Bruising -TS	---
Skin Location	---	---	---	BUE -TS	---
Skin Turgor	---	---	---	Non-tenting -TS	---
<b>Braden Scale</b>					
Sensory Perceptions	---	---	---	4 -TS	---
Moisture	---	---	---	4 -TS	---
Activity	---	---	---	3 -TS	---
Mobility	---	---	---	4 -TS	---
Nutrition	---	---	---	3 -TS	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/21/18 0545	06/21/18 04:07:21	06/20/18 23:57:07	06/20/18 2133	06/20/18 2000
Friction and Shear	---	---	---	3 -TS	---
Braden Scale Score	---	---	---	21 -TS	---
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	---	---	WDL -TS	---
<b>Hester Davis Fall Risk Assessment</b>					
Last Known Fall	---	---	---	0 -TS	---
Mobility	---	---	---	0 -TS	---
Medications	---	---	---	1 -TS	---
Mental Status/LOC/Awareness	---	---	---	0 -TS	---
Toileting Needs	---	---	---	0 -TS	---
Volume/Electrolyte Status	---	---	---	0 -TS	---
Communication/Sensory	---	---	---	1 -TS	---
Behavior	---	---	---	0 -TS	---
Hester Davis Fall Risk Total	---	---	---	5 -TS	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	---	---	0 -TS	---
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	---	---	WDL -TS	---
Abdomen Inspection	---	---	---	Rounded -TS	---
Bowel Sounds (All Quadrants)	---	---	---	Active -TS	---
<b>Stool Assessment</b>					
Stool Appearance	---	Unable to assess -TW	Unable to assess -TW	---	Unable to assess -TW
<b>Genitourinary</b>					
Genitourinary (WDL)	---	---	---	WDL -TS	---
Urinary Source	---	---	---	Voiding -TS	---
<b>Psychosocial</b>					
Psychosocial (WDL)	---	---	---	WDL -TS	---
Needs Expressed	---	---	---	Denies -TS	---
Ability to Express Feelings	---	---	---	Able to express -TS	---
Ability to Express Needs	---	---	---	Able to express -TS	---
Ability to Express Thoughts	---	---	---	Able to express -TS	---
<b>Charting Type</b>					
Charting Type	Reassessment unchanged -TS	---	---	Shift assessment -TS	---
Row Name	06/20/18 19:43:22	06/20/18 15:50:04	06/20/18 1458	06/20/18 14:02:02	06/20/18 1200
<b>Neurological</b>					
Level of Consciousness	---	---	Alert -MS	---	---
<b>HEENT</b>					
HEENT (WDL)	---	---	X -MS	---	---
R Eye	---	---	Impaired vision -MS	---	---
L Eye	---	---	Impaired vision -MS	---	---
Nose	---	---	Intact -MS	---	---
<b>Respiratory</b>					
Respiratory Pattern	---	---	Regular -MS	---	---
Chest Assessment	---	---	Chest expansion symmetrical -MS	---	---
Bilateral Breath Sounds	---	---	Clear;Diminished -MS	---	---
R Breath Sounds	---	---	Clear -MS	---	---
L Breath Sounds	---	---	Diminished -MS	---	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/20/18 19:43:22	06/20/18 15:50:04	06/20/18 1458	06/20/18 14:02:02	06/20/18 1200
Cough	---	---	None -MS	---	---
<b>Oxygen Therapy</b>					
SpO2	93 % -DI (r) TW (t)	(t) 89 % -DI (r) LF (t)	---	92 % -DI (r) LF (t)	---
O2 Device	None (Room air) -TW	---	None (Room air) -MS	---	---
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	Yes, independent -TW	---	---	---	---
<b>Cardiac</b>					
Heart Sounds	---	---	S1, S2 -MS	---	---
Cardiac Symptoms	---	---	None -MS	---	---
<b>Cardiac Monitor</b>					
Telemetry Monitor On	Yes -TW	---	---	---	---
Telemetry Audible	Yes -TW	---	---	---	---
Telemetry Alarms Set	Yes -TW	---	---	---	---
Telemetry Box Number	5208 -TW	---	---	---	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	---	X -MS	---	---
Cyanosis	---	---	None -MS	---	---
Capillary Refill	---	---	Less than/equal to 2 seconds (All extremities) -MS	---	---
RUE Capillary Refill	---	---	Less than/equal to 3 seconds -MS	---	---
LUE Capillary Refill	---	---	Less than/equal to 3 seconds -MS	---	---
RLE Capillary Refill	---	---	Less than/equal to 3 seconds -MS	---	---
LLE Capillary Refill	---	---	Less than/equal to 3 seconds -MS	---	---
Pulses	---	---	R radial;L radial;R pedal;L pedal -MS	---	---
Edema	---	---	Right lower extremity;Left lower extremity -MS	---	---
RLE Edema	---	---	+2 -MS	---	---
LLE Edema	---	---	+2 -MS	---	---
<b>RUE Neurovascular Assessment</b>					
RUE Color	---	---	Appropriate for ethnicity -MS	---	---
RUE Temperature/Moisture	---	---	Warm;Dry -MS	---	---
RUE Sensation	---	---	Present -MS	---	---
R Radial Pulse	---	---	+2 -MS	---	---
<b>LUE Neurovascular Assessment</b>					
LUE Color	---	---	Appropriate for ethnicity -MS	---	---
LUE Temperature/Moisture	---	---	Warm;Dry -MS	---	---
LUE Sensation	---	---	Present -MS	---	---
L Radial Pulse	---	---	+2 -MS	---	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	---	Appropriate for ethnicity -MS	---	---
RLE Temperature/Moisture	---	---	Warm;Dry -MS	---	---
RLE Sensation	---	---	Present -MS	---	---
R Pedal Pulse	---	---	+2 -MS	---	---
<b>LLE Neurovascular Assessment</b>					
LLE Color	---	---	Appropriate for ethnicity -MS	---	---
LLE Temperature/Moisture	---	---	Warm;Dry -MS	---	---
LLE Sensation	---	---	Present -MS	---	---





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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/20/18 19:43:22	06/20/18 15:50:04	06/20/18 1458	06/20/18 14:02:02	06/20/18 1200
L Pedal Pulse	---	---	+2 -MS	---	---
<b>Integumentary</b>					
Integumentary (WDL)	---	---	X -MS	---	---
Skin Color	---	---	Appropriate for ethnicity -MS	---	---
Skin Condition/Temp	---	---	Dry;Warm -MS	---	---
Skin Integrity	---	---	Bruising -MS	---	---
Skin Location	---	---	BUE -MS	---	---
Skin Turgor	---	---	Non-tenting -MS	---	---
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	---	WDL -MS	---	---
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	---	WDL -MS	---	---
Abdomen Inspection	---	---	Rounded -MS	---	---
Tenderness	---	---	Soft;No guarding;Nontender -MS	---	---
Last BM Date	---	---	06/19/18 -MS	---	---
Passing Flatus	---	---	Yes -MS	---	---
GI Symptoms	---	---	None -MS	---	---
<b>Stool Assessment</b>					
Bowel Incontinence	---	---	No -MS	---	---
Stool Appearance	Unable to assess -TW	---	Unable to assess -MS	---	---
Stool Color	---	---	Unable to assess -MS	---	---
Stool Amount	---	---	Unable to assess -MS	---	---
<b>Genitourinary</b>					
Genitourinary (WDL)	---	---	WDL -MS	---	---
Urinary Source	---	---	Voiding -MS	---	---
<b>Psychosocial</b>					
Psychosocial (WDL)	---	---	WDL -MS	---	---
Needs Expressed	---	---	Denies -MS	---	---
Ability to Express Feelings	---	---	Able to express -MS	---	---
Ability to Express Needs	---	---	Able to express -MS	---	---
Ability to Express Thoughts	---	---	Able to express -MS	---	---
<b>Charting Type</b>					
Charting Type	---	---	Shift assessment -MS	---	Reassessment no changes -DG
Row Name	06/20/18 1027	06/20/18 1000	06/20/18 0900	06/20/18 0800	06/20/18 0600
<b>Neurological</b>					
Level of Consciousness	---	---	---	Alert -DG	---
Neuro (WDL)	---	---	---	WDL -DG	---
<b>RASS Score</b>					
RASS Score	---	---	---	0 (Alert and Calm) -DG	---
<b>CAM-ICU Assessment</b>					
Is RASS -4 or -5 ?	---	---	---	No - Continue to FEATURE 1 -DG	---
Feature 1-Change in Mental Status	---	---	---	No - STOP (CAM-ICU Neg) -DG	---
Overall CAM-ICU	---	---	---	CAM ICU Negative, No Delirium -DG	---
<b>HEENT</b>					
HEENT (WDL)	---	---	---	X -DG	---
Head and Face	---	---	---	Symmetrical -DG	---
R Eye	---	---	---	Impaired vision -DG	---
L Eye	---	---	---	Impaired vision -DG	---
Nose	---	---	---	Other (Comment) intermittent nose bleed (minimal) -DG	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/20/18 1027	06/20/18 1000	06/20/18 0900	06/20/18 0800	06/20/18 0600
Teeth	---	---	---	Missing teeth -DG	---
<b>Respiratory</b>					
Respiratory (WDL)	---	---	---	X -DG	---
Respiratory Pattern	---	---	---	Regular -DG	---
Chest Assessment	---	---	---	Chest expansion symmetrical -DG	---
Bilateral Breath Sounds	---	---	---	Diminished -DG	---
<b>Cough and Deep Breathe</b>					
Cough and Deep Breathe	---	---	---	Yes -DG	---
<b>Oxygen Therapy</b>					
SpO2	---	(I) 88 % -DG	(I) 87 % -DG	(I) 88 % -DG	93 % -EE
O2 Device	---	---	---	None (Room air) -DG	---
Pulse Oximetry Type	---	---	---	Continuous -DG	---
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	---	---	---	Yes (independent) -DG	---
<b>Incentive Spirometry Tx</b>					
Respiratory Effort	---	---	---	Good -DG	---
Treatment Tolerance	---	---	---	Tolerated well -DG	---
<b>Cardiac</b>					
Cardiac (WDL)	---	---	---	X -DG	---
Cardiac Regularity	---	---	---	Irregular -DG	---
Heart Sounds	---	---	---	S1, S2 -DG	---
Cardiac Rhythm	---	---	---	Normal sinus rhythm -DG	---
Ectopy	---	---	---	Premature ventricular contractions -DG	---
Ectopy Frequency	---	---	---	Frequent -DG	---
Cardiac Symptoms	---	---	---	None -DG	---
<b>Cardiac Monitor</b>					
Bedside Cardiac Monitor On	---	---	---	Yes -DG	---
Bedside Cardiac Audible	---	---	---	Yes -DG	---
Bedside Cardiac Alarms Set	---	---	---	Yes -DG	---
Telemetry Monitor On	---	---	---	No -DG	---
<b>Pacemaker</b>					
Pacemaker	---	---	---	No -DG	---
<b>ICD</b>					
ICD	---	---	---	No -DG	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	---	---	X -DG	---
Cyanosis	---	---	---	None -DG	---
Capillary Refill	---	---	---	Less than/equal to 2 seconds (All extremities) -DG	---
RUE Capillary Refill	---	---	---	Less than/equal to 3 seconds -DG	---
LUE Capillary Refill	---	---	---	Less than/equal to 3 seconds -DG	---
RLE Capillary Refill	---	---	---	Less than/equal to 3 seconds -DG	---
LLE Capillary Refill	---	---	---	Less than/equal to 3 seconds -DG	---
Pulses	---	---	---	R radial;L radial;R pedal;L pedal -DG	---
Edema	---	---	---	Right lower extremity;Left lower extremity -DG	---
RLE Edema	---	---	---	+2 -DG	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/20/18 1027	06/20/18 1000	06/20/18 0900	06/20/18 0800	06/20/18 0600
LLE Edema	---	---	---	+2 -DG	---
<b>RUE Neurovascular Assessment</b>					
RUE Color	---	---	---	Ashen -DG	---
RUE Temperature/Moisture	---	---	---	Warm;Dry -DG	---
RUE Sensation	---	---	---	Present -DG	---
R Radial Pulse	---	---	---	+2 -DG	---
<b>LUE Neurovascular Assessment</b>					
LUE Color	---	---	---	Appropriate for ethnicity -DG	---
LUE Temperature/Moisture	---	---	---	Warm;Dry -DG	---
LUE Sensation	---	---	---	Present -DG	---
L Radial Pulse	---	---	---	+2 -DG	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	---	---	Appropriate for ethnicity -DG	---
RLE Temperature/Moisture	---	---	---	Warm;Dry -DG	---
RLE Sensation	---	---	---	Present -DG	---
R Pedal Pulse	---	---	---	+1 -DG	---
<b>LLE Neurovascular Assessment</b>					
LLE Color	---	---	---	Appropriate for ethnicity -DG	---
LLE Temperature/Moisture	---	---	---	Warm;Dry -DG	---
LLE Sensation	---	---	---	Present -DG	---
L Pedal Pulse	---	---	---	+1 -DG	---
<b>Integumentary</b>					
Integumentary (WDL)	---	---	---	X -DG	---
Skin Color	---	---	---	Appropriate for ethnicity -DG	---
Skin Integrity	---	---	---	Bruising -DG	---
Skin Location	---	---	---	BUE -DG	---
<b>Braden Scale</b>					
Sensory Perceptions	---	---	---	4 -DG	---
Moisture	---	---	---	4 -DG	---
Activity	---	---	---	3 -DG	---
Mobility	---	---	---	4 -DG	---
Nutrition	---	---	---	3 -DG	---
Friction and Shear	---	---	---	3 -DG	---
Braden Scale Score	---	---	---	21 -DG	---
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	---	---	WDL -DG	---
<b>Hester Davis Fall Risk Assessment</b>					
Last Known Fall	---	---	---	0 -DG	---
Mobility	---	---	---	0 -DG	---
Medications	---	---	---	1;3 -DG	---
Mental Status/LOC/Awareness	---	---	---	0 -DG	---
Toileting Needs	---	---	---	0 -DG	---
Volume/Electrolyte Status	---	---	---	0 -DG	---
Communication/Sensory Behavior	---	---	---	1 -DG	---
Hester Davis Fall Risk Total	---	---	---	8 -DG	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	---	---	0 -DG	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/20/18 1027	06/20/18 1000	06/20/18 0900	06/20/18 0800	06/20/18 0600
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	---	---	WDL -DG	---
<b>Stool Assessment</b>					
Bowel Incontinence	---	---	---	No -DG	---
<b>Genitourinary</b>					
Genitourinary (WDL)	---	---	---	WDL -DG	---
<b>Psychosocial</b>					
Psychosocial (WDL)	---	---	---	WDL -DG	---
<b>Provider Notification</b>					
Reason for Communication	Consult called -DG	---	---	---	---
Notification Time	1028 -DG	---	---	---	---
Provider Name	Whatley -DG	---	---	---	---
Provider Role	Consulting physician -DG	---	---	---	---
Method of Communication	Perfect Serve -DG	---	---	---	---
Response	Other (Comment) consulted by Dhaval G Patel, MD -DG	---	---	---	---

**Charting Type**

Charting Type	---	---	---	Shift assessment -DG	---
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**Respiratory Interventions**

Respiratory Interventions	---	---	---	Cough and deep breathe -DG	---
---------------------------	-----	-----	-----	----------------------------	-----

Row Name	06/20/18 0500	06/20/18 0400	06/20/18 0300	06/20/18 0200	06/20/18 0000
<b>Neurological</b>					
Level of Consciousness	---	Alert -EE	---	---	Alert -EE
<b>Oxygen Therapy</b>					
SpO2	94 % -EE	94 % -EE	97 % -EE	91 % -EE	90 % -EE
<b>Charting Type</b>					
Charting Type	---	Reassessment unchanged -EE	---	---	Reassessment unchanged -EE

Row Name	06/19/18 2300	06/19/18 2200	06/19/18 2100	06/19/18 2000	06/19/18 1900
----------	---------------	---------------	---------------	---------------	---------------

<b>Neurological</b>					
Level of Consciousness	---	---	---	Alert -EE	---
Neuro (WDL)	---	---	---	WDL -EE	---
<b>RASS Score</b>					
RASS Score	---	---	---	0 (Alert and Calm) -EE	---
<b>CAM-ICU Assessment</b>					
Is RASS -4 or -5 ?	---	---	---	No - Continue to FEATURE 1 -EE	---
Feature 1-Change in Mental Status	---	---	---	No - STOP (CAM-ICU Neg) -EE	---
Overall CAM-ICU	---	---	---	CAM ICU Negative, No Delirium -EE	---

**HEENT**

HEENT (WDL)	---	---	---	X -EE	---
Head and Face	---	---	---	Symmetrical -EE	---
Nose	---	---	---	Intact -EE	---
Mucous Membrane(s)	---	---	---	Moist;Pink -EE	---
Teeth	---	---	---	Missing teeth -EE	---

**Respiratory**

Respiratory (WDL)	---	---	---	X -EE	---
Respiratory Pattern	---	---	---	Regular -EE	---
Chest Assessment	---	---	---	Chest expansion symmetrical -EE	---
Bilateral Breath	---	---	---	Diminished -EE	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/19/18 2300	06/19/18 2200	06/19/18 2100	06/19/18 2000	06/19/18 1900
<b>Sounds</b>					
Ventilator Patient	---	---	---	No -EE	---
<b>Cough and Deep Breathe</b>					
Cough and Deep Breathe	---	---	---	Yes -EE	---
<b>Oxygen Therapy</b>					
SpO2	97 % -EE	96 % -EE	94 % -EE	94 % -EE	94 % -EE
O2 Device	---	---	---	Nasal cannula -EE	---
O2 Flow Rate (L/min)	---	---	---	2 L/min -EE	---
Pulse Oximetry Type	---	---	---	Continuous -EE	---
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	---	---	---	Yes (independent) -EE	---
<b>Incentive Spirometry Tx</b>					
Respiratory Effort	---	---	---	Good -EE	---
Treatment Tolerance	---	---	---	Tolerated well -EE	---
<b>Cardiac</b>					
Cardiac (WDL)	---	---	---	X -EE	---
Cardiac Regularity	---	---	---	Irregular -EE	---
Heart Sounds	---	---	---	S1, S2 -EE	---
Cardiac Rhythm	---	---	---	Normal sinus rhythm -EE	---
Ectopy	---	---	---	Premature ventricular contractions -EE	---
Ectopy Frequency	---	---	---	Frequent -EE	---
Cardiac Symptoms	---	---	---	None -EE	---
<b>Cardiac Monitor</b>					
Bedside Cardiac Monitor On	---	---	---	Yes -EE	---
Bedside Cardiac Audible	---	---	---	Yes -EE	---
Bedside Cardiac Alarms Set	---	---	---	Yes -EE	---
<b>Pacemaker</b>					
Pacemaker	---	---	---	No -EE	---
<b>ICD</b>					
ICD	---	---	---	No -EE	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	---	---	X -EE	---
Cyanosis	---	---	---	None -EE	---
Capillary Refill	---	---	---	Less than/equal to 2 seconds (All extremities) -EE	---
RUE Capillary Refill	---	---	---	Less than/equal to 3 seconds -EE	---
LUE Capillary Refill	---	---	---	Less than/equal to 3 seconds -EE	---
RLE Capillary Refill	---	---	---	Less than/equal to 3 seconds -EE	---
LLE Capillary Refill	---	---	---	Less than/equal to 3 seconds -EE	---
Pulses	---	---	---	R radial;L radial;R pedal;L pedal -EE	---
Edema	---	---	---	Right lower extremity;Left lower extremity -EE	---
RLE Edema	---	---	---	+2 -EE	---
LLE Edema	---	---	---	+2 -EE	---
<b>RUE Neurovascular Assessment</b>					
RUE Color	---	---	---	Appropriate for ethnicity -EE	---
RUE Temperature/Moisture	---	---	---	Warm;Dry -EE	---
RUE Sensation	---	---	---	Present -EE	---



Flowsheets (all recorded) (continued)

Complex Assessment (continued)

Row Name	06/19/18 2300	06/19/18 2200	06/19/18 2100	06/19/18 2000	06/19/18 1900
R Radial Pulse	---	---	---	+2 -EE	---
<b>LUE Neurovascular Assessment</b>					
LUE Color	---	---	---	Appropriate for ethnicity -EE	---
LUE Temperature/Moisture	---	---	---	Warm;Dry -EE	---
LUE Sensation	---	---	---	Present -EE	---
L Radial Pulse	---	---	---	+2 -EE	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	---	---	Appropriate for ethnicity -EE	---
RLE Temperature/Moisture	---	---	---	Warm;Dry -EE	---
RLE Sensation	---	---	---	Present -EE	---
R Pedal Pulse	---	---	---	+1 -EE	---
R Homans' Sign	---	---	---	Negative -EE	---
RLE DVT Prophylaxis	---	---	---	Sequential compression device -EE	---
<b>LLE Neurovascular Assessment</b>					
LLE Color	---	---	---	Appropriate for ethnicity -EE	---
LLE Temperature/Moisture	---	---	---	Warm;Dry -EE	---
LLE Sensation	---	---	---	Present -EE	---
L Pedal Pulse	---	---	---	+1 -EE	---
L Homans' Sign	---	---	---	Negative -EE	---
LLE DVT Prophylaxis	---	---	---	Sequential compression device -EE	---
<b>Integumentary</b>					
Integumentary (WDL)	---	---	---	X -EE	---
Skin Color	---	---	---	Appropriate for ethnicity -EE	---
Skin Integrity	---	---	---	Bruising -EE	---
Skin Location	---	---	---	BUE -EE	---
Skin Turgor	---	---	---	Epidermis thin with loss of subcutaneous tissue -EE	---
<b>Braden Scale</b>					
Sensory Perceptions	---	---	---	4 -EE	---
Moisture	---	---	---	4 -EE	---
Activity	---	---	---	3 -EE	---
Mobility	---	---	---	4 -EE	---
Nutrition	---	---	---	3 -EE	---
Friction and Shear	---	---	---	3 -EE	---
Braden Scale Score	---	---	---	21 -EE	---
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	---	---	WDL -EE	---
<b>Fall Risk/ Unable to assess</b>					
Unable to assess Fall Risk Factors Due To:	---	---	---	Other (Specify) -EE	---
<b>Hester Davis Fall Risk Assessment</b>					
Last Known Fall	---	---	---	0 -EE	---
Mobility	---	---	---	1;2 -EE	---
Medications	---	---	---	1 -EE	---
Mental Status/LOC/Awareness	---	---	---	0 -EE	---
Toileting Needs	---	---	---	0 -EE	---
Volume/Electrolyte Status	---	---	---	2 -EE	---
Communication/Sensory Behavior	---	---	---	1 -EE	---
Behavior	---	---	---	0 -EE	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/19/18 2300	06/19/18 2200	06/19/18 2100	06/19/18 2000	06/19/18 1900
Hester Davis Fall Risk Total	---	---	---	10 -EE	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	---	---	4 -EE	---
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	---	---	WDL -EE	---
<b>Stool Assessment</b>					
Bowel Incontinence	---	---	---	No -EE	---
Stool Appearance	---	---	---	Unable to assess -EE	---
Stool Color	---	---	---	Unable to assess -EE	---
Stool Amount	---	---	---	Unable to assess -EE	---
<b>Genitourinary</b>					
Genitourinary (WDL)	---	---	---	WDL -EE	---
<b>Urine Assessment</b>					
Bladder Status (use only for bladder training)	---	---	---	Continent -EE	---
<b>Psychosocial</b>					
Psychosocial (WDL)	---	---	---	WDL -EE	---
Needs Expressed	---	---	---	Denies -EE	---
<b>Charting Type</b>					
Charting Type	---	---	---	Shift assessment -EE	---
<b>Respiratory Interventions</b>					
Respiratory Interventions	---	---	---	Cough and deep breathe -EE	---

Row Name	06/19/18 1800	06/19/18 1700	06/19/18 1600	06/19/18 1500	06/19/18 1430
<b>Oxygen Therapy</b>					
SpO2	92 % -JI	96 % -JI	95 % -JI	96 % -JI	96 % -JI
O2 Device	---	---	---	---	Nasal cannula -JI
O2 Flow Rate (L/min)	---	---	---	---	2 L/min -JI
Pulse Oximetry Type	---	---	---	---	Continuous -JI
<b>Charting Type</b>					
Charting Type	---	---	Reassessment -JI	---	---

Row Name	06/19/18 1335	06/19/18 1330	06/19/18 1325	06/19/18 1321	06/19/18 1117
<b>Oxygen Therapy</b>					
SpO2	100 % -LFA	97 % -LFA	92 % -LFA	93 % -CR	---
<b>Braden Scale</b>					
Sensory Perceptions	---	---	---	---	4 -PM
Moisture	---	---	---	---	4 -PM
Activity	---	---	---	---	3 -PM
Mobility	---	---	---	---	4 -PM
Nutrition	---	---	---	---	3 -PM
Friction and Shear	---	---	---	---	3 -PM
Braden Scale Score	---	---	---	---	21 -PM

Row Name	06/19/18 1114	06/19/18 1031	06/19/18 1000	06/19/18 0900	06/19/18 0800
<b>Neurological</b>					
Level of Consciousness	---	---	---	---	Alert -JI
Neuro (WDL)	---	---	---	---	WDL -JI
<b>RASS Score</b>					
RASS Score	---	---	---	---	0 (Alert and Calm) -JI
<b>CAM-ICU Assessment</b>					
Is RASS -4 or -5 ?	---	---	---	---	No - Continue to FEATURE 1 -JI
Feature 1-Change in Mental Status	---	---	---	---	No - STOP (CAM-ICU Neg) -JI
Overall CAM-ICU	---	---	---	---	CAM ICU Negative, No Delirium -JI



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/19/18 1114	06/19/18 1031	06/19/18 1000	06/19/18 0900	06/19/18 0800
<b>HEENT</b>					
HEENT (WDL)	---	---	---	---	X -JI
R Eye	---	---	---	---	Impaired vision -JI
L Eye	---	---	---	---	Impaired vision -JI
Teeth	---	---	---	---	Missing teeth -JI
<b>Respiratory</b>					
Respiratory (WDL)	---	---	---	---	X -JI
Respiratory Pattern	---	---	---	---	Regular -JI
Chest Assessment	---	---	---	---	Chest expansion symmetrical -JI
Bilateral Breath Sounds	---	---	---	---	Diminished -JI
Cough	---	---	---	---	Spontaneous -JI
Ventilator Patient	---	---	---	---	No -JI
<b>Oxygen Therapy</b>					
SpO2	98 % -PM	---	92 % -JI	95 % -JI	97 % -JI
O2 Device	Nasal cannula -PM	None (Room air) -JI	---	---	Nasal cannula -JI
O2 Flow Rate (L/min)	3 L/min -PM	---	---	---	2 L/min -JI
Pulse Oximetry Type	---	---	---	---	Continuous -JI
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	---	---	---	---	Yes (independent) -JI
<b>Cardiac</b>					
Cardiac (WDL)	---	---	---	---	X -JI
Cardiac Regularity	---	---	---	---	Irregular -JI
Heart Sounds	---	---	---	---	S1, S2 -JI
Cardiac Rhythm	---	---	---	---	Normal sinus rhythm -JI
<b>Cardiac Monitor</b>					
Bedside Cardiac Monitor On	---	---	---	---	Yes -JI
Bedside Cardiac Audible	---	---	---	---	Yes -JI
Bedside Cardiac Alarms Set	---	---	---	---	Yes -JI
<b>Pacemaker</b>					
Pacemaker	---	---	---	---	No -JI
<b>ICD</b>					
ICD	---	---	---	---	No -JI
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	---	---	---	X -JI
Cyanosis	---	---	---	---	None -JI
Capillary Refill	---	---	---	---	Less than/equal to 2 seconds (All extremities) -JI
Pulses	---	---	---	---	R radial;L radial;R pedal;L pedal -JI
Edema	---	---	---	---	Right lower extremity -JI
RLE Edema	---	---	---	---	+2 -JI
LLE Edema	---	---	---	---	+2 -JI
<b>RUE Neurovascular Assessment</b>					
R Radial Pulse	---	---	---	---	+2 -JI
<b>LUE Neurovascular Assessment</b>					
L Radial Pulse	---	---	---	---	+2 -JI
<b>RLE Neurovascular Assessment</b>					
R Pedal Pulse	---	---	---	---	+1 -JI
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	---	---	---	---	+1 -JI
<b>Integumentary</b>					
Integumentary (WDL)	---	---	---	---	X -JI
Skin Color	---	---	---	---	Appropriate for ethnicity





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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/19/18 1114	06/19/18 1031	06/19/18 1000	06/19/18 0900	06/19/18 0800
Skin Integrity	---	---	---	---	-Jl
Skin Location	---	---	---	---	Bruising -Jl
Skin Turgor	---	---	---	---	BUE -Jl
					Epidermis thin with loss of subcutaneous tissue
					-Jl
<b>Braden Scale</b>					
Sensory Perceptions	---	---	---	---	4 -Jl
Moisture	---	---	---	---	4 -Jl
Activity	---	---	---	---	3 -Jl
Mobility	---	---	---	---	4 -Jl
Nutrition	---	---	---	---	3 -Jl
Friction and Shear	---	---	---	---	3 -Jl
Braden Scale Score	---	---	---	---	21 -Jl
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	---	---	---	WDL -Jl
<b>Hester Davis Fall Risk Assessment</b>					
Last Known Fall	---	---	---	---	0 -Jl
Mobility	---	---	---	---	1;2 -Jl
Medications	---	---	---	---	1 -Jl
Mental Status/LOC/Awareness	---	---	---	---	0 -Jl
Toileting Needs	---	---	---	---	0 -Jl
Volume/Electrolyte Status	---	---	---	---	2 -Jl
Communication/Sensory Behavior	---	---	---	---	1 -Jl
Hester Davis Fall Risk Total	---	---	---	---	0 -Jl
10 -Jl					
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	---	---	---	4 -Jl
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	---	---	---	WDL -Jl
<b>Genitourinary</b>					
Genitourinary (WDL)	---	---	---	---	WDL -Jl
<b>Charting Type</b>					
Charting Type	---	---	---	---	Shift assessment -Jl
Row Name	06/19/18 0700	06/19/18 0600	06/19/18 0500	06/19/18 0400	06/19/18 0300
<b>Oxygen Therapy</b>					
SpO2	96 % -Jl	94 % -RM	96 % -RM	98 % -RM	92 % -RM
O2 Device	---	---	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM
Pulse Oximetry Type	---	---	Continuous -RM	Continuous -RM	Continuous -RM
SpO2 Alarm Limit High	---	---	100 -RM	100 -RM	100 -RM
SpO2 Alarm Limit Low	---	---	90 -RM	90 -RM	90 -RM
POX Probe Site Changed	---	---	No -RM	No -RM	No -RM
<b>Stool Assessment</b>					
Bowel Incontinence	---	---	---	No -RM	---
Stool Appearance	---	---	---	Unable to assess -RM	---
Stool Color	---	---	---	Unable to assess -RM	---
Stool Amount	---	---	---	Unable to assess -RM	---
<b>Urine Assessment</b>					
Bladder Status (use only for bladder training)	---	---	---	Continent -RM	---
<b>Charting Type</b>					
Charting Type	---	---	---	Reassessment -RM	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/19/18 0700	06/19/18 0600	06/19/18 0500	06/19/18 0400	06/19/18 0300
<b>Current Legal Status</b>					
Current Legal Status	---	---	---	Vol -RM	---
Row Name	06/19/18 0200	06/19/18 0100	06/19/18 0000	06/18/18 2300	06/18/18 2200
<b>Oxygen Therapy</b>					
SpO2	93 % -RM	92 % -RM	94 % -RM	97 % -RM	99 % -RM
O2 Device	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM
Pulse Oximetry Type	Continuous -RM	Continuous -RM	Continuous -RM	Continuous -RM	Continuous -RM
SpO2 Alarm Limit High	100 -RM	100 -RM	100 -RM	100 -RM	100 -RM
SpO2 Alarm Limit Low	90 -RM	90 -RM	90 -RM	90 -RM	90 -RM
POX Probe Site Changed	No -RM	No -RM	No -RM	No -RM	No -RM
<b>Stool Assessment</b>					
Bowel Incontinence	No -RM	---	No -RM	---	No -RM
Stool Appearance	Unable to assess -RM	---	Unable to assess -RM	---	Unable to assess -RM
Stool Color	Unable to assess -RM	---	Unable to assess -RM	---	Unable to assess -RM
Stool Amount	Unable to assess -RM	---	Unable to assess -RM	---	Unable to assess -RM
<b>Urine Assessment</b>					
Bladder Status (use only for bladder training)	Continent -RM	---	Continent -RM	---	Continent -RM
<b>Charting Type</b>					
Charting Type	Reassessment -RM	---	Reassessment -RM	---	Reassessment -RM
<b>Current Legal Status</b>					
Current Legal Status	Vol -RM	---	Vol -RM	---	Vol -RM
Row Name	06/18/18 2100	06/18/18 2000	06/18/18 1900	06/18/18 1800	06/18/18 1600
<b>Neurological</b>					
Level of Consciousness	---	Alert -RM	---	---	---
Neuro (WDL)	---	WDL -RM	---	---	---
<b>RASS Score</b>					
RASS Score	---	0 (Alert and Calm) -RM	---	---	---
<b>CAM-ICU Assessment</b>					
Is RASS -4 or -5 ?	---	No - Continue to FEATURE 1 -RM	---	---	---
Feature 1-Change in Mental Status	---	No - STOP (CAM-ICU Neg) -RM	---	---	---
Overall CAM-ICU	---	CAM ICU Negative, No Delirium -RM	---	---	---
<b>HEENT</b>					
HEENT (WDL)	---	X -RM	---	---	---
Head and Face	---	Symmetrical -RM	---	---	---
R Eye	---	Impaired vision -RM	---	---	---
L Eye	---	Impaired vision -RM	---	---	---
R Ear	---	Intact -RM	---	---	---
L Ear	---	Intact -RM	---	---	---
Nose	---	Intact -RM	---	---	---
Mucous Membrane(s)	---	Moist:Pink -RM	---	---	---
Teeth	---	Missing teeth -RM	---	---	---
<b>Eye Blink Rate</b>					
R. Eye	---	Blink Rate >6/min or 1 every 10 seconds -RM	---	---	---
L. Eye	---	Blink Rate >6/min or 1 every 10 seconds -RM	---	---	---
<b>Respiratory</b>					
Respiratory (WDL)	---	X -RM	---	---	---
Respiratory Pattern	---	Regular -RM	---	---	---
Chest Assessment	---	Chest expansion symmetrical -RM	---	---	---
Bilateral Breath Sounds	---	Diminished -RM	---	---	---
R Breath Sounds	---	Diminished -RM	---	---	---
L Breath Sounds	---	Diminished -RM	---	---	---



**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/18/18 2100	06/18/18 2000	06/18/18 1900	06/18/18 1800	06/18/18 1600
Cough	---	Spontaneous;Strong -RM	---	---	---
Ventilator Patient	---	No -RM	---	---	---
<b>Cough and Deep Breathe</b>					
Cough and Deep Breathe	---	Yes -RM	---	---	---
<b>Oxygen Therapy</b>					
SpO2	99 % -RM	96 % -RM	(!) 89 % -RM	94 % -RM	(!) 87 % -J
O2 Device	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	---	---
Pulse Oximetry Type	Continuous -RM	Continuous -RM	Continuous -RM	---	---
SpO2 Alarm Limit High	100 -RM	100 -RM	100 -RM	---	---
SpO2 Alarm Limit Low	90 -RM	90 -RM	90 -RM	---	---
POX Probe Site Changed	No -RM	No -RM	No -RM	---	---
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	---	Yes (independent) -RM	---	---	---
<b>Cardiac</b>					
Cardiac (WDL)	---	X -RM	---	---	---
Cardiac Regularity	---	Irregular -RM	---	---	---
Heart Sounds	---	S1, S2 -RM	---	---	---
Cardiac Rhythm	---	Normal sinus rhythm;Sinus bradycardia -RM	---	---	---
Ectopy	---	Premature ventricular contractions -RM	---	---	---
Ectopy Frequency	---	Frequent -RM	---	---	---
Cardiac Symptoms	---	None -RM	---	---	---
<b>Cardiac Monitor</b>					
Bedside Cardiac Monitor On	---	Yes -RM	---	---	---
Bedside Cardiac Audible	---	Yes -RM	---	---	---
Bedside Cardiac Alarms Set	---	Yes -RM	---	---	---
Telemetry Monitor On	---	No -RM	---	---	---
<b>Pacemaker</b>					
Pacemaker	---	No -RM	---	---	---
<b>ICD</b>					
ICD	---	No -RM	---	---	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	X -RM	---	---	---
Cyanosis	---	None -RM	---	---	---
Capillary Refill	---	Less than/equal to 2 seconds (All extremities) -RM	---	---	---
RUE Capillary Refill	---	Less than/equal to 3 seconds -RM	---	---	---
LUE Capillary Refill	---	Less than/equal to 3 seconds -RM	---	---	---
RLE Capillary Refill	---	Less than/equal to 3 seconds -RM	---	---	---
LLE Capillary Refill	---	Less than/equal to 3 seconds -RM	---	---	---
Pulses	---	L pedal;R pedal;L radial;R radial -RM	---	---	---
Edema	---	Right lower extremity;Left lower extremity -RM	---	---	---
RLE Edema	---	+2 -RM	---	---	---
LLE Edema	---	+2 -RM	---	---	---
<b>RUE Neurovascular Assessment</b>					
RUE Color	---	Appropriate for ethnicity -RM	---	---	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/18/18 2100	06/18/18 2000	06/18/18 1900	06/18/18 1800	06/18/18 1600
RUE	---	Warm;Dry -RM	---	---	---
Temperature/Moisture	---		---	---	---
RUE Sensation	---	Present -RM	---	---	---
R Radial Pulse	---	+2 -RM	---	---	---
<b>LUE Neurovascular Assessment</b>					
LUE Color	---	Appropriate for ethnicity -RM	---	---	---
LUE Temperature/Moisture	---	Warm;Dry -RM	---	---	---
LUE Sensation	---	Present -RM	---	---	---
L Radial Pulse	---	+2 -RM	---	---	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	Appropriate for ethnicity -RM	---	---	---
RLE Temperature/Moisture	---	Warm;Dry -RM	---	---	---
RLE Sensation	---	Present -RM	---	---	---
R Pedal Pulse	---	+1 -RM	---	---	---
R Homans' Sign	---	Negative -RM	---	---	---
<b>LLE Neurovascular Assessment</b>					
LLE Color	---	Appropriate for ethnicity -RM	---	---	---
LLE Temperature/Moisture	---	Warm;Dry -RM	---	---	---
LLE Sensation	---	Present -RM	---	---	---
L Pedal Pulse	---	+1 -RM	---	---	---
L Homans' Sign	---	Negative -RM	---	---	---
<b>Integumentary</b>					
Integumentary (WDL)	---	X -RM	---	---	---
Skin Color	---	Appropriate for ethnicity -RM	---	---	---
Skin Integrity	---	Bruising -RM	---	---	---
Skin Location	---	BUE -RM	---	---	---
Skin Turgor	---	Epidermis thin with loss of subcutaneous tissue -RM	---	---	---
<b>Braden Scale</b>					
Sensory Perceptions	---	4 -RM	---	---	---
Moisture	---	4 -RM	---	---	---
Activity	---	3 -RM	---	---	---
Mobility	---	4 -RM	---	---	---
Nutrition	---	3 -RM	---	---	---
Friction and Shear	---	3 -RM	---	---	---
Braden Scale Score	---	21 -RM	---	---	---
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	WDL -RM	---	---	---
<b>Hester Davis Fall Risk Assessment</b>					
Last Known Fall	---	0 -RM	---	---	---
Mobility	---	1 -RM	---	---	---
Medications	---	0 -RM	---	---	---
Mental Status/LOC/Awareness	---	0 -RM	---	---	---
Toileting Needs	---	2 -RM	---	---	---
Volume/Electrolyte Status	---	2 -RM	---	---	---
Communication/Sensory Behavior	---	1 -RM	---	---	---
Hester Davis Fall Risk Total	---	9 -RM	---	---	---
<b>Stool Assessment</b>					
Bowel Incontinence	---	No -RM	---	---	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/18/18 2100	06/18/18 2000	06/18/18 1900	06/18/18 1800	06/18/18 1600
Stool Appearance	---	Unable to assess -RM	---	---	---
Stool Color	---	Unable to assess -RM	---	---	---
Stool Amount	---	Unable to assess -RM	---	---	---
<b>Emesis Assessment</b>					
Emesis Appearance	---	na -RM	---	---	---
<b>Genitourinary</b>					
Genitourinary (WDL)	---	WDL -RM	---	---	---
<b>Urine Assessment</b>					
Bladder Status (use only for bladder training)	---	Continent -RM	---	---	---
<b>Psychosocial</b>					
Psychosocial (WDL)	---	WDL -RM	---	---	---
Needs Expressed	---	Denies -RM	---	---	---
<b>Charting Type</b>					
Charting Type	---	Shift assessment -RM	---	---	---
<b>Current Legal Status</b>					
Current Legal Status	---	Vol -RM	---	---	---
<b>Respiratory Interventions</b>					
Respiratory Interventions	---	Cough and deep breathe -RM	---	---	---

Row Name	06/18/18 1500	06/18/18 1400	06/18/18 1300	06/18/18 1200	06/18/18 1100
<b>Oxygen Therapy</b>					
SpO2	95 % -JI	91 % -JI	93 % -JI	---	97 % -JI
<b>Charting Type</b>					
Charting Type	---	---	---	Reassessment -JI	---

Row Name	06/18/18 1025	06/18/18 1000	06/18/18 0900	06/18/18 0800	06/18/18 0700
<b>Neurological</b>					
Level of Consciousness	---	---	---	Alert -JI	---
Neuro (WDL)	---	---	---	WDL -JI	---
<b>RASS Score</b>					
RASS Score	---	---	---	0 (Alert and Calm) -JI	---
<b>CAM-ICU Assessment</b>					
Is RASS -4 or -5 ?	---	---	---	No - Continue to FEATURE 1 -JI	---
Feature 1-Change in Mental Status	---	---	---	No - STOP (CAM-ICU Neg) -JI	---
Overall CAM-ICU	---	---	---	CAM ICU Negative, No Delirium -JI	---
<b>HEENT</b>					
HEENT (WDL)	---	---	---	X -JI	---
R Eye	---	---	---	Impaired vision -JI	---
L Eye	---	---	---	Impaired vision -JI	---
Teeth	---	---	---	Missing teeth -JI	---
<b>Respiratory</b>					
Respiratory (WDL)	---	---	---	X -JI	---
Respiratory Pattern	---	---	---	Regular -JI	---
Chest Assessment	---	---	---	Chest expansion symmetrical -JI	---
Bilateral Breath Sounds	---	---	---	Diminished -JI	---
Cough	---	---	---	Strong; Spontaneous -JI	---
Ventilator Patient	---	---	---	No -JI	---
<b>Oxygen Therapy</b>					
SpO2	---	98 % -JI	100 % -JI	91 % -JI	95 % -JI
O2 Device	---	---	---	Nasal cannula -JI	---
O2 Flow Rate (L/min)	---	---	---	5 L/min -JI	---
Pulse Oximetry Type	---	---	---	Continuous -JI	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/18/18 1025	06/18/18 1000	06/18/18 0900	06/18/18 0800	06/18/18 0700
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	---	---	---	Yes (independent) -Jl	---
<b>Cardiac</b>					
Cardiac (WDL)	---	---	---	X -Jl	---
Cardiac Regularity	---	---	---	Irregular -Jl	---
Heart Sounds	---	---	---	S1, S2 -Jl	---
Cardiac Rhythm	---	---	---	Normal sinus rhythm; Sinus bradycardia -Jl	---
<b>Cardiac Monitor</b>					
Bedside Cardiac Monitor On	---	---	---	Yes -Jl	---
Bedside Cardiac Audible	---	---	---	Yes -Jl	---
Bedside Cardiac Alarms Set	---	---	---	Yes -Jl	---
<b>Pacemaker</b>					
Pacemaker	---	---	---	No -Jl	---
<b>ICD</b>					
ICD	---	---	---	No -Jl	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	---	---	X -Jl	---
Cyanosis	---	---	---	None -Jl	---
Capillary Refill	---	---	---	Less than/equal to 2 seconds (All extremities) -Jl	---
Pulses	---	---	---	R radial; L radial; R pedal; L pedal -Jl	---
RLE Edema	---	---	---	+2 -Jl	---
LLE Edema	---	---	---	+2 -Jl	---
<b>RUE Neurovascular Assessment</b>					
R Radial Pulse	---	---	---	+2 -Jl	---
<b>LUE Neurovascular Assessment</b>					
L Radial Pulse	---	---	---	+2 -Jl	---
<b>RLE Neurovascular Assessment</b>					
R Pedal Pulse	---	---	---	+1 -Jl	---
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	---	---	---	+1 -Jl	---
<b>Integumentary</b>					
Integumentary (WDL)	---	---	---	WDL -Jl	---
Skin Color	---	---	---	Appropriate for ethnicity -Jl	---
<b>Braden Scale</b>					
Sensory Perceptions	---	---	---	4 -Jl	---
Moisture	---	---	---	4 -Jl	---
Activity	---	---	---	3 -Jl	---
Mobility	---	---	---	4 -Jl	---
Nutrition	---	---	---	3 -Jl	---
Friction and Shear	---	---	---	3 -Jl	---
Braden Scale Score	---	---	---	21 -Jl	---
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	---	---	WDL -Jl	---
<b>Hester Davis Fall Risk Assessment</b>					
Last Known Fall	---	---	---	0 -Jl	---
Mobility	---	---	---	1 -Jl	---
Medications	---	---	---	3 -Jl	---
Mental Status/LOC/Awarenes	---	---	---	0 -Jl	---



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/18/18 1025	06/18/18 1000	06/18/18 0900	06/18/18 0800	06/18/18 0700
Toileting Needs	---	---	---	0 -Jl	---
Volume/Electrolyte Status	---	---	---	2 -Jl	---
Communication/Sensory	---	---	---	1 -Jl	---
Behavior	---	---	---	0 -Jl	---
Hester Davis Fall Risk Total	---	---	---	10 -Jl	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	---	---	1 -Jl	---
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	---	---	WDL -Jl	---
<b>Genitourinary</b>					
Genitourinary (WDL)	---	---	---	WDL -Jl	---
<b>Psychosocial</b>					
Psychosocial (WDL)	---	---	---	WDL -Jl	---
<b>Provider Notification</b>					
Reason for Communication	Patient request Clarify order for Ramipril. -Jl	---	---	---	---
Notification Time	1025 -Jl	---	---	---	---
Provider Name	Sajia -Jl	---	---	---	---
Provider Role	Consulting physician -Jl	---	---	---	---
Method of Communication	Perfect Serve -Jl	---	---	---	---
Response	Waiting for response -Jl	---	---	---	---
<b>Charting Type</b>					
Charting Type	---	---	---	Shift assessment -Jl	---

Row Name	06/18/18 0600	06/18/18 0500	06/18/18 0445	06/18/18 0400	06/18/18 0339
<b>tPA Time out</b>					
Weight	104.9 kg (231 lb 4.2 oz) -RM	---	---	---	---
<b>Oxygen Therapy</b>					
SpO2	97 % -RM	97 % -RM	---	97 % -RM	---
O2 Device	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	---
Pulse Oximetry Type	Continuous -RM	Continuous -RM	Continuous -RM	Continuous -RM	---
SpO2 Alarm Limit High	100 -RM	100 -RM	---	100 -RM	---
SpO2 Alarm Limit Low	90 -RM	90 -RM	---	90 -RM	---
POX Probe Site Changed	No -RM	No -RM	---	No -RM	---
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	Yes (independent) -RM	---	---	Yes (independent) -RM	---
<b>Cardiac Monitor</b>					
Telemetry Monitor On	No -RM	---	---	No -RM	---
<b>Stool Assessment</b>					
Bowel Incontinence	---	No -RM	---	---	---
Stool Appearance	---	Unable to assess -RM	---	---	---
Stool Color	---	Unable to assess -RM	---	---	---
Stool Amount	---	Unable to assess -RM	---	---	---
<b>Emesis Assessment</b>					
Emesis Appearance	---	na -RM	---	---	---
<b>Urine Assessment</b>					
Bladder Status (use only for bladder training)	---	Continent -RM	---	---	---
<b>Provider Notification</b>					
Reason for Communication	Critical lab value -RM	---	---	---	Critical lab value -RM



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/18/18 0600	06/18/18 0500	06/18/18 0445	06/18/18 0400	06/18/18 0339
Lab Value	inr 3.06 -RM	---	---	---	trop 0.05 -RM
RBAC?	Yes -RM	---	---	---	Yes -RM
Notification Time	0602 -RM	---	---	---	0338 -RM
Provider Name	Kingsley Aqbeyebe -RM	---	---	---	Andrew Goodner -RM
Provider Role	Hospitalist -RM	---	---	---	PA -RM
Method of Communication	Perfect Serve -RM	---	---	---	Perfect Serve -RM
Response	Waiting for response -RM	---	---	---	Waiting for response Hospitalist called to request I advise CVM. -RM
<b>Charting Type</b>					
Charting Type	Reassessment -RM	---	---	Reassessment -RM	---
<b>Current Legal Status</b>					
Current Legal Status	Vol -RM	---	---	Vol -RM	---
Row Name	06/18/18 0334	06/18/18 0300	06/18/18 0200	06/18/18 0100	06/18/18 0000
<b>Neurological</b>					
Level of Consciousness	---	---	---	---	Alert -RM
Neuro (WDL)	---	---	---	---	WDL -RM
<b>RASS Score</b>					
RASS Score	---	---	---	---	0 (Alert and Calm) -RM
<b>CAM-ICU Assessment</b>					
Is RASS -4 or -5 ?	---	---	---	---	No - Continue to FEATURE 1 -RM
Feature 1-Change in Mental Status	---	---	---	---	No - STOP (CAM-ICU Neg) -RM
Overall CAM-ICU	---	---	---	---	CAM ICU Negative, No Delirium -RM
<b>Swallow Screening</b>					
Patient Alert	---	---	---	---	Yes -RM
Continue Screen?	---	---	---	---	If yes-continue screen -RM
Dx Aspiration PNA	---	---	---	---	No -RM
Continue Screen?	---	---	---	---	If no-continue screen -RM
Pt Drooling?	---	---	---	---	No -RM
Continue Screen? (If screening to continue, give 1 Tsp of water)	---	---	---	---	If no-continue screen -RM
Any Cough?	---	---	---	---	No -RM
Voice gurgle/wet?	---	---	---	---	No -RM
Continue Screen? (If screening to continue, provide sips of cup of water)	---	---	---	---	If no to above questions-continue screen -RM
Any Cough?	---	---	---	---	No -RM
Voice gurgle/wet?	---	---	---	---	No -RM
Continue Screen?	---	---	---	---	If no to above questions-continue screen -RM
Did Patient Pass Swallow Screen?	---	---	---	---	Yes-passed screen -RM
<b>HEENT</b>					
HEENT (WDL)	---	---	---	---	WDL -RM
<b>Eye Blink Rate</b>					
R. Eye	---	---	---	---	Blink Rate >6/min or 1 every 10 seconds -RM
L. Eye	---	---	---	---	Blink Rate >6/min or 1 every 10 seconds -RM
<b>Respiratory</b>					
Respiratory (WDL)	---	---	---	---	X -RM
Respiratory Pattern	---	---	---	---	Regular -RM
Chest Assessment	---	---	---	---	Chest expansion symmetrical -RM





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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/18/18 0334	06/18/18 0300	06/18/18 0200	06/18/18 0100	06/18/18 0000
R Breath Sounds	---	---	---	---	Diminished -RM
L Breath Sounds	---	---	---	---	Diminished -RM
Cough	---	---	---	---	Strong;Loose -RM
Ventilator Patient	---	---	---	---	No -RM
<b>Cough and Deep Breathe</b>					
Cough and Deep Breathe	---	---	---	---	Yes -RM
<b>Oxygen Therapy</b>					
SpO2	---	92 % -RM	(!) 87 % -RM	(!) 88 % -RM	92 % -RM
O2 Device	---	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM	Nasal cannula -RM
O2 Flow Rate (L/min)	---	5 L/min -RM	5 L/min -RM	---	---
Pulse Oximetry Type	---	Continuous -RM	Continuous -RM	Continuous -RM	Continuous -RM
SpO2 Alarm Limit High	---	100 -RM	100 -RM	100 -RM	100 -RM
SpO2 Alarm Limit Low	---	90 -RM	90 -RM	90 -RM	90 -RM
POX Probe Site Changed	---	No -RM	No -RM	No -RM	Yes -RM
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	---	---	Yes (independent) -RM	---	Yes (independent) -RM
<b>Incentive Spirometry Tx</b>					
Respiratory Effort	---	---	---	---	Good -RM
Treatment Tolerance	---	---	---	---	Tolerated well -RM
Incentive Spirometry Goal (mL)	---	---	---	---	1500 mL -RM
Incentive Spirometry Achieved X 10 efforts (mL)	---	---	---	---	1500-2000 mL -RM
<b>Cardiac</b>					
Cardiac (WDL)	---	---	---	---	X -RM
Cardiac Regularity	---	---	---	---	Irregular -RM
Heart Sounds	---	---	---	---	S1, S2 -RM
Cardiac Rhythm	---	---	---	---	Sinus bradycardia -RM
Ectopy	---	---	---	---	Premature ventricular contractions -RM
Ectopy Frequency	---	---	---	---	Occasional -RM
Cardiac Symptoms	---	---	---	---	None -RM
<b>Cardiac Monitor</b>					
Bedside Cardiac Monitor On	---	---	---	---	Yes -RM
Bedside Cardiac Audible	---	---	---	---	Yes -RM
Bedside Cardiac Alarms Set	---	---	---	---	Yes -RM
Telemetry Monitor On	---	---	No -RM	---	No -RM
<b>Pacemaker</b>					
Pacemaker	---	---	---	---	No -RM
<b>ICD</b>					
ICD	---	---	---	---	No -RM
<b>Peripheral Vascular</b>					
RUE Capillary Refill	---	---	---	---	Less than/equal to 3 seconds -RM
LUE Capillary Refill	---	---	---	---	Less than/equal to 3 seconds -RM
RLE Capillary Refill	---	---	---	---	Less than/equal to 3 seconds -RM
LLE Capillary Refill	---	---	---	---	Less than/equal to 3 seconds -RM
<b>RUE Neurovascular Assessment</b>					
RUE Color	---	---	---	---	Appropriate for ethnicity -RM
RUE Temperature/Moisture	---	---	---	---	Warm;Dry -RM
RUE Sensation	---	---	---	---	Present -RM



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/18/18 0334	06/18/18 0300	06/18/18 0200	06/18/18 0100	06/18/18 0000
R Radial Pulse	---	---	---	---	+2 -RM
<b>LUE Neurovascular Assessment</b>					
LUE Color	---	---	---	---	Appropriate for ethnicity -RM
LUE Temperature/Moisture	---	---	---	---	Warm;Dry -RM
LUE Sensation	---	---	---	---	Present -RM
L Radial Pulse	---	---	---	---	+2 -RM
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	---	---	---	Appropriate for ethnicity -RM
RLE Temperature/Moisture	---	---	---	---	Warm;Dry -RM
RLE Sensation	---	---	---	---	Present -RM
R Pedal Pulse	---	---	---	---	+1 -RM
RLE DVT Prophylaxis	---	---	---	---	Sequential compression device -RM
<b>LLE Neurovascular Assessment</b>					
LLE Color	---	---	---	---	Appropriate for ethnicity -RM
LLE Temperature/Moisture	---	---	---	---	Warm;Dry -RM
LLE Sensation	---	---	---	---	Present -RM
L Pedal Pulse	---	---	---	---	+1 -RM
LLE DVT Prophylaxis	---	---	---	---	Sequential compression device -RM
<b>Integumentary</b>					
Integumentary (WDL)	---	---	---	---	WDL -RM
Skin Color	---	---	---	---	Appropriate for ethnicity -RM
<b>Braden Scale</b>					
Sensory Perceptions	---	---	---	---	4 -RM
Moisture	---	---	---	---	4 -RM
Activity	---	---	---	---	3 -RM
Mobility	---	---	---	---	4 -RM
Nutrition	---	---	---	---	3 -RM
Friction and Shear	---	---	---	---	3 -RM
Braden Scale Score	---	---	---	---	21 -RM
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	---	---	---	WDL -RM
<b>Hester Davis Fall Risk Assessment</b>					
Last Known Fall	---	---	---	---	0 -RM
Mobility	---	---	---	---	1 -RM
Medications	---	---	---	---	3 -RM
Mental Status/LOC/Awareness	---	---	---	---	0 -RM
Toileting Needs	---	---	---	---	0 -RM
Volume/Electrolyte Status	---	---	---	---	2 -RM
Communication/Sensory	---	---	---	---	1 -RM
Behavior	---	---	---	---	0 -RM
Hester Davis Fall Risk Total	---	---	---	---	10 -RM
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	---	---	---	1 -RM
<b>Stool Assessment</b>					
Bowel Incontinence	---	---	---	---	No -RM
Stool Appearance	---	---	---	---	Unable to assess -RM
Stool Color	---	---	---	---	Unable to assess -RM
Stool Amount	---	---	---	---	Unable to assess -RM



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 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 6/17/2018, D/C: 6/21/2018

**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	06/18/18 0334	06/18/18 0300	06/18/18 0200	06/18/18 0100	06/18/18 0000
<b>Emesis Assessment</b>					
Emesis Appearance	---	---	---	---	na -RM
<b>Urine Assessment</b>					
Bladder Status (use only for bladder training)	---	---	---	---	Continent -RM
<b>Psychosocial</b>					
Psychosocial (WDL)	---	---	---	---	WDL -RM
Needs Expressed	---	---	---	---	Physical;Emotional -RM
<b>Provider Notification</b>					
Reason for Communication	Critical lab value -RM	---	---	---	---
Lab Value	trop 0.05 -RM	---	---	---	---
RBAC?	Yes -RM	---	---	---	---
Notification Time	0334 -RM	---	---	---	---
Provider Name	Joy -RM	---	---	---	---
Provider Role	NP -RM	---	---	---	---
Method of Communication	Perfect Serve -RM	---	---	---	---
Response	Waiting for response -RM	---	---	---	---
<b>Charting Type</b>					
Charting Type	---	---	Reassessment -RM	---	Admission -RM
<b>Current Legal Status</b>					
Current Legal Status	---	---	Vol -RM	---	Vol -RM
<b>Respiratory Interventions</b>					
Respiratory Interventions	---	---	---	---	Cough and deep breathe;Incentive spirometry -RM



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**Flowsheets (all recorded)**

**Complex Assessment (continued)**

Row Name	06/17/18 2300	06/17/18 2225	06/17/18 2037	06/17/18 1823	06/17/18 1738
<b>iPA Time out</b>					
Weight	---	103.4 kg (227 lb 15.3 oz) -AF	---	---	---
<b>Oxygen Therapy</b>					
SpO2	90 % -RM	92 % -AF	100 % -BR	100 % -BR	100 % -BR
O2 Device	Nasal cannula -RM	Nasal cannula -AF	---	None (Room air) -BR	None (Room air) -BR
O2 Flow Rate (L/min)	---	2 L/min -AF	---	---	---
Pulse Oximetry Type	Continuous -RM	Continuous -RM	---	---	---
SpO2 Alarm Limit High	100 -RM	100 -RM	---	---	---
SpO2 Alarm Limit Low	90 -RM	90 -RM	---	---	---
POX Probe Site Changed	No -RM	No -RM	---	---	---
<b>Stool Assessment</b>					
Bowel incontinence	---	No -RM	---	---	---
Stool Appearance	---	Unable to assess -RM	---	---	---
Stool Color	---	Unable to assess -RM	---	---	---
Stool Amount	---	Unable to assess -RM	---	---	---
<b>Emesis Assessment</b>					
Emesis Appearance	---	na -RM	---	---	---
<b>Urine Assessment</b>					
Bladder Status (use only for bladder training)	---	Continent -RM	---	---	---
Row Name	06/17/18 1708	06/17/18 1610	06/17/18 1540	06/17/18 1538	06/17/18 1535
<b>Neurological</b>					
Level of Consciousness	---	---	---	Alert -RG	---
<b>iPA Time out</b>					
Weight	---	---	---	---	95.3 kg (210 lb) -RG
<b>Swallow Screening</b>					
Patient Alert	---	---	Yes -RG	---	---
Continue Screen?	---	---	If yes-continue screen -RG	---	---
Dx Aspiration PNA	---	---	No -RG	---	---
Continue Screen?	---	---	If no-continue screen -RG	---	---
Pt Drooling?	---	---	No -RG	---	---
Continue Screen? (If screening to continue, give 1 Tsp of water)	---	---	If no-continue screen -RG	---	---
Any Cough?	---	---	No -RG	---	---
Voice gurgle/wet?	---	---	No -RG	---	---
Continue Screen? (If screening to continue, provide sips of cup of water)	---	---	If no to above questions-continue screen -RG	---	---
Any Cough?	---	---	No -RG	---	---
Voice gurgle/wet?	---	---	No -RG	---	---
Continue Screen?	---	---	If no to above questions-continue screen -RG	---	---
Did Patient Pass Swallow Screen?	---	---	Yes-passed screen -RG	---	---
<b>Respiratory</b>					
Respiratory Pattern	---	---	---	Labored -RG	---
Chest Assessment	---	---	---	Chest expansion symmetrical -RG	---
Bilateral Breath Sounds	---	---	---	Diminished -RG	---
<b>Oxygen Therapy</b>					
SpO2	100 % -BR	---	---	---	---
O2 Device	None (Room air) -BR	---	---	None (Room air) -RG	---
<b>Cardiac</b>					